Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

COMMUNITY READINESS ASSESSMENT REPORT

ASHTABULA COUNTY

Prepared by:
Ashtabula County Suicide Prevention Coalition

September 2020

Wraparound training, technical assistance, and professional development for seventeen suicide prevention coalitions across Ohio to engage in the Community Readiness Assessment process was provided by Ohio University's Voinovich School of Leadership and Public Affairs, the Pacific Institute for Research and Evaluation, and YouThrive Consulting. Funding for the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions (SSOSPC) Initiative was provided by the Ohio Department of Mental Health and Addiction Services under Grant #20000309, "Ohio Suicide Prevention Foundation State Plan and Coalition Development."

Additional information about the Initiative can be found at:
https://suicideprevention.ohio.gov/Communities/Coalitions

https://www.ohiospf.org/strengtheningsustainginitiative

Ashtabula County FFY20 Community Readiness Assessment Report

Introduction

During FFY20, Ashtabula County was one of seventeen suicide prevention coalitions funded as part of the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions (SSOSPC) Initiative. The Ohio Department of Mental Health and Addiction Services partnered with the Ohio Suicide Prevention Foundation and Ohio University's Voinovich School of Leadership and Public Affairs to enhance the work of suicide prevention coalitions across the state to align with the Suicide Prevention Plan for Ohio and the Centers for Disease Control and Prevention's (CDC) seven strategies for preventing suicide. The participating suicide prevention coalitions were funded in the spring of 2020 to engage in an eight-month learning community with peers and receive wraparound support services in order to strengthen local suicide prevention efforts and build community capacity to make a greater impact in suicide prevention across Ohio. Through participation in the learning community, coalitions:

- Conducted a Community Readiness Assessment (CRA) to better understand local conditions that guide appropriate suicide prevention strategies.
- Developed the knowledge and skills needed to increase infrastructure and support coalition sustainability.
- Enhanced strategic planning efforts through data-driven decision-making.
- Engaged in professional development and leadership skill-building opportunities.

This report provides the results of Ashtabula County's Community Readiness Assessment and provides details about how the assessment was conducted.

Members of the CRA team for Ashtabula County include:

- Bridget Sherman, MA, Director of Youth and Recovery Services, Ashtabula County MHRS Board
- Matt Butler, MSSA, LISW-S, LICDC, Clinical Supervisor, Community Counseling Center
- Alexandra Camplese, BS, RA, Prevention Specialist, Community Counseling Center
- Carmella Christian, CHAA, Manager Patient Access, UH Conneaut and Geneva Medical Centers
- Helena Richardson, Ashtabula Branch Manager, Ashtabula County District Library
- Kellie McGinnis, RN, Community Outreach, UH Hospitals
- Susan Deak, Ashtabula MHRS Board Member, NAMI Ashtabula Representative

Community Readiness and Its Importance

Community readiness is the degree to which a community is willing and prepared to take action on an issue that affects the health and well-being of the community. Community readiness extends traditional resource-based views of how to address issues in communities by recognizing that efforts must have human, fiscal, and time resources, along with the *support* and *commitment* of its

members and leaders. Community readiness is issue-specific, community-specific, and can change over time.

As prevention science has developed, prevention practitioners have realized that understanding a community's level of readiness is key to selecting prevention programs, efforts, and strategies that fit the community and to realizing positive prevention outcomes. In addition, work by NIDA (1997) highlights that community readiness is a process and factors associated with it can be objectively assessed and systematically enhanced (National Institute on Drug Abuse, 1997).

Tri-Ethnic Community Readiness Model

The Tri-Ethnic Community Readiness Model (TE-CRM) is an innovative method for assessing the level of readiness of a community to develop and implement prevention and other intervention efforts. The TE-CRM was developed by researchers at the Tri-Ethnic Center for Prevention Research (Oetting, Donnermeyer, Plested, Edwards, Kelly, and Beauvais, 1995) to help communities be more successful in their efforts to address a variety of important issues, such as drug and alcohol use, HIV/AIDS prevention, intimate partner violence, obesity/nutrition, and other public health initiatives.

The TE-CRM measures five dimensions of community readiness:

- Community Knowledge of the Issue;
- Community Knowledge of Efforts;
- Community Climate;
- Leadership; and
- Resources

The TE-CRM assesses the five dimensions of community readiness using nine stages; ranging from "no awareness" of the problem to "high level of community ownership" in response to the issue. Table 1 presents a complete list of the stages of community readiness and a brief example of each stage.

