



The Community Readiness Model: A complementary approach to social marketing

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***Abstract.** The Community Readiness Model is a theory-based model that is strategic in nature. It is designed both to assess and to build a community's capacity to take action on social issues. It partners well with social marketing research by providing a framework for assessing the social contexts in which individual behaviour takes place and by measuring changes in readiness related to community-wide efforts. This article describes the theoretical roots of the model and describes how the model can be used as a tool for formative research, programme evaluation and as a catalyst for community mobilisation. **Key Words** ● social marketing ● community readiness ● stages of readiness ● community-based prevention ● programme development ● evaluation ● community needs assessment*

Behavioral change related to health issues is complex, since health issues are often inextricably linked with community and cultural norms. While the 'bottom line' of social marketing is influencing voluntary individual behavior (Andreasen, 1994, 1997, 2002), there is increasing awareness in social marketing that lifestyle

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behaviors – such as exercise, diet and substance use – are best addressed in a context that examines community influences and leverages community resources (e.g. Bryant et al., 1999; Farquhar et al., 1984; Hare et al., 2000; Lefebvre, 1990; Slater et al., 2000; and Strand et al., 2000).

The term 'community' can be defined in a multitude of ways (for example, groups of people joined by interest or geography). In this article, we use the term primarily to denote a community of place – that is, a group of people sharing specific geographic and social contexts for activities (Edwards et al., 2000: 291). This conceptualization is consistent with that of most 'community-based prevention' projects that have been reported in the literature (e.g. Farquhar et al., 1984; Slater et al., 2000). The importance of communities in shaping individual health behaviors is described by Bracht (1990: 20): 'Communities can shape individuals' behaviour both symbolically and tangibly, transmitting values and norms. As systems of exchange and influence, communities establish opportunities for people to behave in some ways and not behave in others.' In the case of youth substance use, for example, researchers have argued that drug use is a social behavior learned primarily from three community-level sources: peer clusters, families and schools (Oetting et al., 1998). In the case of domestic violence, factors such as families, schools, religion, media and cultural mores have been cited (Crowell and Burgess, 1996). Andreasen (2002: 10) asserts that depending on the level at which barriers to individual behavioral change exist (individual, community, and societal), it may be appropriate to combine social marketing with complementary approaches, such as community mobilization for community-level issues. Because of the influence of the factors cited above and their potential to serve as barriers to the adoption of the desired behavior, it is therefore appropriate to examine community mobilization as a complementary approach to social marketing in addressing these issues.

However, it is naive to think that any community-based approach is suitable for communities across the board. After all, audience segmentation is an essential element in customer-driven social marketing. Promotion, pricing and distribution have to meet the needs of individuals, and segmentation allows the marketer to approximate the individual by identifying groups of like-minded people with respect to the behavior of interest. Communities are no different. We believe that the success of community-based social marketing will depend in large measure on the use of appropriate segmentation techniques that can point the marketer towards appropriate community-based strategies.

One community-mobilization approach in particular merits closer examination because of its capability of enhancing social marketing efforts. The Community Readiness Model (Donnermeyer et al., 1997; Edwards et al., 2000; Jumper-Thurman and Plested, 2000; Jumper-Thurman et al., 2001; Plested et al., 1999; Plested et al., 1998; Oetting et al., 1995) is a theory-based, community-directed approach that examines dimensions and stage of readiness to deal with the issue at hand. Relative to other community-mobilization approaches, the model's unique contribution is that it provides a systematic means of assessing developmental readiness at the community level. Information on factors affecting readiness



(dimensions) and overall level of readiness can then be used to guide a multitude of decisions in program development, implementation and evaluation.

Our experience with the model is based primarily on two large-scale research projects in the United States (US) that have explicitly combined social marketing and community readiness: intimate-partner violence prevention in ethnic communities (Edwards et al., 1998) and youth substance-use prevention in small communities (Slater et al., 2000). Both of these projects used community-based, multi-component approaches. Social marketing principles provided guidance for program planning and message design. Community readiness served as a tool to evaluate readiness for interventions, to assess audience and community needs and to guide strategy development. In this article, we first present the literature on the theoretical roots of the model and a summary of its essential components. Then, we demonstrate the conceptual congruence of the model with key social marketing principles. Finally, we discuss some issues in using the Community Readiness Model as a complementary approach to social marketing.

