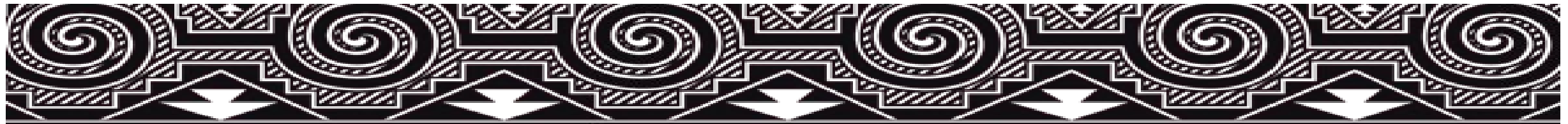


# COMMUNITY READINESS MODEL

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**Assessing Readiness to move towards  
Healing**



# What is considered a Community?

- Definitions of Community:
  - “A group of people living in the same place, or having a particular characteristic in common.”
    - Example: Acoma Pueblo Tribal members on reservation
  - “A group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.”
    - Example: Acoma Health and Human Services Department staff



# Community Engagement

- It is generally recognized that the communities affected by an issue play a role that is essential for meaningful and lasting change.
- Efforts to address disparities which **are *shaped by community knowledge and experiences*** are more likely to reflect the specific needs of a given community.
- For such efforts to be successful, it is important to ***meet the community where they are***, and to determine ***community readiness to engage*** in efforts to address health.

# What is Readiness?

- Definitions of Readiness:
  - “Willingness to do something.”
  - “The quality or state of being ready.”
- Root Word: Ready
  - “Prepared mentally or physically for some experience or action.”

# Key Terms

- Dimensions of Community:
  - Components or aspects of a community that are assessed as part of the community readiness model.
- Stages:
  - Phases or steps in a communities readiness
- Strategies:
  - Plans or approaches to consider for use in addressing an issue.

# Purpose of Community Readiness Model

The purpose of the Community Readiness Model (CRM) is to provide communities, tribes, villages and organizations with the stages of readiness for the development of a strategic action plan.



# Readiness for Change: Prochaska and DiClemente

Personal Readiness for Change: Stages of Change Model	
<i>Stage</i>	<i>Characteristics</i>
<b>1. Pre-contemplation</b>	Not yet acknowledging that there is a problem behavior that needs to be changed
<b>2. Contemplation</b>	Acknowledging that there is a problem but not yet ready or sure of wanting to make a change
<b>3. Preparation</b>	Getting ready to change. "I've got to do something about this. What can I do?"
<b>4. Action</b>	Actively involved in taking steps to change the behavior by using a variety of different techniques
<b>5. Maintenance</b>	Maintaining the behavior change and continued commitment to sustaining new behavior
<b>Relapse</b>	Returning to older behaviors and abandoning the new changes



# Community Readiness Model

- The Community Readiness Model was developed at Colorado State University by Dr. Barbara Plested, Dr. Pamela Jumper-Thurman, Dr. Ruth Edwards, and Dr. Eugene Oetting.





## Community Readiness Manual



Barbara A. Plested  
Pamela Jumper-Thurman  
Ruth W. Edwards

Plested, B.A., Jumper-Thurman, P., & Edwards, R.W. (2016, March). *Community Readiness Manual*, The National Center for Community Readiness, Colorado State University, Fort Collins, Colorado  
Revised, October 2020



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Community Readiness Model

The community readiness model is based on several underlying premises:

- That communities, much like individuals are at different stages of readiness for dealing with a specific problem.
- That the stage of readiness can be accurately assessed.
- That communities can be moved through a series of stages to develop, implement, maintain, and improve effective programs.
- That it is critical to identify the stage of readiness because interventions to move communities to the next stage differ for each stage of readiness.