Table 1. Stages of Community Readiness

Stage	Description	Example
1	No awareness	"It's just the way things are."
2	Denial/resistance	"We can't do anything about it."
3	Vague awareness	"Something should be done, but what?"
4	Preplanning	"This is important—what can we do?"
5	Preparation	"We know what we want to do and we are getting ready."
6	Initiation	"We are starting to do something."
7	Stabilization	"We have support, are leading, and we think it is working."
8	Confirmation/expansion	"Our efforts are working. How can we expand?"
9	Community ownership	"These efforts are part of the fabric of our community."

A community can be at different stages of readiness on each of the five dimensions of community readiness. The TE-CRM process results in readiness scores for each of the dimensions. The readiness scores for each of the dimensions are then combined to create a final overall readiness score for the community on a particular issue. This overall score provides a snapshot of how willing the community is to address an issue. In addition, the readiness scores for the individual dimensions are useful for understanding more about community readiness around the issue and for identifying and developing strategies to increase readiness.

The Tri-Ethnic Community Readiness Assessment Process

The TE-CRM includes a six-step process for assessing community readiness to address an important issue. These steps include:

1) Identifying a problem of practice to focus the community readiness assessment.
2) Defining the community. For this assessment, "community" was defined as Ashtabula County.
3) Conducting and recording structured interviews with key respondents in the Ashtabula County community.
4) Obtaining transcripts of the community readiness interview recordings.
5) Scoring the interviews and calculating overall and dimension-specific readiness scores.
6) Creating a report describing the community readiness assessment process and presenting the community's readiness scores.

Selecting a Problem of Practice

Because community readiness is issue specific, communities must first identify a problem of practice to guide the community readiness process. Under the scope of the SSOSPC Initiative, all seventeen participating coalitions were required to focus their assessment on a common problem of practice – How ready is my community to engage in a comprehensive approach to suicide prevention using the Centers for Disease Control and Prevention's (CDC) strategies for preventing suicide? This problem of practice was selected because the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions (SSOSPC) Initiative seeks to align the work of Ohio's suicide prevention coalitions with the Centers for Disease Control and Prevention's (CDC) seven key strategies for preventing suicide. These strategies include:

1. Strengthening economic supports
2. Strengthening access and delivery of suicide care
3. Creating protective environments
4. Promoting connectedness
5. Teaching coping and problem-solving skills
6. Identifying and supporting people at risk
7. Lessening harms and preventing future risk

Key Informant Interviews

A key component of the TE-CRM is conducting interviews with 5-8 key informants in the community. Key informants are often individuals in the community who are knowledgeable about the community, but not necessarily leaders or decision-makers. Good key informants for community readiness interviews are community members who are involved in community affairs and who know what is going on—those with "big ears." It is important to note that the purpose of the TE-CRM is to assess the readiness of the *community* and not the *individual* to address the problem of practice; as such, individuals with lived experience with the problem of practice often

have difficulty balancing community perspectives with their own experiences. By using a cross section of individuals, a more complete and accurate measure of the level of readiness to address the problem of practice can be obtained. TE-CRM key informant interviews involve approximately 35-40 questions from a structured interview guide developed by the Tri-Ethnic Center that are adapted to the community and the issue being addressed. The TE-CRM interview guide is included in this report (see Appendix A). TE-CRM interviews are recorded so that a transcript can be created for the scoring process. Key informant interviews in Ashtabula County were conducted in August 2020.

Scoring Community Readiness Interviews Using the TE-CRM

After interviews are completed, each interview is transcribed. The TE-CRM community readiness interview transcripts are scored individually by at least two scorers following specific guidance developed by the Tri-Ethnic Center. Each interview is scored on a scale from 1-9 (depending on the stage of readiness) on each of the five dimensions and an overall community score is calculated. Individual scorers then come together and agree on the scores of each dimension for each interview (called a "consensus score" in the TE-CRM). Scores are then averaged across interviews for each dimension, and the final community readiness score is the average across the five dimensions. This final score gives the overall stage of readiness for the community to address this issue.

Community Readiness Results for Ashtabula County

Ashtabula County Problem Statement

How ready is Ashtabula County to engage in a comprehensive approach to suicide prevention using the Centers for Disease Control and Prevention's (CDC) strategies for preventing suicide?

This problem statement is the focus of this Community Readiness Assessment.

Community Readiness Scores

Ashtabula County conducted 8 community readiness interviews in August 2020. The table below summarizes the timeframe of when the interviews were conducted and the community sectors represented by the interview respondents.