Background: Community readiness

The Community Readiness Model was developed by a team of researchers (including article authors Edwards, Jumper-Thurman, Plested and Kelly) from the Tri-Ethnic Center for Prevention Research at Colorado State University. Since 1995, the model has been applied in a variety of research projects and contexts. The information presented here is a summary of their work, and more detailed information is available in the sources cited above. According to the researchers, communities vary greatly in their willingness to try new prevention strategies. Nevertheless, no standard method for describing or assessing readiness had existed prior to their work. The Community Readiness Model allows identification of characteristics related to problem awareness and readiness for change. It is being used in major prevention research trials in the US, including projects to prevent drug use (Plested et al., 1999; Slater et al., 2000) and intimate partner violence (Edwards et al., 1998; Jumper-Thurman et al., 2003). Moreover, because the model incorporates and honors cultural values as part of the process, it has been used internationally as well as in ethnic communities in the US (Jumper-Thurman and Plested, 2000; Jumper-Thurman et al., 2000; Jumper-Thurman et al., 2001).

Community readiness is inspired by two research traditions: individual psychological readiness for treatment and community development. With respect to individual readiness, Prochaska and Velicer (1997) give the most recent example of the stages that individuals move through when changing health behavior (especially with regard to addictive behaviors): precontemplation, contemplation, preparation, action, maintenance and termination. These stages form the basis of the transtheoretical model of health behavior change, which has become a frequently used model in health-related social marketing (Andreasen, 1997; Lefebvre, 2000). In the field of community development, the social action process (Warren, 1978) identifies stages on the community level that lay the groundwork

for collective action: stimulation of interest (recognition of need), initiation (development of problem definition and alternative solutions among community members who first propose new programs), legitimization (acceptance by local leaders of the need for action), decision to act (development of specific plans involving members from the wider community), and action (implementation). In contrast to individual stages, these stages recognize group characteristics and the complex interactions necessary for group action. To the extent that collective social action is sometimes necessary to address problems (e.g. the collaboration of policymakers, law enforcement and schools in enacting tobacco control measures), it is an important aspect to consider from a social marketing perspective.

Drawing on the general progression of readiness from Prochaska and Velicer's (1997) model, incorporating group processes from Warren (1978), and building on field experience, researchers at the Tri-Ethnic Center developed the Community Readiness Model to provide an efficient means of characterizing and assessing a community's readiness to take action on an issue (see references cited above). The model identifies both dimensions and stages of community readiness. The validation of the dimensions and stages was accomplished through an extensive process involving expert raters and anchored rating scales. (A more detailed description is beyond the scope of this article. However, for additional information, please see Edwards et al., 2000; Oetting et al., 1995; and Plested et al., 1998.)

At the heart of the model is the assessment process, which is a method of community analysis that involves semi-structured interviews with a minimum of four to five key informants in each community. Key informants are chosen from mediating institutions or stakeholder groups across the community, and also include representatives of the community at large. For example, with the issue of domestic violence, mediating institutions could include law enforcement, churches, social workers and therapists. Because of the potential of these groups to disseminate information and shape normative beliefs and behavior, these groups may also be referred to as influence centers (Kotler and Roberto, 1989). The open-ended questions used in the assessment address six different dimensions pertaining to readiness: existing efforts (programs, activities, policies, etc.); community knowledge of efforts; leadership (includes appointed leaders and influential community members); community climate (prevailing attitudes in community about the issue); knowledge about the issue; and resources relating to the issue. Table 1 provides some examples of questions used to assess each dimension. A more detailed list of questions developed by Tri-Ethnic Center faculty, as well as instructions for scoring, can be found in Jumper-Thurman et al. (2001).

