

Stages of Community Readiness

This document presents nine states of community readiness for engaging in prevention activities. Through extensive research on community development and substance abuse prevention efforts, researchers (Oetting et al. 1995) have identified nine stages of readiness through which communities develop. The higher the stage of development the greater the degree of readiness. Each stage is described below, accompanied by the characteristics of communities at each stage and strategies for increasing readiness.

Stage 1: Community Tolerance/No Knowledge

Community norms actively tolerate or encourage the behavior, although the behavior may be expected of one group and not another (e.g., by gender, race, social class, or age). The behavior, when occurring in the appropriate social context, is viewed as acceptable or as part of the community norm. Those who do not engage in the behavior may be tolerated, but might be viewed as somewhat deviant. Stage 1 strategies include:

- Small group and one-on-one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use.
- Small-group and one-on-one discussions on the health, psychological, and social costs of substance abuse with community leaders to change perceptions with those most likely to be part of the group that begins development of programs.

Stage 2: Denial

There is usually recognition that the behavior is or can be a problem. Community norms usually would not approve of the behavior, but there is little or no recognition that this might be a local problem. If there is some idea that it is a problem, there is a feeling that nothing needs to be done about this locally, or that nothing can be done about it. Stage 2 strategies include:

- Educational outreach programs on the health, psychological, and social costs of substance abuse to community leaders and community groups interested in sponsoring local programs.
- Use of local incidents that illustrate harmful consequences of substance abuse in one-on-one discussions and educational outreach programs.

Stage 3: Vague Awareness

There is a general belief that there is a local problem and that something ought to be done about it. Knowledge about local problems tends to be stereotypical and vague, or linked only to a specific incident or two. There is no immediate motivation to do anything. No identifiable leadership exists, or leadership lacks energy or motivation. Stage 3 strategies include:

- Educational outreach programs on national and state prevalence rates of substance abuse and prevalence rates in other communities with similar characteristics to community leaders and possible sponsorship groups. Programs should include use of local incidents that illustrate harmful consequences of substance abuse.
- Local media campaigns that emphasize consequences of substance abuse.

Stage 4: Pre-planning

There is clear recognition that there is a local problem and that something should be done about it. There is general information about local problems, but ideas about etiology or risk factors tend to be stereotyped. There are identifiable leaders, and there may be a committee, but no real planning. Stage 4 strategies include:

- Educational outreach programs that include prevalence rates and correlates or causes of substance abuse to community leaders and sponsorship groups.
- Educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by other communities with similar profiles.
- Local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming.

Stage 5: Preparation

Planning is going on and focuses on practical details. There is general information about local problems and about the pros and cons of prevention programs, but it may not be based on formally collected data. Leadership is active and energetic. The program may have started on a trial basis. Funding is being actively sought or has been committed. Stage 5 strategies include:

- Educational outreach programs open to the general public on specific types of prevention programs, their goals, and how they can be implemented.
- Educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements, and other startup aspects of programming.
- A local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse.

Stage 6: Initiation

Enough information is available to justify a prevention program, but knowledge of risk factors is likely to be stereotyped. A program has been started and is running, but it is still on trial. Staff is in training or has just finished training. There may be great enthusiasm because limitations and problems have not yet been experienced. Stage 6 strategies include:

- In-service educational training for program staff (paid and/or volunteer) on substance abuse consequences, correlates, and causes and the nature of the problem in the local community.
- Publicity efforts associated with the kickoff of the program.
- A special meeting to provide an update and review of initial program activities with community leaders and local sponsorship groups.

Stage 7: Institutionalization/Stabilization

One or two programs are running, supported by administration, and accepted as a routine and valuable activity. Staff are trained and experienced. There is little perceived need for change or expansion. Limitations may be known, but there is not much sense that the limitations suggest a need for change. There may be some form of routine tracking of prevalence. There is not necessarily permanent funding, but there is established funding that allows the program the opportunity to implement its action plan. Stage 7 strategies include:

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming. Either trainers are brought in from the outside or staff members are sent to programs sponsored by professional societies.
- Periodic review meetings and/or special recognition events for local supporters of prevention program.
- Local publicity efforts associated with review meetings and recognition events.

Stage 8: Confirmation/Expansion

Standard programs are viewed as valuable and authorities support expanding or improving programs. New programs are being planned or tried out in order to reach more people, those thought to be more at risk or different demographic groups. Funds for new programs are being sought or committed. Data are obtained regularly on extent of local problems and efforts are made to assess risk factors and causes of the problem. Stage 8 strategies include:

- In-service educational programs on conducting local needs assessments to target specific groups in the community for prevention programming. Either trainers are brought in from the outside or staff members are sent to programs sponsored by professional societies.
- Periodic review meetings and/or special recognition events for local supporters of prevention programs.
- Results of research and evaluation activities of the prevention program are presented to the public through local media and/or public meetings.

Stage 9: Professionalization

Detailed and sophisticated knowledge of prevalence, risk factors and etiology exists. Some programs may be aimed at general populations, while others are targeted at specific risk factors and/or at-risk groups. Highly trained staff members are running programs, authorities are supportive, and community involvement is high. Effective evaluation is used to test and modify programs. Stage 9 strategies include:

- Continued in-service training of staff.
- Continued assessment of new drug-related problems and reassessment of targeted groups within community.
- Continued evaluation of program effort.
- Continued updates on program activities and results for the benefit of community leaders and local sponsorship groups and periodic stories through local media and/or public meetings.

Substance Abuse and Mental Health Services Administration, Center for the Application of Prevention Technologies (CAPT) <https://www.samhsa.gov/capt/about-capt>

National Institute of Drug Abuse, (1997). *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools*. St. Paul, MN pp. 131-150.