Table 2. Interview Information

Interview	Date	Community Sector Represented
1	8/4/2020	Community member
2	8/4/2020	County commissioner or elected official
3	8/4/2020	Business community leader/member
4	8/4/2020	County government official (from county agency)
5	8/5/2020	School and/or education provider
6	8/5/2020	Community member
7	8/5/2020	Public health professional/health department agency staff
8	8/5/2020	Member of a local coalition

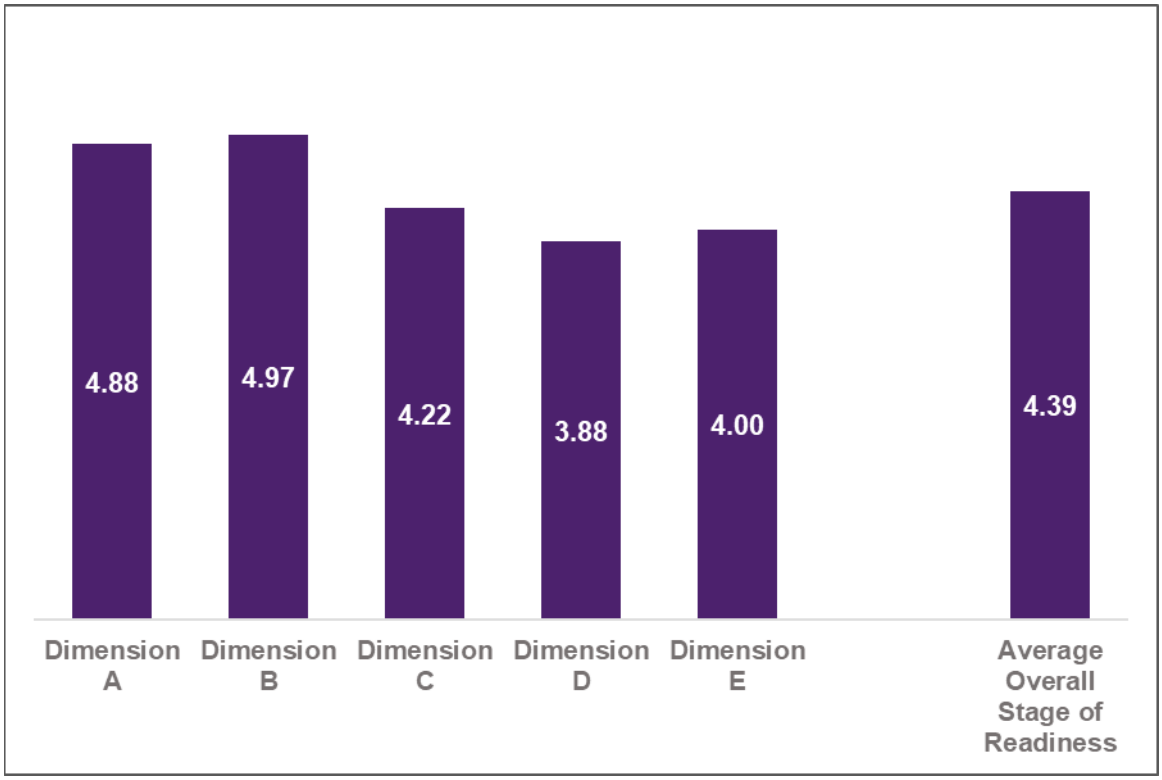
Ashtabula County then scored the interviews using the individual and consensus scoring guidance from the TE-CRM.

The following table is a summary of Ashtabula County's interview scores for each dimension.

Table 3. Combined Interview Scores by Dimension

Dimension		Interview								Combined Total Score of 8 Interviews
		1	2	3	4	5	6	7	8	
A	*Community Knowledge of Efforts*	6	5	5.25	3.75	5.5	3.25	5	5.25	39
B	*Leadership*	5.75	6.75	4.5	4.25	5.25	4.75	5.25	3.25	39.75
C	*Community Climate*	4	5.5	4.5	3.5	5.5	4	3.75	3	33.75
D	*Knowledge about the Issue*	6	4	3.25	2.5	4.25	3	3.5	4.5	31
E	*Resources Related to the Issue*	4.75	5.5	3.75	3	5	3.25	3	3.75	32

Figure 1. Calculated Stage Score for Individual Dimensions



Ashtabula County's Average Overall Stage of Readiness is: 4.39. This score indicates that their community is in Stage 4: Preplanning.

Highlights from Interview Participants about Readiness to Address Suicide Prevention

The quotations below are included to illustrate the scores in Table 3.

A: Community Knowledge of Efforts	"The multi-organizational approach is a lot stronger than we see in other communities."
B: Leadership	"I think as leaders of the community we should all be concerned about what are those root causes, and working on those collaborative efforts to try to minimize them from happening under any of those circumstances."
C: Community Climate	"It seems like you always do have those nay-sayers in the community that may not think it's appropriate to focus on that. Not that they support suicide, but they don't agree with using resources to support it when why support 'Issue A' when 'Issue B' that needs support."
D: Knowledge about the Issue	"I would say most people probably don't realize how many people are, you know, working through and dealing with that, and I also probably believe that they'd be shocked if knew the true statistics that are there."
E: Resources Related to the Issue	"The resources are out there, but people don't look at them until they are needed. Our community has a pretty big 'Not in My Backyard' attitude."