Examining dimensions can be of considerable diagnostic and strategic value since it can indicate where to intervene as well as identify what types of strategies will be most efficient and hold the greatest potential for success on a particular issue. Dimensions with lower scores can then be targeted by specific approaches to increase readiness specifically on those dimensions. For example, one item assessed within the dimension of resources is extent of funding available for programs: internal, external, limited, ongoing, etc. Efforts to develop capacity in this regard could include training in grantwriting or in cultivation of corporate sponsors.



Table 1

Sample questions used to assess dimensions of community readiness

Dimension	Sample questions
Community efforts	<ul style="list-style-type: none">• Please describe the efforts in your community to address this issue.• What are the strengths of these efforts? Weaknesses?• Are there any segments of the community that may not be able to access these services?• What formal or informal policies, practices and laws address this issue in your community?
Community knowledge of efforts	<ul style="list-style-type: none">• How aware are people in your community of the efforts?• How does the community view the policies, practices and laws that address the issue?
Leadership	<ul style="list-style-type: none">• Who are the leaders specific to this issue in your community?• Using a scale of 1–10, how much of a concern is this issue to community leaders?
Community climate	<ul style="list-style-type: none">• How are the leaders involved in the issue?• What is the community's attitude about this issue?• What are the primary obstacles to efforts in your community?• Is there ever a circumstance in which members of your community might think that this issue should be tolerated?
Knowledge about issue	<ul style="list-style-type: none">• How knowledgeable are community members about the issue?• What local data is available?• How do people get information about the issue in your community?
Resources	<ul style="list-style-type: none">• Where would an individual affected by this issue first turn to for help?• Do efforts that address this issue have a broad base of volunteers?• What is the business community's attitude about supporting local efforts with funding, personnel, space donations, etc.?• Is there any evaluation of these efforts?

Mean scores by dimension are averaged to yield a final score that classifies a community into one of nine stages of readiness: 1) no awareness, 2) denial/resistance, 3) vague awareness, 4) pre-planning, 5) preparation, 6) initiation, 7) stabilization, 8) confirmation/expansion and 9) high level of community ownership. As summarized in Table 2, for each stage, efforts must have goals appropriate for the stage of readiness in order to be effective in moving the community to the next stage of readiness.

The stages of community readiness are similar to information-processing models that propose that individuals move through successive steps toward action, such as the AIDA (Attention, Interest, Desire, Action) model used by some

Table 2

Stages of community readiness

Stage	Brief description	Goal
No awareness	Issue is not generally recognized by the community or leaders as a problem.	Raise awareness of issue.
Denial/resistance	At least some community members recognize that it is a problem, but there is little or no recognition that it might be a local problem.	Raise awareness that problem exists in community.
Vague awareness	Most feel that there is a local problem, but there is no immediate motivation to do anything about it.	Raise awareness that community can do something.
Pre-planning	There is clear recognition that something must be done, and there may even be a committee. However, efforts are not focused or detailed.	Raise awareness with concrete ideas to address problem.
Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.	Gather information with which to plan and improve programs.
Initiation	Enough information is available to justify efforts, and activities are underway.	Provide community-specific information.
Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.	Stabilize efforts/programme.
Confirmation/ expansion	Standard efforts are in place. Community members feel comfortable in using services and support expansions. Local data regularly obtained.	Expand and enhance services.
High level of community ownership	Detailed and sophisticated knowledge exist about prevalence, risk factors and causes. Staff members are highly trained. Effective evaluation is in place.	Maintain momentum and continue growth.



marketing practitioners, the 12 response steps mediating persuasion (McGuire, 1989) and the transtheoretical model (Prochaska and Velicer, 1997), one of the models that influenced the development of the Community Readiness Model. These models draw attention to the sequence of different processes occurring at each stage and the need to utilize strategies that are appropriate to each stage for maximum effectiveness. (For further background, Andreasen, 1995 provides a discussion of how the transtheoretical model in particular can be used to guide selection of strategies in social marketing efforts. Slater, 1999 describes how it can be used as a framework for choosing theories to apply in communication campaigns.)

