Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

COMMUNITY READINESS ASSESSMENT REPORT
BUTLER COUNTY

Prepared by:
Butler County Suicide Prevention Coalition

September 2020

Butler County FFY20 Community Readiness Assessment Report

Introduction

During FFY20, Butler 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 Butler County's Community Readiness Assessment and provides details about how the assessment was conducted.

Members of the CRA team for Butler County include:

- Kristina Latta, Director of Community Programs, Envision Partnerships
- Kristen Smith, Prevention Coordinator/Chair of Butler County Suicide Prevention Coalition
- Kristen Grande, Prevention Coordinator, Envision Partnerships
- Heather Reister, Extension Educator Family & Consumer Sciences, OSU Extension
- Tiffany Caudill, Executive Director of *I'm Glad You're Here*
- Eliah Jones, College Student, Psychology major at University of Cincinnati
- Krystal Tipton, Senior Vice President, Community Engagement United Way

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 Butler County.
3) Conducting and recording structured interviews with key respondents in the Butler 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 Butler County were conducted in July 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 Butler County

Butler County Problem Statement

How ready is Butler 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

Butler County conducted 6 community readiness interviews in July 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	7/13/2020	Medical professional
2	7/15/2020	School and/or education provider
3	7/16/2020	County government official (from county agency)
4	7/16/2020	Community member
5	7/17/2020	Business community leader/member
6	7/22/2020	Local government official (from local agency)

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

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

Table 3. Combined Interview Scores by Dimension

	Dimension	Interview						Combined Total Score of 6 Interviews
		1	2	3	4	5	6	
A	*Community Knowledge of Efforts*	3.25	1.5	1.5	2.75	3	1.25	13.25
B	*Leadership*	3.5	2.5	2	3.75	4.5	3	19.25
C	*Community Climate*	4	3.25	3	6	2.25	3.25	21.75
D	*Knowledge about the Issue*	4	4	2.25	6.25	2.25	3.25	22
E	*Resources Related to the Issue*	2	3.75	2	3	3	2	15.75

Figure 1. Calculated Stage Score for Individual Dimensions
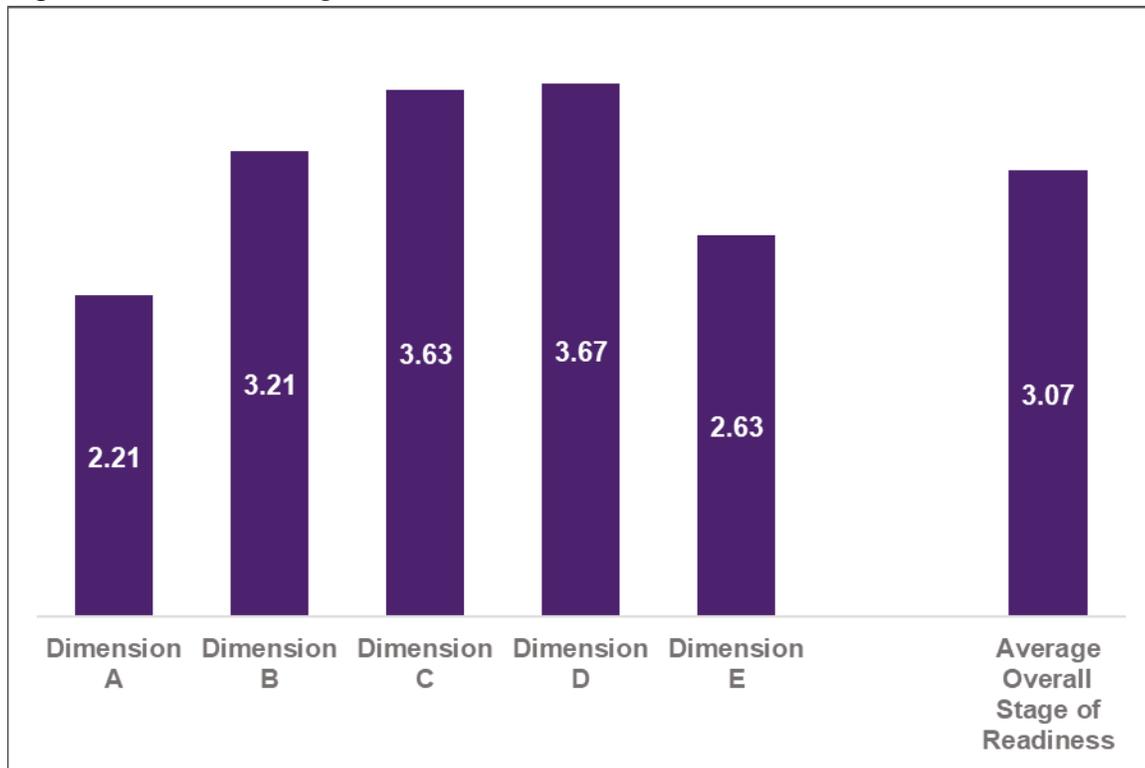
Butler County's Average Overall Stage of Readiness is: 3.07. This score indicates that their community is in Stage 3: Vague Awareness.