➤ (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000)

# Why Use The Community Readiness Model?

- Interventions are designed for different levels of engagement.
- It conserves valuable resources (time, money, etc.) by guiding the selection of strategies that are most likely to be successful.
- It promotes tribal and community recognition and ownership of an issue.
- Strong community ownership helps to ensure that strategies are culturally congruent
- It encourages the use of local experts and resources instead of reliance on outside experts and resources.
- The process of community change can be complex and challenging, but the model breaks down the process into a series of manageable steps and creates a community vision for healthy change.

- The Community Readiness Assessment or Survey Tool examines the Community to assess for levels of:
  - Community Awareness of the identified issue
  - Engagement,
  - Attitude and Behaviors towards an issue,
  - Community Climate for Change.
- This is organized into six dimensions.



# Six Dimensions of Community

## 1. Community efforts:

*What programs or policies are in place right now that address the identified issue?*

To what extent are there efforts, programs, and policies that address an identified issue in the community?

# Six Dimensions of Community

## 2. Community knowledge of the efforts:

*Does your community know what programs or policies/procedures are in place to address the identified issue?*

To what extent do community members know what program or primary contact to reach out to for regarding the identified issue in the community.

Does the community know what procedures or plans are in place to respond to a crises?



# Six Dimensions of Community

## 3. Leadership:

*Does your leadership support your efforts?*

To what extent are Tribal Leaders and influential community members supportive of coordinated responses to the issue or crises related to the issue?

# Six Dimensions of Community

## 4. Community climate:

*Does the community support your efforts? What role does the community play?*

What is the prevailing attitude of the community towards the issue?

# Six Dimensions of Community

## 5. Community knowledge about the issue:

*Does the community know basic information about the issue? Data? Signs/Symptoms?*

To what extent do community members know about or have access to information about the identified issue, and understand how it impacts your community?

# Six Dimensions of Community

## 6. Resources related to the issue:

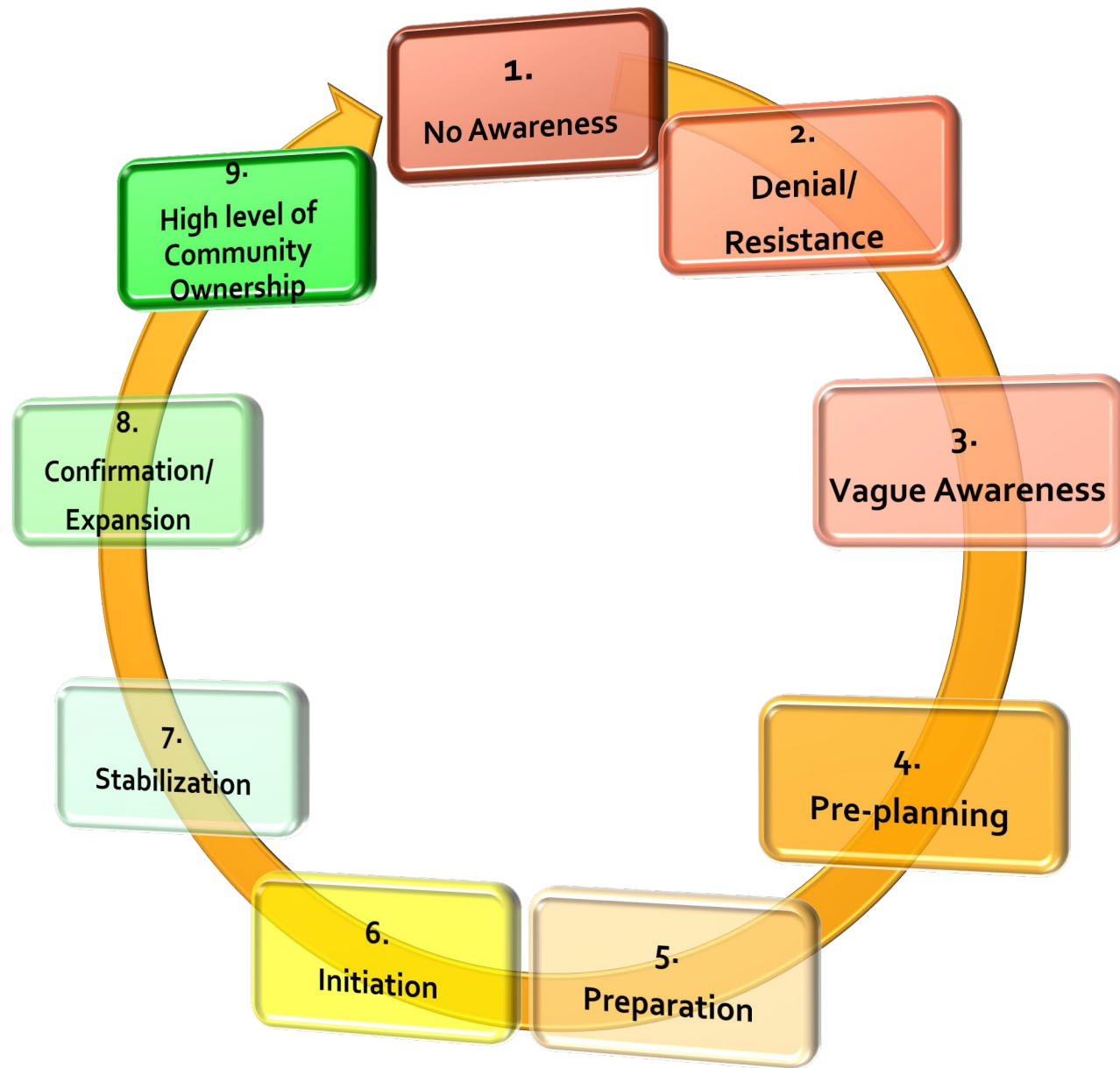
*What resources do you need to implement a plan and what is currently available?*

