

TOWARD A THEORY OF READINESS FOR COMMUNITY ORGANIZING

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EXECUTIVE SUMMARY

Community organizing offers the promise of helping translate ideas into action for the transformation of the U.S. health care system. Organizers identify, recruit and develop leaders who can mobilize constituents to “stand together” to learn, collaborate, and act on behalf of common purposes.¹ Community organizing is a way of helping constituencies develop and execute the core skills of a democratic system: engaging in collective decision making and exercising grass roots influence over one's own circumstances. Developing community capacity to solve problems is a highly labor-intensive change process, requiring substantial investment of time and resources to convene and mobilize a constituency and develop adequate leadership capacity to enact real change.

Purpose. As a consequence, a means of assessing the likelihood that a constituency can be successfully helped to engage in self-organized change efforts is critical for those engaged in organizing work. One way of thinking about assessing likelihood of success—in *advance of the launch of a campaign*—is to define the **readiness** of a constituency for organizing.

“Readiness” is a concept that has been treated by scholars primarily at the individual level, and mainly in the psychological literature on preparedness for personal change efforts (such as quitting smoking or illegal drug use, entering therapy, and the like). Used in this context it refers to the degree of maturity—emotional and intellectual preparedness for change—present in that individual at that stage of their lives. We extend this concept to the community level of analysis by examining the state of preparedness in the *key individuals* (community members who have responsibility to define and launch the campaign) the *change group* (the broader community undertaking the campaign), and the *context* (the larger system, in this case the local health care and neighborhood system, within which the campaign will take place).

We undertook to develop a means of *diagnosing the readiness of a constituent community for organizing* in two ways. First, we explored the group and organization literatures for clues to signs of readiness for self-organized change in studies of systemic change processes. Second, we derived empirically observable signs of readiness for organizing through structured interviews with twenty one experienced organizers about the conditions that pertained in successful and unsuccessful organizing attempts. These data come from a whole array of organizing contexts, from political campaigns and labor unions to community health and faith-based initiatives. We used systematic coding of the qualitative data from the interviews to derive a set of observable signs of readiness for organizing. These signs guided our work in exploring communities for the Organizing for Health campaign, and in

preparing key leaders and groups as well as our own team for the launch of their campaigns.

Key findings: Experienced organizers revealed both observable signs of readiness (*enablers*) and signs of lack of readiness (*barriers*) in their descriptions of successful and unsuccessful campaigns. We also found that early in the life of a (potential) campaign, there were three critical periods during which different diagnostic signs of readiness made themselves known. Some readiness signs are evident upon entry into a community (e.g., a positive history of past organizing, key leadership groups with experience developing shared purpose, a collaborative and learning-oriented culture in at least some parts of the constituency). Other signs become evident during initial relationship-building between organizers and constituents (for example, individual leaders' willingness to be coached in collaborative leadership practices; a change group that has experienced failure with other change processes and wants a new approach to change; a network of relations across many disparate groups within the constituency). Finally, certain readiness signs become most evident at the launch of a campaign, in an initial training process (e.g., a shared vision is being translated by the constituency in to concrete goals, the constituency has and dedicates sufficient resources to sustain a campaign).

We conclude that organizers who actively seek data about the distinctive readiness signs associated with those three phases at the earliest point such data can be observed are more likely to make good choices about which communities to organize and which campaigns to support.

To that end, we created the following diagnostic checklist that summarizes the most frequently identified conditions observable at these times that influenced the ultimate momentum and outcomes of campaigns.