Using Assessment Results to Develop Strategies to Build Readiness

With the information from this assessment, strategies can then be developed that will be appropriate for Ashtabula County. The first step in determining possible strategies to build readiness is to look at the distribution of scores across the five readiness dimensions. Generally, to move ahead with prevention programs, strategies, and interventions, community readiness levels should be similar on all five dimensions. If one or more dimensions have lower scores than the others, efforts should be focused on identifying and implementing strategies that will increase the community's readiness on that dimension (or those dimensions).

After reviewing these results, the Ashtabula County team noted that community knowledge about the issue is the lowest score. We need to focus on how the community consumes the information the Coalition is producing/presenting, and find ways to ensure the information is reaching areas and populations in our county that have been previously untapped or challenging to reach.

Some surprises from the interviews included a lack of community knowledge about where funding for suicide prevention in Ashtabula County comes from, as well as the strong scores for leadership. We expected the leadership score to be lower, framed within a conservative definition of

"community leaders," but interviewees revealed a broader definition of leaders, and expressed that more informal leaders are working hard for suicide prevention. Transportation continues to be a barrier within our community, but it was surprising that this barrier was mentioned in regards to suicide prevention.

Appendix A: TE-CRM Interview Guide

FFY20 CRA SSOSPC Community Readiness Interview Questions

REMINDER: Where you see "(community)," please make sure to insert the name of the county or community you are focusing on.

1. For the following question, please answer keeping in mind your perspective of what community members believe and not what you personally believe.

   On a scale from 1-10, how much of a concern is readiness to engage in a comprehensive approach to suicide prevention to members of *(community),* with 1 being "not a concern at all" and 10 being "a very great concern"? *(Scorer note: Community Climate)*

   Can you tell me why you think it's at that level?

   Interviewer: Please ensure that the respondent answers this question in regards to community members NOT in regards to themselves or what they think it should be.

COMMUNITY KNOWLEDGE OF EFFORTS

I'm going to ask you about current community efforts to engage in a comprehensive approach to suicide prevention using seven key strategies from the CDC. By efforts, I mean any programs, activities, or services in your community that address engaging in a comprehensive approach to suicide.

2. Are there comprehensive efforts in (*community)* that address suicide prevention using the CDC strategies?

   If Yes, continue to question 3; if No, skip to question 16.

3. Can you briefly describe each of these?

   Interviewer: Write down names of efforts so that you can refer to them in #4-5 below.

4. How long have each of these efforts been going on? *Probe for each program/activity.*

5. Who do each of these efforts serve (e.g., a certain age group, ethnicity, etc.)?

6. About how many community members are aware of each of the following aspects of the efforts - none, a few, some, many, or most?

   - Have heard of efforts?
   - Can name efforts?
   - Know the purpose of the efforts?

- Know who the efforts are for?
- Know how the efforts work (e.g. activities or how they're implemented)?
- Know the effectiveness of the efforts?

7. Thinking back to your answers, why do you think members of your community have this amount of knowledge?

8. Are there misconceptions or incorrect information among community members about the current efforts? *If yes:* What are these?

9. How do community members learn about the current efforts?

10. Do community members view current efforts as successful?

Probe: What do community members like about these programs? What don't they like?

11. What are the obstacles to individuals participating in these efforts?

12. What are the strengths of these efforts?

13. What are the weaknesses of these efforts?

14. Are the evaluation results being used to make changes in efforts or to start new ones?

15. What planning for additional efforts to engage in a comprehensive approach to suicide prevention is going on in (*community)*?

Only ask #16 if the respondent answered "No" to #2 or was unsure.

16. Is anyone in (*community)* trying to get something started to engage in a comprehensive approach to suicide prevention? Can you tell me about that?

LEADERSHIP

I'm going to ask you how the leadership in *(community)* perceives *(issue)*. By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

17. Using a scale from 1-10, how much of a concern is a comprehensive approach to suicide prevention to the leadership of (*community)*, with 1 being "not a concern at all" and 10 being "a very great concern"?

Can you tell me why you say it's a_____?

17a. How much of a priority is engaging in a comprehensive approach to suicide prevention to leadership?

Can you explain why you say this?

18. I'm going to read a list of ways that leadership might show its support or lack of support for efforts to engage in a comprehensive approach to suicide prevention.

Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list.