To what extent are local resources (people, time, money, space) available to support the response efforts?

# Conducting the assessment:

- The Community Readiness Assessment is completed in an interview style format with a total of 27 questions.
- Two individuals, separate from the interviewer, participates in the scoring process.
- This process yields a score along a nine (9) stage scale of readiness for each dimension of community.

# Stages of Community Readiness



# Building Community Readiness

- In many cases, your community's level of readiness may not be high enough for your work to address a problem of practice to be successful.
  - Your community may not be ready to mobilize.
  - Your community may not be willing to work with you on the issue.



# Building Community Readiness

- Readiness paradox:
  - You and your team/organization/agency probably are more ready than your community at large.
  - You and your team have benefited from training, funding, and other resources that your community does not have.
- The key challenge is to bring your community closer to your team's level of readiness.

# Stages of Community Readiness

1. **No Awareness:** The *community or the leaders do not generally recognize the issue as a problem.*

No  
Awareness

- “It’s just the way things are.”
- Example: Suicide and mental health needs are not recognized and aren’t considered a priority.
- Discussion on suicide or mental health needs may be taboo topics within some communities. Abuse and/or overdose is not openly discussed, not addressed, and not acknowledged.

# Stages of Community Readiness



Denial/  
Resistance

2. Denial/Resistance: *If there is some idea that it is a local problem, there is a feeling that nothing needs to be done about it locally.*

- *"It's not our problem."* "It's just those people who do that." "We can't do anything about it."
- Prescription drug abuse or opioid abuse are not Our Community's issue—"that's their problem."

# Stages of Community Readiness

## Vague Awareness

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 about it, but there is no immediate motivation to do anything.*

- No identifiable leadership exists or leadership lacks energy or motivation for dealing with this problem. Community climate does not serve to motivate leaders.
- Prescription Drug abuse or opioid abuse is acknowledged as existing in the community, but the blame game exists-  
-perceived as “not my problem, but your problem.”



# Stages of Community Readiness



**Pre-  
Planning**

**4. Pre-Planning:** There is clear recognition on the part of at least some that there is a local problem and that something should be done about it.