The stages of community readiness suggest types of strategies that may be useful in moving the community ahead in readiness. Although specific strategies are determined by issue-related concerns, community culture and community needs, the following general recommendations are given by the model. At lower stages (no awareness, denial/resistance and vague awareness), the goals are to increase awareness that the community should and can do something about the issue. Strategies that help achieve these goals include interpersonal contacts and media advocacy to build awareness, legitimacy and a core group of supporters within the community. At intermediate stages (pre-planning, preparation and initiation), communities are gearing up to take specific action and gathering information relevant to achieving their goal. Recommended strategies include gathering local data to serve as the basis for developing specific efforts and to analyze costs and benefits of different courses of action. At this stage, the model also recommends organizing events to help solidify public support (such as public forums) and cultivating sources of funding for efforts. At advanced stages (stabilization, confirmation/expansion and high level of community ownership), the goals are to keep momentum for efforts going strong, solicit consumer feedback, evaluate and revise efforts to meet changing needs and apply the knowledge gained to other related issues. Strategies that support this aim may include efforts to develop capacity for training, evaluation and networking among resources. An emphasis on developmental appropriateness keeps communities from engaging in too-ambitious efforts that are likely to meet with failure because of insufficient awareness or resources to support them. For instance, it would be counter-productive to plan a public forum or a large campaign kick-off if most community members are still in denial of the problem. Rather, at lower stages of readiness, the model recommends interpersonal contacts with both formal and informal community leaders and community members at large as one way to begin to build support.

Readiness-based strategizing is often facilitated by a community readiness workshop for issue stakeholders and local leaders. Participants discuss the issue in the context of their culture/community and identify strengths and challenges to implementing programming, similar to a SWOT analysis (strengths, weaknesses, opportunities and threats) in traditional marketing practice. Participants then generate specific strategies to move the community forward in its level of readiness to act on the issue. Strategies based on dimensions and stages serve as a framework to guide action.

The combination of the Community Readiness Model with traditional social

marketing practice shares important similarities to other successful community-based, social marketing approaches, such as the Community Based Prevention Marketing approach (Bryant et al., 1999) and the work of the Academy for Educational Development in collaborating with communities on social marketing programs (Middlestadt et al., 1997). All of these approaches place a high value on community involvement and empowerment, thus helping to assure cultural congruence and sustainability. Also, in all three approaches, community groups are broad-based so that decisions reflect a consensus among a variety of interests. A broad-based coalition is also valued because it facilitates the networking of local leaders and the efficient utilization of local resources. Another point of similarity is that community coalitions work in partnership with researchers to ensure that strategies are guided jointly by community needs/congruence and best-practice information established by research. As part of best-practice guidance, projects rely on evaluation at all points, including formative (e.g. pre-testing of materials), process and summative. However, the Community Readiness Model offers some distinct features by virtue of its ability to classify communities by dimensions and stages of readiness, and by its explicit goal of moving the community forward in readiness (mobilization). We submit that these features can improve the effectiveness of social marketing efforts by increasing the likelihood that strategies will ultimately result in individual behavior change. The following section demonstrates this potential by analyzing features of the Community Readiness Model in terms of conceptual congruence with social marketing principles.

Conceptual congruence with social marketing principles

A number of essential features of social marketing have been identified in the literature. For example, Andreasen (1995) proposes that seven key elements of social marketing are an emphasis on individual behavior change, cost-effectiveness of programming, customer orientation, use of the 4 Ps (Product, Place, Price and Promotion), careful market research, segmentation and recognition of competition. Four elements in particular – individual behavior change, audience research, segmentation and consideration of the 4 Ps – may be enhanced by the Community Readiness Model. Further, the model can be a useful tool in conducting impact evaluation, which considers effects on groups and communities.