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	If there's a committee somewhere, that we could actually come together and start talking and brainstorming on things that we could do. I'm sure if we had that, then we'll have plenty of participants and we can get a lot of things accomplished.
B: Leadership	I think the challenge is a lot of the leadership in the Black community is derived from leadership in churches. The churches have not become as mental health literate as they should be, in being able to address and support these issues.
C: Community Climate	I think what we're experiencing with suicide increases across the country, including the Black community is important. But I also believe that the Black community feels more pressured by what's going on with racial oppression and policing, and the political discourse.
D: Knowledge about the Issue	I think that the Black male is probably the last on the totem pole when it comes to understanding some of the stress and the anxiety issues and things that they deal with.
E: Resources Related to the Issue	I just don't think people, unless there's someone that knocks on their door that says hey, I've got a plan and how we can get there and how you can support. I don't know that they actively say this is something important enough for us to do.

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 Butler 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 Butler County team noted that Dimension A and dimension E were lower by a full point each from other dimensions. There is a need to emphasize to the community that the coalition exists and that the agencies and individuals who are members of the coalition serve as resources for suicide prevention.

Since this CRA focused only on the African American population in Butler County, it was interesting to compare the stage of readiness score of 3.0 to the readiness score from an assessment done of the general population in 2018. The score of that assessment was 3.4. While both assessments were in the vague awareness stage, it was surprising there was not more of a difference given latest knowledge that the largest rate of increase in suicide is in the African American male population. Also, member agencies of Butler County Suicide Prevention Coalition have shared that

it is difficult to deliver behavioral health services to this population due to resistance to engage in services, most likely due to a lack of trust.

Appendix A: TE-CRM Interview Guide

FFY20 CRA SSOSPC Community Readiness Interview Questions

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 the Black community of Butler County, 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 the Black community of Butler County 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 the Black community of Butler County?

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

16. Is anyone in the Black community of Butler County 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 the Black community of Butler County perceives suicide prevention. 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 the Black community of Butler County 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 the Black community of Butler County might think that comprehensive approaches to suicide prevention should not be attempted? Please explain.

27. Describe the Black community of Butler County.

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 the Black community of Butler County. 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 the Black community of Butler County?

    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? _____

Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

Butler County Suicide Prevention Coalition
Butler County

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

September 2020

Created by:

Coalition Chair

Kristen Smith

Members of the Community Readiness Planning Committee

Kristen Smith
Kristina Latta-Landefeld
Kristy Duritsch
Heather Wells

Acknowledgements

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 Planning Team

The following individuals met two times during October 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.

- Kristen Smith
- Kristina Latta-Landefeld
- Kristy Duritsch
- Heather Wells

Brief Review of Community Readiness Assessment Results

The Community Readiness Assessment was conducted using a team of seven people. Six key informants from six different sectors of the community were interviewed including medical professional, education provider, county government official, business community leader, law enforcement from a local agency and a community member.

These interviews were transcribed using the otter.ai application and then scored according to the Tri-Ethnic model. This assessment occurred during the summer of 2020, a unique time when both COVID-19 and social unrest due to racial injustice was occurring. The assessment focused on the Black community of Butler County due to national statistics that show Black males as having the highest increased rate of suicide.