- Efforts are not focused or detailed. There is discussion but no real planning of actions to address the problem.
- Initial efforts for team development begin.
- Discussions and concerns regarding prescription drug abuse or opioid abuse are directed to tribal leadership and tribal programs.







# Stages of Community Readiness



## Preparation

- 5. Preparation:** Planning is going on and focuses on practical details.
- Decisions are being made about what will be done and who will do it. Resources (people, money, time, space, etc.) are being actively sought or have been committed.
  - Commitments have been made on the part of programs, tribal leaders and/or community members to address prescription drug abuse, opioid abuse, or other crises.







# Stages of Community Readiness



## Initiation

**6. Initiation:** *Enough information is available to justify efforts* (activities, actions, or policies).

- *An activity or action has been started and is underway, but it is still viewed as a new effort.*
- Efforts are starting to be formalized. Stakeholder meetings are occurring with collaboration of key partners, i.e., federal systems, state systems, tribal leaders, healthcare providers, pharmacies, courts, law enforcement and community members.







# Stages of Community Readiness



## Stabilization

**7. Stabilization: *One or two programs or activities are running, supported by administrators or community decision-makers.***

- Programs, activities, or policies are viewed as stable. ***Staff are usually trained and experienced.***
- Community climate generally supports what is occurring.
- Training is taking place across systems. Policies and are being developed, communication channels are established and practices are being implemented with cultural input and review.



# Stages of Community Readiness

## Confirmation /Expansion

**8. Confirmation/Expansion:** There are standard efforts (activities and policies) in place and authorities or community decision-makers support expanding or improving efforts.

- Data is regularly obtained and original efforts have been evaluated and modified, new efforts are being planned or tried in order to reach more people; those more at risk or different demographic groups.
- Resources for new efforts are being sought or committed.
- Participation in response teams is representative of a wide community membership including cultural and traditional leaders