With respect to an emphasis on individual behavior change, the Community Readiness Model as a mobilization approach targets the community rather than the individual, but action at the community level may increase the effectiveness of individual-level interventions. In contrast to arguments that structural- and individual-level approaches are fundamentally opposed (e.g. Wallack, 1989), Slater and colleagues (2000) propose that there are considerable 'cross-over' influences between the two approaches: community-level interventions such as media can reinforce individual behavior change, and individual-level interventions can draw public attention to the issue and affect policy and other community-wide issues. For example, public discussion of youth drug use (carried out through public



meetings, parent support groups, letters to the editor, editorials) may increase the likelihood that youth will attend more closely to school-based drug prevention programs, and may change individual-level perceptions of community values and norms that mediate individual behavior maintenance or change. Conversely, a school-based drug prevention program targeted to individuals may have an impact on the community by facilitating discussion among parents, teachers, health professionals and other community members. It is important to note that a community-mobilization approach can increase the potential of 'cross-over' effects, since an actively engaged community offers more opportunities for social marketing programs to be used, and a favourable climate increases the likelihood that individuals will attend to media advocacy material. Therefore, the Community Readiness Model, when used in combination with individual-focused interventions, may increase the effectiveness of those interventions and create more opportunities for those to be implemented successfully.

Given the 'fanatically customer-driven' (Andreasen, 2002: 7) orientation of social marketing, audience research and segmentation are crucial steps in developing social marketing programs. The Community Readiness Model assessment enhances traditional methods of formative research (such as focus groups with target audience members) by revealing the extent to which community-level factors or norms are barriers to the desired health-behavior change. The assessment identifies dimensions of readiness that may merit attention (resources relative to the issue, leadership, community knowledge about the issue and of efforts to address it, etc.), which can then inform social marketing efforts aimed at particular audiences. For example, in the case of youth substance use, focus groups with target audience members may show that youth believe there are few recreational opportunities for youth in the community, and that this may contribute to drug use among some youth. Assessment using the Community Readiness Model may reveal that other community members acknowledge the lack of recreational opportunities for youth, but that the community has identified only limited resources and there is little leadership to develop more opportunities. Strategies based on this finding may include one-on-one contacts with key leaders to garner their support, efforts to increase resources by developing more sponsorship in the business community, and greater coordination of efforts among youth, schools and community groups to create more opportunities.

In terms of using the 4 Ps, the Community Readiness Model can aid in the conceptualization of community needs, costs and channels of information based on information provided by the overall stage of readiness or scores by dimension. For example, the model may indicate the need to concentrate on development of awareness if a community is at a low stage of readiness, or if there are considerable community efforts but little knowledge of efforts among community members. Although some have asserted that focusing only on awareness building and public education are not within the realm of social marketing (e.g. Andreasen, 1994), those efforts may be an appropriate starting point for a community that is in denial of the problem, as has been the case with communities that the Tri-Ethnic Center has worked with focusing on domestic violence prevention. On

the other hand, the assessment can also help ensure that social marketing efforts are not limited only to promotion and social advertising, a common criticism of some efforts, as noted by Stead and Hastings (1997). For example, an assessment may show that a community is at an intermediate stage of readiness with good community awareness of efforts. This information would indicate that a large social advertising campaign to raise awareness may be unnecessary. Rather, efforts may be best targeted at building stronger networks among existing resources in order to move the community forward in capacity to deal with the issue, or in reducing perceived costs to behavior change.

Moreover, the Community Readiness Model is a useful component to social marketing because of its ability to enhance evaluation, an essential component of well-designed prevention efforts (Flay and Cook, 1989). In particular, the assessment can facilitate the evaluation of impacts, or the effects on higher-order aggregates than individuals (Flay and Cook, 1989: 175). As noted by Stead and colleagues (2002), the evaluation of multi-component, community-organized approaches can pose challenges because of the complexity of change, over time, that is involved. When assessments are performed before, during and after the project, they can assess a community's capability to deal with the issue in incremental stages, and can therefore help in assessing the overall effectiveness of efforts that require coordinated activities among groups. It can provide insight into key outcomes, such as shifts in community norms, support of local leadership, policy changes and other factors, in ways that traditional evaluation methods may not accomplish.

Points to consider when applying the model in a social marketing context

While the Community Readiness Model can reinforce key social marketing principles, the model does not directly support others because of its emphasis on the community versus the individual in both measurement and mobilization to action. For example, although the community readiness assessment process is valuable as a method of community analysis, we do not suggest that it provides an adequate means of *target* audience analysis. The essential task of formative research directly with target audience members must be carried out using established social marketing research techniques, such as focus groups, interviews and surveys. Likewise, the impact on individual behavior must be measured through methods such as surveys of target audience members or direct measures of behavior.

