

# The Importance of Building Community Awareness and Readiness

Since it is the community that will ultimately be the vehicle for bringing change, it is essential to have community involvement and readiness to address the priority problem the community has identified. “Readiness” describes the degree to which a community is aware of its local problem and is willing and prepared to address prevention needs.

This handout provides a list of considerations and tools that state or sub-state level practitioners working to prevent substance misuse can use to assess their community's readiness to address identified needs, and to prioritize those needs accordingly. The examples presented here are not representative of all assessment tools available to the field and do not imply endorsement by SAMHSA's Center for the Application of Prevention Technologies.<sup>1</sup>

## STAGES OF COMMUNITY AWARENESS AND READINESS<sup>2</sup>

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It is important to understand the stages of community readiness to better assess a starting point and which tools best suit that need. If a community is not sufficiently ready, then the focus should be on building readiness. If it is very ready, then it is possible to begin to take action and implement interventions to prevent substance abuse. Understanding at which point to begin is an essential starting point when working with a community, whether it is building awareness of a problem or assessing resources (fiscal, human, organizational, to name a few) in order to implement a plan that requires the community to be ready and have the capacity to address.

The [Tri-Ethnic Center for Prevention Research at Colorado State University](#) has identified nine stages of readiness through which communities develop. The higher the stage of development, the greater the degree of readiness. Learn 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 expectations of participation in the behavior may vary by social group (for example, by gender, race, social class, or age). The behavior is viewed as acceptable when it occurs in the appropriate social context. Those who do not engage in the behavior may be tolerated, but might be viewed as somewhat deviant from the norm.

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<sup>1</sup> Tools to Assess Community Readiness to Prevent Substance Misuse, CAPT, 2016

<sup>2</sup> <https://www.samhsa.gov/capt/sites/default/files/resources/community-readiness-tools.pdf>

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Stage 1 strategies include small-group and one-on-one discussions with community leaders to:

- Identify perceived benefits of substance misuse and how norms reinforce use
- Discuss the health, psychological, and social costs of substance use disorders to change the perceptions of those most likely to participate in prevention activities

### 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 use disorders to community leaders and community groups interested in sponsoring local programs
- Use of local incidents that illustrate harmful consequences of substance misuse 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 use disorders 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 misuse
- Local media campaigns that emphasize consequences of substance misuse

### 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 limited. 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 use disorders to community leaders and sponsorship groups

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- 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 misuse 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 misuse

### Stage 6: Initiation

Enough information is available to justify a prevention program, but knowledge of risk factors is likely to be limited. 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 challenges have not yet been experienced.

Stage 6 strategies include:

- In-service educational training for program staff (paid and/or volunteer) on substance misuse 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 for the program to implement its action plan.

Stage 7 strategies include:

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- In-service educational programs on the evaluation process, new trends in substance misuse, 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 piloted in order to reach more people. Outreach may be targeted to higher risk populations 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 populations for prevention programming. External experts may provide training or staff members may attend professional development training.
- 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

### THE IMPORTANCE OF COMMUNITY SUPPORT: BUILDING PARTNERSHIPS<sup>3</sup>

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Increasing resources and improving community readiness often go hand-in-hand—in many cases, building resource capacity also contributes to greater community readiness. For example, when key stakeholders are engaged in solving problems (human resources), they often mobilize other community members, thereby preparing more people in the community to take action.

Described below are three key areas to build capacity:

1. Engage stakeholders and form partnerships
2. Strengthen collaborative groups
3. Increase community awareness

#### Engage Stakeholders and Forming Partnerships

**Stakeholders** are the people and organizations in the community who have:

- A “stake” in prevention because they care about promoting health and well-being
- Something to gain or lose by your prevention or promotion efforts

Look in the following sectors for potential stakeholders:

- Population groups that the intervention serves
- Mental health
- Primary care
- Suicide prevention
- Behavioral health treatment and recovery
- Tobacco control
- School safety and health
- Highway safety
- Injury prevention
- Violence prevention
- Reproductive, maternal and child health
- HIV/AIDS prevention

Stakeholders may be reluctant to get involved in substance abuse prevention. Therefore it is extremely useful to identify the “WIFM” (*What's In It For Me*) for each of the stakeholders you want to engage so that they can see the value and benefit to their own work and interests.