How many leaders…

- At least passively support efforts without necessarily being active in that support?
- Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?
- Support allocating resources to fund community efforts?
- Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)
- Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?

19. Does the leadership in the community support expanded efforts in the community to engage in a comprehensive approach to suicide prevention?

If yes: How do they show this support? For example, by passively supporting, by being involved in developing the efforts, or by being a driving force or key player in achieving these expanded efforts?

20. Who are leaders that are supportive of addressing this issue in your community?

21. Are there leaders who might oppose engaging in a comprehensive approach to suicide prevention? How do they show their opposition?

COMMUNITY CLIMATE

For the following questions, again please answer keeping in mind your perspective of what community members believe and not what you personally believe.

22. How much of a priority is addressing this issue to community

members? Can you explain your answer?

23. I'm going to read a list of ways that community members might show their support or their lack of support for community efforts to engage in a comprehensive approach to suicide prevention.

Can you please tell me whether none, a few, some, many or most community members would or do show their support in this way? Also, feel free to explain your responses as we move through the list.

How many community members…

- At least passively support community efforts without being active in that support?

- Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?
- Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)
- Are willing to pay more (for example, in taxes) to help fund community efforts?

24. About how many community members would support expanding efforts in the community to engage in a comprehensive approach to suicide prevention that incorporates the seven CDC strategies? Would you say none, a few, some, many or most?

If more than none: How might they show this support? For example, by passively supporting or by being actively involved in developing the efforts?

25. Are there community members who oppose or might oppose engaging in a comprehensive approach to suicide prevention? How do or will they show their opposition?

26. Are there ever any circumstances in which members of (*community)* might think that comprehensive approaches to suicide prevention should not be attempted? Please explain.

27. Describe (*community*).

KNOWLEDGE ABOUT THE ISSUE

28. On a scale of 1 to 10 where a 1 is no knowledge and a 10 is detailed knowledge, how much do community members know about engaging in a comprehensive approach to suicide prevention?

Why do you say it's a____?

29. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to engaging in a comprehensive approach to suicide prevention? (*After each item, have them answer.)*

- Suicide prevention, in general *(Prompt as needed with "nothing, a little, some or a lot".)*
- the signs and symptoms
- the causes
- the consequences
- how often suicide occurs locally (or the number of people living with suicidality in your community)
- what can be done to prevent suicide
- the effects of suicide on family and friends?

30. What are the misconceptions among community members about suicide, e.g., why it occurs, how much it occurs locally, or what the consequences are?

31. What type of information is available in (*community)* about suicide prevention (e.g. newspaper articles, brochures, posters)?

If they list information, ask: Do community members access and/or use this information?

RESOURCES FOR EFFORTS (time, money, people, space, etc.)

If there are efforts to address the issue locally, begin with question 32. If there are no efforts, go to question 33.

32. How are current efforts funded? Is this funding likely to continue into the future?

33. I'm now going to read you a list of resources that could be used to engage in a comprehensive approach to suicide prevention in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address suicide prevention?

- Volunteers?
- Financial donations from organizations and/or businesses?
- Grant funding?
- Experts?
- Space?

34. Would community members and leadership support using these resources to address suicide prevention? Please explain.

35. On a scale of 1 to 5, where 1 is no effort and 5 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward engaging in a comprehensive approach to suicide prevention in your community?

- Seeking volunteers for current or future efforts to engage in a comprehensive approach to suicide prevention in the community.
- Soliciting donations from businesses or other organizations to fund current or expanded community efforts.
- Writing grant proposals to obtain funding to support engaging in a comprehensive approach to suicide prevention in the community.
- Training community members to become experts.
- Recruiting experts to the community.

36. Are you aware of any proposals or action plans that have been submitted for funding to engage in a comprehensive approach to suicide prevention in (*community)*?

If Yes: Please explain.

Additional policy-related questions:

37. What formal or informal policies, practices and laws related to this issue are in place in your community? (*Prompt*: An example of ―formal would be established policies of schools, police, or courts. An example of ―informal would be similar to the police not responding to calls from a particular part of town.)

38. Are there segments of the community for which these policies, practices and laws may not apply, for example, due to socioeconomic status, ethnicity, age?

39. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain.

40. How does the community view these policies, practices and laws?

Demographics of respondent (optional)

1. Gender:

2. What is your work title? _____

3. What is your race or ethnicity?
___ Anglo___African American

___ Hispanic/Latino/Chicano___American Indian/Alaska Native

___ Asian/Pacific Islander___Other_____

4. What is your age range?
___ 19-24___25-34

___ 35-44___45-54

___ 55-64___65 and above

5. Do you live in (community)? YES NO If no: What community? _____

6. How long have you lived in your community? _____

7. Do you work in (community)? YES NO If no: What community? _____

8. Do you live in (community)? YES NO If no: What community? _____

Funding for the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions (SSOSPC) Initiative was provided by the Ohio Department of Mental Health and Addiction Services under Grant #20000309, "Ohio Suicide Prevention Foundation State Plan and Coalition Development."

