Community Readiness

What is community readiness? It is a “theory based on the premise that communities, using a step by step method, can be moved through a series of stages to develop and implement effective prevention programs.”¹ Some communities are actively participating in prevention, collaborating with local leaders, public agencies and citizens to tackle identified prevention goals. Other communities may be working prevention in some areas, but not in others. By working the community readiness model, you can determine the stage of readiness your community is in, and develop appropriate prevention strategies.

There are several key steps in addressing community readiness. The first is to form a team which is ready and able to work through the steps to readiness. The core team members may be county prevention staff, concerned citizens, and/or local leaders. They have the ability to identify key community stakeholders and can mobilize them to engage in ongoing dialogues about prevention issues.

Once you have gathered and analyzed sufficient data to determine your community’s key AOD problems, community readiness and capacity to effect change are the next steps for successful prevention.

The steps for the team to take are to establish the answers to a few key questions:

1. What is the “community” which we are trying to mobilize?
2. Who are the key stakeholders we need to reach?
3. How ready is the community at present to address AOD issues?
4. What are the issues around which the community needs to mobilize?

1. What is the “community” we are trying to mobilize?

Is this a geographic area, a group within that area, an organization, a specific population, or a formal entity such as an incorporated municipality? As you define your community, think about specific segments that make it up, and think of ideas to reach them in anticipation of moving to the next step.

2. Who are the key stakeholders we need to reach?

Once you have defined your community, think about key leaders and organizations that need to be involved. Some sectors to consider: law enforcement, schools, coalitions, local government, public health and safety, business, youth, parents, and the faith community. As you identify stakeholders, involve them in identifying others. A local mandate for action facilitates government agencies to proceed with prevention initiatives, particularly when they are politically loaded. Local initiatives must have powerful sponsors to respond to challenges from those who want to maintain the status quo.

For suggestions on potential key stakeholders to approach, please see Attachment A.

3. How ready is the community at present to address AOD issues?

One of the best methods for determining readiness is to ask your identified stakeholders about AOD issues affecting the community. Identify a minimum of four to six individuals who represent different segments of the community and who are interested in prevention issues. Develop a set of questions from existing resources, customized for your group, then score the answers to determine degree of readiness. This may require the use of a paid consultant for analysis. According to experts, there are nine stages of community readiness (see Attachment B). Where your community falls can help determine the level of prevention efforts that are appropriate, and help plan a path for future efforts as readiness improves with proven successes. For tips on choosing strategies that fit your community’s readiness please see pages 26-28 of the Tri-Ethnic Center for Prevention Research at Colorado State University’s Community Readiness: A Handbook for Successful Change. This easy-to-use handbook walks you step-by-step through the community readiness process in great detail.

For suggested questions to ask key community members to determine readiness, please see Attachments C and D. The questions in Attachment C are framed around six primary dimensions of readiness: community efforts, community knowledge of the effects, leadership, community climate, community knowledge about the issue, and resources related to the issue. For further explanation of each of these aspects of readiness, please see Attachment D.

4. What are the issues around which the community needs to mobilize?

Sometimes there is an obvious problem, such as an increase in teen deaths due to drunk driving, or a problem alcohol outlet. Often there are problems that are not as evident, and some research must be done to identify them. Appealing and feasible projects are a good place to start, as having an issue in which community members can easily identify as important helps in mobilization. As community readiness to tackle prevention improves, more complex issues can be addressed. Start with the issues your team has identified from its data collection and analysis and discuss those with community members. Pick issues that can be addressed within the stage of readiness you have identified, and use credible data to give people a common framework in which to debate...
priorities. A general consensus must be reached, as a common cause is essential for success, especially for politically loaded issues.

The next steps after answering these questions are:

- Developing strategies to mobilize key stakeholder and civic leaders;
- Developing consensus on prioritization of AOD problems;
- Developing prevention plans for the targeted community;
- Evaluating results.

These steps are addressed in subsequent tip sheets and fit well with the SPF Five Steps. It is important to keep in mind that all prevention efforts will be more successful if they are chosen and implemented with the community readiness model in mind.

Several reference materials made this tip sheet possible:


Other references:


Community Readiness by the Western Center for the Application of Prevention Technologies (WestCAPT): www.westcapt.org

Community Readiness: A Promising Model for Community Healing, published by the Center on Child Abuse and Neglect (CCAN): http://ccan.ouhsc.edu/nativeamerican.asp