

# COMMUNITY READINESS

Stage & Name	Description
<b>Tolerance – No Knowledge</b>	<p>The problem is generally not recognized by the community or leaders as a problem. Community norms may encourage or tolerate the behavior in social context. The problem may be attributed to certain age, sex, racial or class groups.</p> <p>Common attitude: “It’s just the way things are.”</p>
<b>Denial</b>	<p>There is some recognition by at least some members of the community that the behavior is a problem, but little recognition that it is a local problem.</p> <p>Common attitudes: “It’s not my problem.” “We can’t do anything about it.”</p>
<b>Vague Awareness</b>	<p>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.</p> <p>Common attitude: “There may be a problem; someone ought to do something about that.”</p>
<b>Pre-planning</b>	<p>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.</p> <p>Common attitude: “Something ought to be done, but what?”</p>
<b>Preparation</b>	<p>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 strategies, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources are being sought and allocated.</p> <p>Common attitude: “We’re planning, but we need more information and resources.”</p>
<b>Initiation</b>	<p>Data are collected that justify a prevention effort. Decisions may be based on stereotypes rather than data. Action has just begun. Staff/volunteers are being trained. Leaders are enthusiastic as few problems or limitations have occurred.</p> <p>Common attitudes: “We’re working on it!” “We have enthusiasm!”</p>

<b>Stabilization</b>	<p>Several planned efforts are underway and supported by community decision makers. Programs and activities are seen as stable, and staff/volunteers are trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered.</p> <p>Common attitude: “We have a good plan. We are doing fine.”</p>
<b>Confirmation – Expansion</b>	<p>Efforts and activities are in place and community members are participating. Efforts have been evaluated and modified. Leaders support expanding funding and scope. Data are regularly collected and used to drive further planning.</p> <p>Common attitude: “We’re doing great! Let’s expand!”</p>
<b>Professionalization</b>	<p>The community has detailed, sophisticated knowledge of prevalence and risk/protective factors related to the problem. Universal, selective and indicated efforts are in place for a variety of focus populations. Staff/volunteers are well-trained and experienced. Effective evaluation is routine and used to modify strategies. Community involvement is high.</p> <p>Common attitude: “We are experts and are making real progress.”</p>

National Institute on Drug Abuse. (1997). Community readiness for drug abuse prevention: Issues, tips and tools. Rockville, MD: National Institute on Drug Abuse.