The SSOSPC Initiative is supported through a unique partnership of the following organizations:

Ohio MHAS
Promoting wellness and recovery

OHIO'S VOICE FOR SUICIDE PREVENTION
OSPF
Ohio Suicide Prevention Foundation
OhioSPF.org

OHIO UNIVERSITY
VOINOVICH SCHOOL
OF LEADERSHIP AND PUBLIC AFFAIRS

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Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

Ashtabula County Suicide Prevention Coalition
Ashtabula County

Plan to Increase Readiness in Ashtabula County to Address Suicide Prevention Using a Comprehensive Approach Guided by the CDC's Strategies for Preventing Suicide

September 2020

Created by:

Ashtabula County
Suicide Prevention Coalition

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Acknowledgements

The Ohio Suicide Prevention Foundation, with funding from the Ohio Department of Mental Health and Addiction Services (Grant# 2000309 – Ohio Suicide Prevention Foundation State Plan and Coalition Development), supports the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative. This initiative supported 17 suicide prevention coalitions, including the Ashtabula County Suicide Prevention Coalition to engage in conducting a community readiness assessment and create a plan to develop community readiness to engage in a comprehensive approach to suicide prevention. The initiative also supported the Pacific Institute for Research and Evaluation (PIRE), Ohio University's Voinovich School of Leadership and Public Affairs, and the Voinovich Academy for Excellence in Public Service, to provide training, technical assistance, and leadership development support for the suicide prevention coalitions across Ohio to engage in the community readiness assessment and planning process.

For more information, please see the Ohio Department of Mental Health and Addiction Services website: https://suicideprevention.ohio.gov/ and the Ohio Suicide Prevention Foundation website: https://www.ohiospf.org/.

Introduction

The Ohio Department of Mental Health and Addiction Services partnered with the Ohio Suicide Prevention Foundation to enhance the work of suicide prevention coalitions across the state to align with the Suicide Prevention Plan for Ohio and the Centers for Disease Control and Prevention's (CDC) seven strategies for preventing suicide. Seventeen suicide prevention coalitions covering 23 counties were funded in the spring of 2020 to engage in an eight-month learning community with peers and receive wraparound support services in order to strengthen local suicide prevention efforts and build community capacity to make a greater impact in suicide prevention across Ohio. Through participation in the learning community, the coalitions:

1. Conducted a Community Readiness Assessment (CRA) to better understand local conditions that guide appropriate suicide prevention strategies.
2. Developed the knowledge and skills needed to increase infrastructure and support coalition sustainability.
3. Enhanced strategic planning efforts through data-driven decision-making.
4. Engaged in professional development and leadership skill-building opportunities.

This plan represents the culmination of the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative: the creation of a plan to increase readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide. The CDC provides a technical package on preventing suicide, which highlights seven strategies based on the best available evidence to help states and communities prevent suicide, including:

- Strengthen economic supports;
- Strengthen access and delivery of suicide care;
- Create protective environments;
- Promote connectedness;
- Teach coping and problem-solving skills;
- Identify and support people at risk; and
- Lessen harms and prevent future risk.

Building the Community Readiness Assessment Team

The following individuals met three times during September 2020 to review the Community Readiness Assessment results and work toward creating a plan to increase readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide.

- Matt Butler, Alexandra Camplese, Susan Deak, Kellie McGinnis, and Bridget Sherman.

Brief Review of Community Readiness Assessment Results

The Community Readiness Planning Committee convened in August of 2020 to conduct key informant interviews with community stakeholders. Two Community Members, oneElected Official, one Education Provider, one Business Community Leader, one Member of a local Coalition, one Public Health Professional, and 1 County government official were interviewed by committee members, for a total of eight key informant interviews. Two committee members then scored the key informant interviews to determine the dimension specific and overall CRA scores. The Overall Readiness score is 4.39. The Dimension A (Community Knowledge of Efforts) score was 4.88. The Dimension B (Leadership) score was 4.97. The Dimension C (Community Climate) score was 4.22. The Dimension D (Knowledge about the Issue) score was 3.88. Finally, the Dimension E (Resources Related to the Issue) score was 4.0. The Overall Readiness Score indicates that the community is in Stage 4 of Readiness: Preplanning. Ashtabula County communities are aware that suicide is a problem, but don't know what is being done or could be done in the community to help prevent suicide. As the Ashtabula County Suicide Prevention Coalition works to develop a comprehensive plan for suicide prevention, the plan should prioritize increasing community knowledge of the issue and resources related to suicide prevention, while also considering the community climate. The CDC Strategies for Preventing Suicide align with our past efforts within the community, and with the Coalition's planning for future prevention efforts. The Coalition plans to focus on teaching coping and problem-solving skills, identifying and supporting people at risk, and lessening harm and prevention of future risk. Further, the Coalition plans to utilize the results of the CRA to explore inroads for activities and efforts that will address the remaining four CDC strategies moving forward.