# Stages of Community Readiness

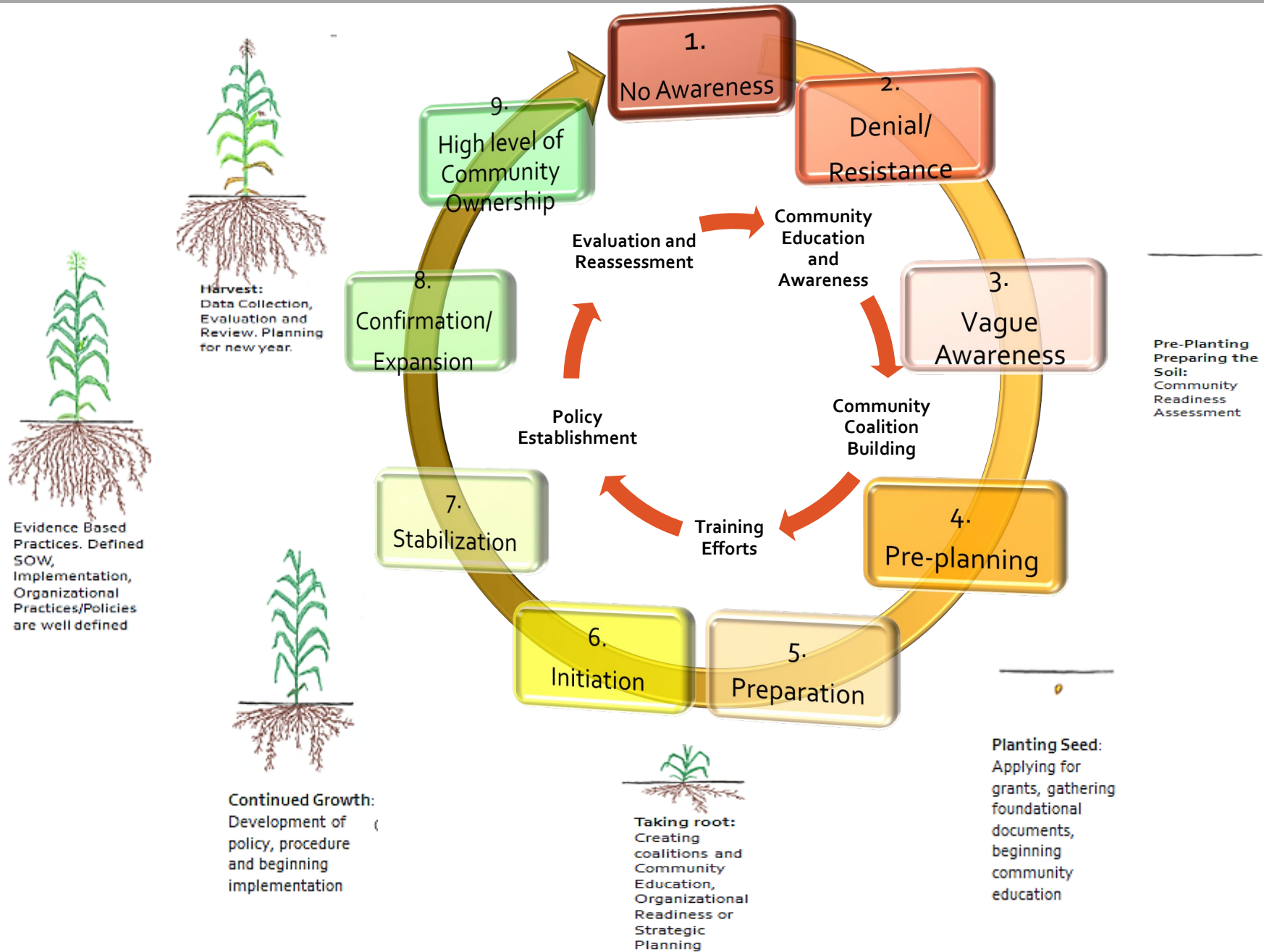
High level of  
Community  
Ownership

**9. High Level of Community Ownership: Detailed and sophisticated knowledge of prevalence, risk factors, and causes of the problem exists.**

- Highly trained staff are running programs or activities, leaders are supportive, and community involvement is high.
- Effective evaluation is used to test and modify programs, policies, and/or activities.
- Integration of culture and community in prevention, intervention and crisis response.







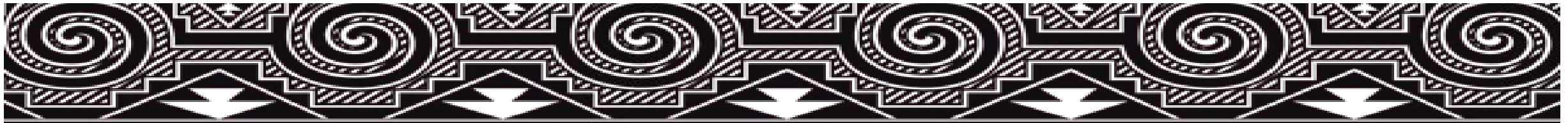




# CONDUCTING THE ASSESSMENT

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Next Steps



# Conducting the assessment

## Step Three: Conduct the assessment

Select eight individuals from a cross section of the community.

- Health and medical provider
- Social services provider
- Mental health and treatment service provider
- School system provider
- Tribal, city, and/or county government leader
- Law enforcement provider
- Religious or spiritual leader
- Community member at large
- Elder
- Youth (if appropriate)