Overall the Black community of Butler County assessment score is 3.07. This compares to a score of 3.4 which was a result of an assessment by the coalition conducted in in 2018 of the full population of Butler County. Both scores represent "vague awareness". In the current assessment the following scores reflect the awareness within different dimensions: Community Knowledge of Efforts 2.21, Leadership 3.21, Community Climate 3.63, Community Knowledge of the Issue 3.67, and Resources 2.63.

The scores within the dimensions highlight the aspects of community readiness the coalition needs to focus on as a comprehensive plan for suicide prevention is reevaluated since the 2018 plan. Currently these areas are Community Knowledge of Efforts and Resources. This aligns with the CDC's strategies of 'Create Protective Environments" and "Promote Connectedness".

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

This dimension of readiness was the highest score in the community readiness assessment. Quotes from the key informant interviews also revealed reasons why the knowledge of issues for the Black population in Butler County is similar to the majority population (as measured in the coalition's previous assessment). It is evident that schools are doing an excellent job in suicide prevention awareness as evidenced by 1,853 students trained in suicide prevention in the 2019-

2020 school year. The county also has many QPR Instructors who trained 356 community members during this same time period despite COVID-19 which cancelled many trainings scheduled for March. However, the community readiness planning team identified that there are inconsistencies to implementation of prevention programming across different communities in the county. An opportunity identified for the population is the national attention being given to mental health due to COVID-19. Yet another current event that threatens knowledge of issues in this specific population is a difficulty in communicating the connection of suicide prevention with the goals of the Black Lives Matter movement.

Community Knowledge of Efforts

This dimension of readiness was the lowest score for the Black population in Butler County's community readiness assessment. Despite the strength of the local newspaper reporting regularly on suicide prevention and helping to promote events and efforts of an active coalition in the county, it is obvious much more needs to be done to communicate efforts in the community. The key informants score reflects that the community is in denial or has resistance when it comes to this issue. The community readiness planning team expressed the need for more messaging to reach this population and connect resources to communities served. Recent policy change that has allowed for more telehealth is an opportunity for more people to connect with clinicians, and for clinicians to identify mental health issues and make efforts to prevent suicide in clients. Interview quotations from key informants emphasized that in the present social climate, racial justice issues are the focus for this population in lieu of suicide prevention resulting in less awareness of efforts despite these two efforts being absolutely linked.

Community Climate

The score in this dimension represents vague awareness. Some strengths that would contribute to the community climate in the county are the presence of major hospitals including a branch of Cincinnati Children's Hospital. Miami University is also located in the urban, suburban and rural areas of the county. These institutions are a strength to both the learning about and treatment of mental illnesses, though economic disparity across communities and races can block access to these strengths. A MOU for inclusion in suicide prevention language across sectors of the community is also needed. Again, with increased awareness of mental health issues during the pandemic there is opportunity to increase the community climate's readiness for a suicide prevention message. At the same time, COVID-19 has created situations that threaten the community climate with its unknowns both short term and long term. Certainly, the isolation, depression, anxiety and substance use disorder issues that have dramatically increased during the pandemic threaten involvement of community members afflicted by these illnesses and situations.

Leadership

Despite leadership amongst a strong network of social service agencies who are also involved in an active suicide prevention coalition, the community readiness planning team also recognized the need for a well-known and charismatic leader from the Black population to increase readiness. At the state level, elected leaders have focused on bringing mental health issues to

light and supporting prevention efforts, though at the national level an election year ushers in potential changes of elected officials. Outcomes can be a disruption of efforts or bring uncertainty.

Resources

This dimension of the assessment accompanied by results from "Knowledge of Efforts" was truly a revelation. Regardless of the plethora of resources and social service agencies, non-profits, institutions and an active coalition that work toward suicide prevention in Butler County, the assessment revealed a lower score translating into "denial/resistance". "Resources" and "Knowledge of Efforts" go hand in hand. Butler County has a crisis line, a mobile crisis unit, social services agencies to support, prevention education, etc. but without the community knowledge of them, resources are not utilized. The Black population is also underrepresented as employees of these social service agencies that serve the county. Additionally, there is need for businesses to become involved in the suicide prevention efforts in the county. Opportunities in this dimension include funding, resources and partnerships through the Ohio Suicide Prevention Foundation OSPF. An example of a resource OSPF created is a new website specific to the Black population (withyouhere.org). Additionally, the simplified national crisis number 988 has been approved by Congress and measures are being taken to unroll that in the near future. COVID-19 strikes again when considering threats. With the tremendous economic downturn, future resources for prevention work could be in jeopardy.