Another point to keep in mind is that the Community Readiness Model must be used with care in large, diverse communities, where shared contexts may differ widely among groups. It is important to subdivide 'community' into regions or groups with specific needs in common, rather than attempt a 'one-size-fits-all' approach for the entire community. For example, in the state of Texas, the 'community' of Houston will have a diversity of stakeholder groups with respect to the



issue of youth drug prevention, including ethnic enclaves and parts of the city with differing levels of socioeconomic factors. These regions or 'communities within a community' may have unique sets of strengths and resources as well as challenges with respect to addressing drug use prevention among youth. In the 'community' of Gonzalez, Texas, a town of 7000 on the US-Mexico border with a large percentage of Mexican-American residents, the community may more appropriately be considered as a whole. In general, for communities that are large in terms of geography and population, the Community Readiness Model may still be used effectively to guide targeted social marketing efforts if 'community' is defined as a neighborhood or region of the city that is naturally identified by residents as a specific 'community' within the larger city.

The best outcome of the community readiness approach occurs when there is a fully locally controlled effort, but there can be challenges to conducting social marketing projects that ideally involve a high level of community involvement. As noted by Middlestadt and colleagues (1997), researchers attempting community research projects may, at times, have to relinquish some degree of control over the way that the community chooses to define the problem or execute the program. To further complicate matters, community leaders can hold seemingly conflicting roles, in that they are at once targets of influence, customers, partners and local directors of intervention efforts. In effect, their levels of contribution to the project can change over time (see also Mittelmark, 1990) in accordance with their own 'readiness' to act on the issue. We propose that community leaders, both formal and informal, can assume multiple roles at any point in time during the project, and that the 'blend' of these roles changes over time. For example, in a research project, for the first several months of project participation, community leaders are in the process of learning how to integrate the project with existing efforts, and they may need some front-end support from the research staff. Thus, they are clearly targets of influence, and they may also act unintentionally as 'gatekeepers' as they get their own momentum going. Over time, however, they may begin to avail themselves of project resources as customers or clients. At the conclusion of the project, it would be hoped that the community leaders will emerge as a fully self-directed group, although they may request technical assistance from time to time if their efforts seem to have lost momentum or effectiveness in the community.

Current testing of the model

The Community Readiness Model is currently undergoing testing in order to develop and evaluate issue- and stage-specific strategies. For example, a large-scale test is being conducted on the effectiveness of conducting community readiness workshops with community members on mobilising a community to address the issue of methamphetamine use among youth. Preliminary data based on tracking progress of 38 experimental and 38 control communities over a two-year period show levels of readiness at least one stage higher for those communities who

began at the preplanning stage or higher. The model would predict that such a workshop would not be effective for communities at lower stages of readiness and, indeed, results show that these communities have not increased in level of readiness at a pace equivalent to those who started at higher stages (Jumper-Thurman, Stallones, Plested, & Edwards, 2003). Strategies for those communities at lower stages of readiness are less intensive, and stage-appropriate approaches are currently being evaluated. A similar study is being conducted by the same team of researchers in 20 experimental and 20 control communities in the Western US, with modifications based on findings of the initial study (Jumper-Thurman et al., 2003). Moreover, an assessment of the model as an evaluation tool is currently being conducted to determine the extent to which it is responsive to changes that are hypothesized to occur in media-based and other specific interventions.

In summary, the Community Readiness Model shows promise as a useful complement to social marketing, and the integration of the two approaches deserves further examination in the field. Overall, its features allow social marketers to develop a comprehensive understanding of the community and social contexts in which individual behavior takes place. In particular, its ability to identify dimensions and stages of readiness at the community level can be helpful in strategy formulation, implementation and evaluation. Also, because of the level of community involvement and investment it seeks to cultivate, the model helps ensure culturally appropriate and sustainable efforts. In conjunction with traditional social marketing practices, the model paves the way for a greater understanding of target-audience behavior and a greater likelihood of success in the ultimate goal of behavior change.

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