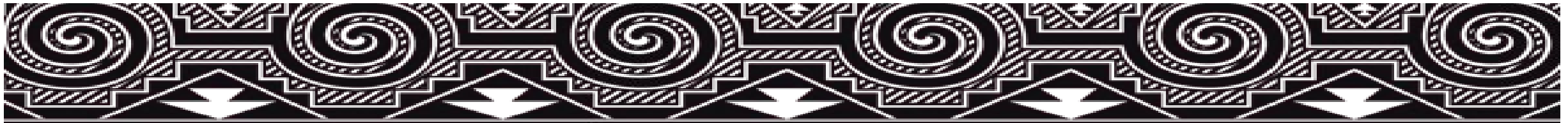
# Conducting the assessment

- Be prepared to set aside 30-60 minutes or more per each interview.
- Helpful to have one person conducting the interview and one person scribing the interviewee's responses.
- Interviews can be conducted in person, on the phone or in a virtual format such as Zoom.
  - However, the creators advise against emailing the questions and requesting responses or conducting over a survey tool like SurveyMonkey or another platform.

# STAGES AND STRATEGIES

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How our scores guide our strategies



# Stages and strategies



# Stages and strategies

## Stage 1: No awareness

- Strategy: Raise awareness around the issue
- Make one-on-one visits with community leaders/members.
- Visit existing and established small groups to share information with them about local suicide prevention statistics and general information.



# Stages and Strategies

## Stage 2: Denial/Resistance

- Strategy: Raise awareness that the problem or issue exists in this community.
- Continue one-on-one visits and encourage those you have talked with to assist.
- Approach and engage local educational and health outreach programs to assist in the effort with flyers, posters, or brochures
- Begin to point out media articles that describe local statistics and available suicide prevention or intervention services.