Results of the SWOT Analysis

The Tri-Ethnic Model for Community Readiness measures five dimensions of community readiness:

- Community Knowledge of the Issue,
- Community Knowledge of Efforts,
- Community Climate,
- Leadership, and
- Resources.

For each dimension of readiness, the community readiness planning team completed a SWOT (strengths, opportunities, weaknesses, and threats) assessment using the results from the community readiness assessment. The results are summarized here.

Community Knowledge of the Issues

The Coalition has many well-established efforts to educate the community such as gatekeeper trainings (Mental Health First Aid, QPR), printed informational materials, community trainings, and evidence-based programs in the county school districts. The Coalition has valued and nurtured cross-sector collaboration to develop and maintain efforts to share knowledge of the issue of suicide in our communities. Unfortunately, this Dimension was the lowest score in the CRA, indicating that we are not reaching everyone that we need to reach. Opportunities have risen from the COVID-19 response, including a shift to virtual learning environments, enabling

more access to knowledge sharing opportunities, as well as increased public focus on COVID-related mental health and substance use struggles. COVID-19 response has also eliminated many opportunities for in-person education, especially in our already-isolated and priority populations. Individual apathy due to lack of personal impact or experience could deter efforts to educate communities about suicide.

Community Knowledge of Efforts

The Coalition has made improvements to how activities and events are marketed in recent years, expanding social media and online presence. Most Coalition members also participate in other community organizations or groups and are successful at sharing Coalition efforts with those groups. However, many in our rural population and older adult population do not have access to internet or social media, a common means to distribute information quickly, and are geographically isolated. Pandemic responses and isolation may cause people to seek out new local issues to support and new ways to engage in their community. Currently, fewer people are picking up flyers and printed materials, therefore distribution of information about Coalition efforts could become more challenging.

Community Climate

Ashtabula County is populated by many compassionate people who genuinely care about one another and are willing to help others. Despite some disparity, communities are able to rally in support of many shared values. Unfortunately, generational poverty and a constrained economic landscape are pervasive. A stark divide exists between the rural and exurban areas of the county. Opportunities to improve community climate exist in that few people are opposed to preventing suicide, and current events may promote the already present willingness of many to help others. Current threats to community climate include isolation and fear of reaching out to new people.

Leadership

The Coalition is comprised of both formal and informal leaders in our communities and has the support of many formal leaders throughout the county. This has been influential in efforts to make changes in the community. The Coalition does not have a formal structure, which sometimes leads to a few doing most of the work and making delegation of the work challenging. The Coalition recognizes opportunities for improvement in our efforts to create by-laws, mission and vision statements, and create a more formal structure for the Coalition moving forward. Current threats to community leadership include burn out. Many Coalition members and community leaders have seen an increase in workload and significant changes to how community work is done due to the pandemic response. Developing and implementing new organizational structures will be challenging without the ability to be together and may be considered just “one more thing” to tackle in uncertain times.

Resources

The Coalition has many of the resources needed to carry out our mission of suicide prevention. We have a well-established history of identifying gaps in resources and seeking community

assets and collaborative relationships to address those gaps. The Coalition could improve their ability to engage Coalition members and increase the sectors represented, especially sectors connected to our priority populations. Further, the Coalition is challenged by staying creative and focused when implementing multiple efforts. Opportunities to increase resources include novel funding opportunities, and new opportunities for collaboration and support from the state level. Current threats to our resources include a low population density in the county, and an economically stretched community that doesn't always have more to give.

In addition to the dimension scores, the Tri-Ethnic Model for Community Readiness provides a summary score of overall readiness. The planning group also discussed the strengths, opportunities, weaknesses, and threats that the summary results revealed.

The Coalition's highest scores in Dimensions A and B indicate strengths in how the coalition has been able to make improvements in how we promote our efforts in the community, as well as how community leaders have collaborated with the Coalition and supported the efforts of the Coalition. Weaknesses were revealed regarding the community's overall knowledge about suicide and how suicide has impacted Ashtabula County. The summary results also revealed that the community acknowledges suicide as a problem, the pre-planning stage. This offers the Coalition the opportunity to increase community knowledge of the issue in concert with our strengths, as well as the opportunity to improve the Coalition's ability to plan more strategically and formally for future efforts. Threats to overall community readiness include current community isolation and significant changes in how the Coalition is able to communicate and reach out to the community.