#### Sitting at Others' Tables

Opportunities to collaborate not only depend on getting stakeholders to *your* table, but also whose tables *you're* sitting at, especially since not all of your needed stakeholders or allies will want to be a part of your work. Therefore, you need to go to them and to be a part of their meetings and decisions. If you *do not* do this:

- You may get left out of important conversations
- Your agenda may get overlooked

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<sup>3</sup> Substance Abuse Prevention Skills Training (SAPST), Session 3, *CAPT*, 2012

- You could miss potential funding opportunities

### Strengthen Collaborative Groups

Many informal partnerships exist in a community. Most communities have some kind of collaborative group, such as a task force, coalition, or interagency group. Some communities have quite a few of them.

A collaborative group can be strengthened in different ways, particularly by:

- *Recruiting new members* so that a broad spectrum of sectors are represented. To do this:
  - Determine who else needs to be recruited and how to initiate a conversation
  - Identify effective techniques for engaging with these agencies, organizations, or population groups
- *Increasing the knowledge of members* through training and technical assistance
- *Improving the structure and functioning of the collaborative group*, through:
  - Clear and formalized roles and procedures
  - Adequately addressing task and maintenance functions
  - Developing and maintaining quality management strategies, such as effective communication, conflict resolution, and shared decision-making
  - Effective leadership (i.e., leaders who are open, task-oriented, and supportive)

### Increase Community Awareness

When thinking about increasing community awareness, consider both stakeholders and community members. Important champions for prevention may be found in unexpected places, such as the local media, the legislature, and faith or business communities.

Building awareness and educating stakeholders and community members is important for the following reasons:

- Increase awareness of the issues and the need for prevention and health promotion
- Engage potential partners
- Increase readiness of partners and the community to address the issues
- Ensure culture is considered in assessment and planning
- Ensure prevention is sustained over time

Here is some information you might want to share when educating stakeholders and others (keeping in mind that not everyone will need or want the same information):

- Knowledge about the issues
- Knowledge about prevention
- Understanding of data and what it shows
- Knowledge of resources
- Opportunities to contribute to the interventions

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### TOOLS TO ASSESS A COMMUNITY'S READINESS<sup>4</sup>

Some available tools to assess a community's readiness are below but a comprehensive list of tools for reference can be found at the following link:

<https://www.samhsa.gov/capt/sites/default/files/resources/community-readiness-tools.pdf>

Tool	Dimensions Covered	From Whom is Data Collected	Key Elements	Instrument Considerations
<p>Community Key Leader Survey</p> <p><i>Goodman and Wandersman</i></p>	<ul style="list-style-type: none"> <li>- Awareness</li> <li>- Concern</li> <li>- Action across community levels</li> </ul>	<ul style="list-style-type: none"> <li>- Key leaders</li> </ul>	<ul style="list-style-type: none"> <li>- 48 questions</li> <li>- Questions focus on leaders' organization</li> <li>- Can be used with any number of respondents</li> <li>- No implementation training available</li> <li>- Cost: Free</li> </ul>	<p>Since key leaders are the only source, tool may not provide accurate picture of overall community readiness</p> <p>Supplementary <i>Interpretation Guide</i> offers guidance for understanding findings and strategies for increasing readiness</p>
<p>Community Prevention Readiness Index</p> <p><i>Community Partner Institute</i></p>	<ul style="list-style-type: none"> <li>- Conceptual clarity</li> <li>- Policy development</li> <li>- Strategic planning</li> <li>- Networking</li> <li>- Evaluation</li> <li>- State/local collaboration</li> <li>- Technical assistance</li> <li>- Funding commitment</li> </ul>	<ul style="list-style-type: none"> <li>- Individuals in the community</li> <li>- Coalitions</li> <li>- Leadership</li> <li>- Organizations</li> </ul>	<ul style="list-style-type: none"> <li>- 12 core questions (more can be added)</li> <li>- Can be used with any number of respondents</li> <li>- No implementation training available</li> <li>- Cost: Free</li> </ul>	<p>Additional questions can be added to enrich specific dimensions</p> <p>Provides guidance on scoring, interpretation, and how to increase readiness across dimensions</p>

<sup>4</sup> [Tools to Assess Community Readiness to Prevent Substance Misuse](#)

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Tool	Dimensions Covered	From Whom is Data Collected	Key Elements	Instrument Considerations
	<ul style="list-style-type: none"> <li>- Program models</li> <li>- Data</li> <li>- Leadership</li> <li>- Educational support</li> </ul>			