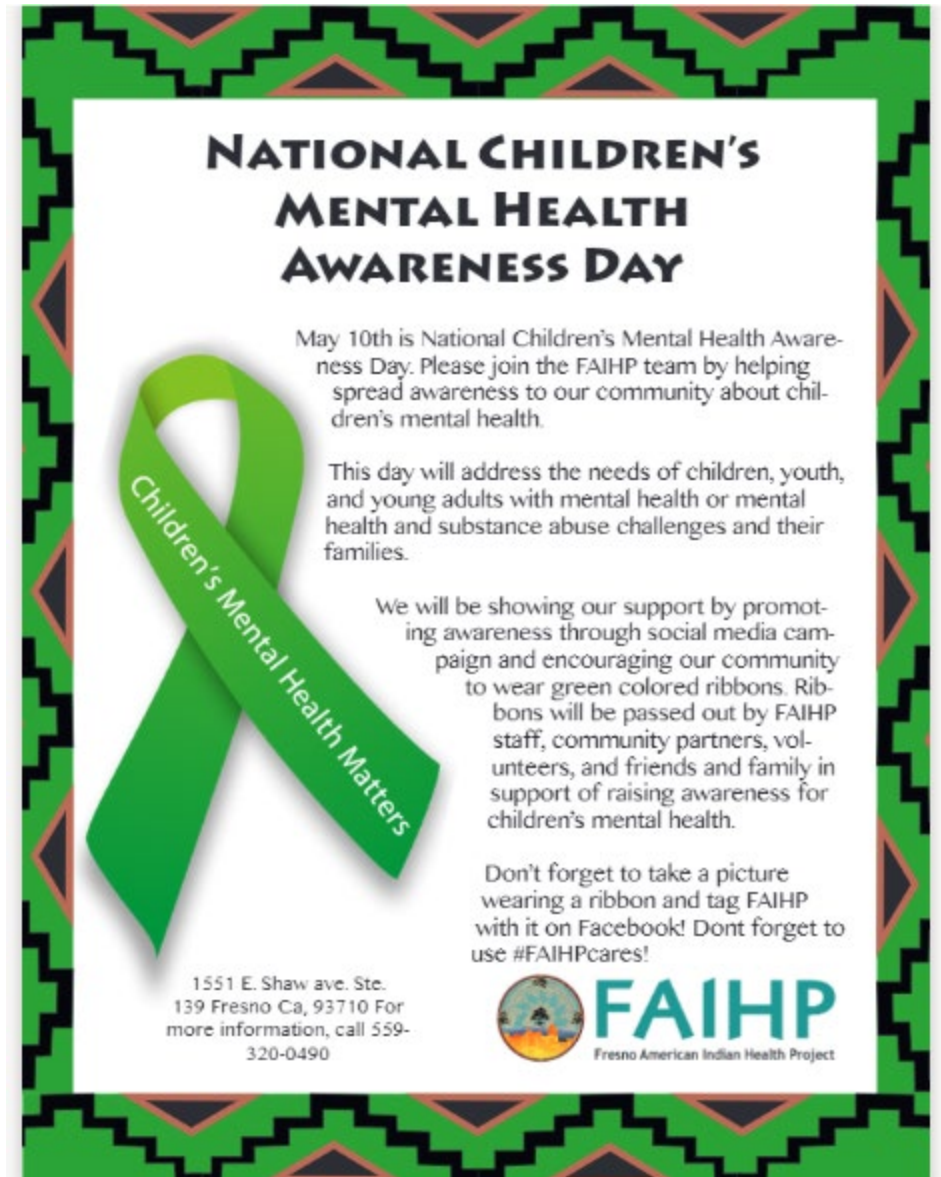




# Stages and strategies

## Stage 3: Vague awareness

- Goal: Raise awareness that the community can do something
- Get on the agendas and present information on suicide prevention at local community events and to unrelated community groups.
- Post flyers, posters, and billboards.
- Conduct informal local surveys and interviews with community people by phone or door-to-door about attitudes and perceptions related to suicide prevention.



**NATIONAL CHILDREN'S  
MENTAL HEALTH  
AWARENESS DAY**


May 10th is National Children's Mental Health Awareness Day. Please join the FAIHP team by helping spread awareness to our community about children's mental health.

This day will address the needs of children, youth, and young adults with mental health or mental health and substance abuse challenges and their families.

We will be showing our support by promoting awareness through social media campaign and encouraging our community to wear green colored ribbons. Ribbons will be passed out by FAIHP staff, community partners, volunteers, and friends and family in support of raising awareness for children's mental health.

Don't forget to take a picture wearing a ribbon and tag FAIHP with it on Facebook! Don't forget to use #FAIHPcares!

1551 E. Shaw ave. Ste.  
139 Fresno Ca, 93710 For  
more information, call 559-  
320-0490

 **FAIHP**  
Fresno American Indian Health Project

# Stages and strategies

## Stage 4: Pre-planning

- Goal: Raise awareness with concrete ideas
- Introduce information about suicide prevention through presentations and media. Focus on reducing prejudice and raising general awareness.
- Visit and invest community leaders in the cause and develop some basic strategies.
- Increase media exposure through radio and television public service announcements



# Stages and strategies

## Stage 5: Preparation

- Goal: Gather existing information with which to plan more specific strategies
- Seek out local data sources about suicide prevention.
- Conduct more formal community surveys.
- Sponsor a community health event to kick off the effort.
- Utilize key leaders and influential people to speak to groups and participate in local radio and television shows to gain support.
- Plan how to evaluate the success of your efforts.



# Stages and strategies

## Stage 6: Initiation

- Goal: Provide community-specific information
- Conduct in-service training on Community Readiness and other related topics for professionals and paraprofessionals
- Plan publicity efforts associated with start-up of activity or efforts.
- Attend meetings to provide updates on progress of the effort.
- Conduct consumer interviews to identify service gaps, improve existing services, and identify key places to post information.





# Stages and strategies

## Stage 7: Stabilization

- Goal: Stabilize efforts and programs
- Plan community events to maintain support for suicide prevention efforts.
- Conduct training for community professionals.
- Conduct training for community members, parents, elders, and youth.
- Introduce your program evaluation results through training and newspaper articles.
- Hold recognition events for local supporters or volunteers.