Goals

After the community readiness planning team completed the SWOT assessment, we developed 3 goals that we wish to accomplish in the next 3-5 years to increase our community's readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide.

Goal #1

Dimension Being Addressed: Knowledge about the Issue

Increase community knowledge about suicidality and death by suicide in Ashtabula County.

Goal #2

Dimension Being Addressed: Resources Related to the Issue

Increase Coalition Membership and Member Engagement.

Goal #3

Dimension Being Addressed: Community Climate

Normalize help-seeking behaviors and increase community connectedness.

Approaches to Increase Community Readiness

To increase our community's readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide, the community readiness planning team is recommending 2 approaches to increase community readiness.

Approach #1: Community Education

Description
The Coalition will provide gatekeeper trainings and community trainings to Ashtabula County residents, focusing on delivering the trainings to our priority populations (youth, middle-aged men and seniors, veterans, rural/farming population, and LGBTQ+) and those who serve or support our priority populations. The trainings will be provided both virtually and in-person when gathering can safely be accomplished. Gatekeeper trainings will be implemented at least three times per SFY, while community trainings will be implemented twice per SFY, and all trainings will be implemented by Coalition members or qualified trainers secured by the Coalition.

Rationale
This approach was chosen because the Coalition has the resources available to implement this approach. This approach also focuses on reaching out to the community to increase their knowledge of the issue of suicide, while also building on the community's current readiness: Pre-planning. The community acknowledges that suicide is a concern, and community education will help inform the community about the impact of suicidality and death by suicide in Ashtabula County, as well as what can be done to help prevent suicide within their sphere of influence in the community.

Intended Results
Community Education will increase community knowledge of the issue and provide information to community members about how they can begin to support efforts to prevent suicide in their own homes, neighborhoods, and communities.

Evaluation
Readiness to address suicide in the community will have increased as a result of this approach if more community members are interested in participating in trainings and community events, and if increased knowledge is indicated in training evaluations.

Capacity Development
This approach will foster collaborative relationships with organizations who host trainings or encourage their members to be trained. Gatekeeper trainings will increase the community connectedness and recognition of signs and symptoms, risk factors, and help-seeking behaviors.

Potential Barriers
Currently gathering groups together to provide training is significantly limited. Barriers to virtual education opportunities include limited internet access in some areas of the county, and technology constraints. Another challenge may be engaging new individuals or groups who have not been reached before.

Approach #2: Formalize the Coalition Framework

Description
The Coalition will develop by-laws and mission and vision statements to formalize the operations of the Coalition. The Coalition will formalize their current procedures for planning and decision making within the group. The Coalition will form a committee to develop the necessary framework by the end of calendar year 2020.

Rationale
This approach was chosen because the Coalition sees the value in formalizing their operations to increase Coalition capacity and grow the Coalition. This approach will help the Coalition to continue to carry out current efforts, as well as review current efforts and better evaluate who in the community we are successfully reaching. Further, formalizing the Coalitions structures will help improve planning and strategic development of future strategies.

Intended Results
A formal structure for the Coalition will increase membership, including representation from sectors who have not been represented yet and sectors representing or serving our priority populations. This approach will help the Coalition increase presence in the community and more successfully assess community needs regularly.

Evaluation
Community readiness will have increased as a result of this approach when the Coalition has a formalized framework of operations, and sector representation has increased.

Capacity Development
This approach will foster collaborative relationships with organizations in the community who have not been fully engaged with the Coalition or have not yet been involved with the Coalition. This approach will also increase resources for the Coalition and will help with member retention and engagement.

Potential Barriers
This approach will require members willing to commit to the work of formalizing existing operations and developing new procedures. Change is often difficult, and the work will be made more challenging as the Coalition is unable to currently meet in person.

Action Plan

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
Approach 1: Community Education				
Gatekeeper Trainings	9/30/2020	6/30/2021	B. Sherman, M. Butler	Training evaluations, # trained
Community Trainings	10/15/2020	6/30/2021	B. Sherman	Training evaluations, # trained
Approach 2: Formalize the Coalition Framework				
Establish Committee	10/1/2020	12/31/2020	Coalition Members	Committee members named
Develop Action Plan for Committee	1/1/2021	3/1/2021	Committee Members	
Develop By-Laws	3/1/2021	6/30/2021		
Develop Mission and Vision Statements	3/1/2021	6/30/2021		