

Tri-Ethnic Center Community Readiness Model

STAGE 1 – Community Tolerance/No Knowledge: The community or leaders do not generally recognize substance abuse as a problem. “It’s just the way things are” is a common attitude. Community norms may encourage or tolerate the behavior in social contexts. Substance abuse may be attributed to age, sex, racial, or class groups.

STAGE 2 – Denial: There is some recognition by at least some members of the community that the behavior is a problem, but little or no recognition that it is a local problem. Attitudes may include, “It’s not my problem” or “We can’t do anything about it.”

STAGE 3 – Vague Awareness: There is a general feeling among some in the community that there is a local problem and that something ought to be done, but there is little motivation to do anything. Knowledge about the problem is limited. No identifiable leadership exists, or leadership is not encouraged.

STAGE 4 – Preplanning: There is clear recognition by many that there is a local problem and something needs to be done. There is general information about local problems and some discussion. There may be leaders and a committee to address the problem, but no real planning or clear idea of how to progress.

STAGE 5 – Preparation: The community has begun planning and is focused on practical details. There is general information about local problems and about the pros and cons of prevention programs, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources (time, money, people, etc.) are sought and allocated.

STAGE 6 – Initiation: Data are collected that justify a prevention program. Decisions may be based on stereotypes rather than data. Action has just begun. Staff is being trained. Leaders are enthusiastic, as few problems or limitations have occurred.

STAGE 7 – Institutionalization/Stabilization: Several planned efforts are underway and supported by community decision makers. Programs and activities are seen as stable, and staff is trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered.

STAGE 8 – Confirmation/Expansion: Efforts and activities are in place and community members are participating. Programs have been evaluated and modified. Leaders support expanding funding and program scope. Data are regularly collected and used to drive planning.

STAGE 9 – Professionalism/High Level of Community Ownership: The community has detailed, sophisticated knowledge of prevalence and risk and protective factors. Universal, selective, and indicated efforts are in place for a variety of focus populations. Staff is well trained and experienced. Effective evaluation is routine and used to modify activities. Community involvement is high.

Edwards, R.W., Jumper-Thurman, P., Plested, B.A., Oetting, E.R., & Swanson, L. (2000). Community readiness: Research to practice. *Journal of Community Psychology*, 28 (3), 291-307. Retrieved from <http://www.colostate.edu/Dept/TEC/article3.htm>