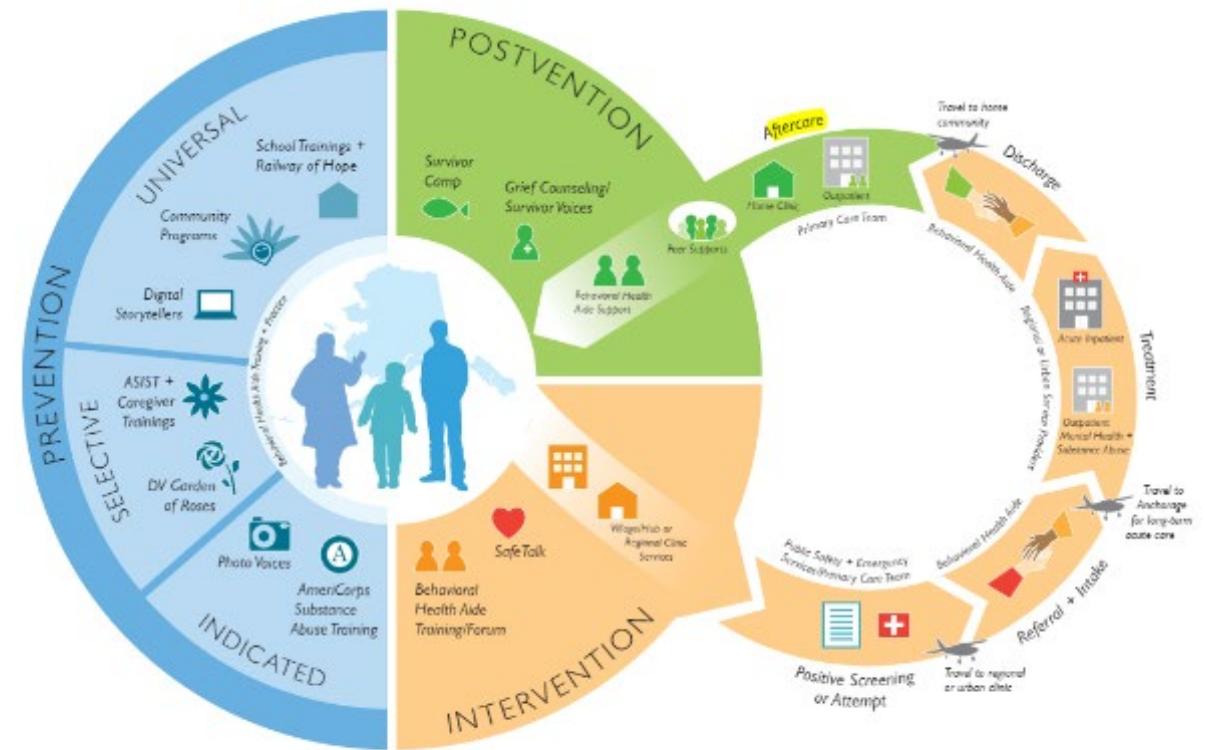


# Stage and strategies

## Stage 8: Confirmation/Expansion

- Goal: Enhance and expand services
- Formalize the networking with qualified service agreements.
- Prepare a community risk assessment profile.
- Initiate policy change through support of local city officials.
- Conduct media outreach on specific data trends related to suicide prevention.
- Utilize evaluation data to modify efforts.

Alaska Tribal Suicide Prevention + Intervention Services Continuum



# Stages and strategies

## Stage 9: High level of community ownership

Goal: Maintain momentum and continue growth

- Continue more advanced training
- Utilize external evaluation and use feedback for program modification.
- Track outcome data for use with future grant requests.
- Continue progress reports for benefit of community leaders and local sponsorship.

At this level, the community has ownership of the efforts and will invest in maintaining the efforts.











# DA'WAA'EH

JENNIFER NANEZ. MSW, LMSW  
[JENANEZ@SALUD.UNM.EDU](mailto:JENANEZ@SALUD.UNM.EDU)

505-730-2752