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 overall readiness score is 3.07, the very low end of vague awareness. It is clear that the incredible resources and the sizable efforts that the county is taking toward suicide prevention need to be better communicated to the Black community and the overall community (as evidenced in the previous assessment in 2018). Refining efforts by the coalition, local media and strong social service agencies and institutions will steer the community into higher levels of readiness. It is important to reach all populations focusing on specific messaging and increasing workers in the social service sector, especially amongst minority groups including our target population. With state and national attention turning to the "shadow pandemic", creative ideas are being utilized to reach more people. That creativity needs to continue and increase as it faces a growing disparity for vulnerable populations due to the unstable economy, election year and difficulties with health care access. As racial justice is being sought out, now more than ever, the communication of the importance of suicide prevention and how it ties into both pandemic and social reform is essential. The coalition has a difficult task ahead to serve the Black population of Butler County.

<div align="center">**Goals**</div>

After the community readiness planning team completed the SWOT assessment, we developed 2 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 of Efforts

Launch a strategic suicide prevention social marketing campaign with messaging to appeal to the Black population focused on awareness and how to get help.

Goal #2

Dimension Being Addressed: Leadership

In an effort to reach out to the Black population of Butler County and show the resources and efforts being made in the county to address suicides, identify a well-known, charismatic leader.

<div align="center">**Approaches to Increase Community Readiness**</div>

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: Social Marketing Campaign

Description
The social marketing campaign will aim to increase readiness in the Black population in the county. The campaign will include the "Life is Better with You Here Campaign" created by OSPF using social media, and, depending on funding, will use other means of reaching community with strategically placed billboards and print materials placed in buildings (for example churches with a high Black population) for high visibility. The "with you here" website will be promoted as well. The purpose is to increase knowledge of efforts of suicide prevention and the local resources available in the county. Beginning at the December 2020 meeting, the coalition will together as a large group to brainstorm ideas, then a work group will be convened to meet to carry out a decision-making process to refine ideas and carry out the plan beginning January 2021 and ending October 2021. Biweekly meetings will take place in the beginning and as needed later to discuss social marketing campaign strategies, involvement of leader (see Approach #2) and evaluation.

Rationale

This approach was chosen since the two lowest dimension scores were "Knowledge of Efforts" and "Resources". Additionally, many of the quotations taken from key informants indicated extremely strongly the difficulties in this area. Clearly, communication is key to raise awareness. By utilizing a product of OSPF that is aimed at increasing readiness and awareness in the Black population, the coalition would be using a method that is culturally sensitive. Places where this can be promoted include many afterschool centers and churches with a high Black population in the communities in Butler County that are strong and vibrant providing potential for connecting with the Black population in the county. Key informants who showed interest in this project can assist with this effort.

Intended Results

We anticipate the results of this approach will be that the Black population have greater awareness of what is happening in the county and specifically in the Black communities in the county to prevent suicide. We anticipate that people will also have a new awareness of resources. An important point to reach the intended results is to communicate that suicides are tied to the systemic racial injustice that the Black population has faced during the history of our country. We will look at results of surveys and focus groups to inform the work.

Evaluation

The coalition will use focus groups on Zoom and surveys on Survey Monkey both before and after the social marketing campaign to know that readiness toward suicide prevention has increased as a result of the implementation of the social media campaign.

Capacity Development

The coalition will use pooled resources to develop capacity for this approach to increase readiness. Resources mentioned above from OSPF will be utilized. And as the resources are directed toward areas of the community that may have not received communication before (for ex. churches and afterschool programs with primarily Black population) this sector of the population changes perspective and receives information to their benefit. Potential future funding from OSPF to help support this work would also prove helpful in developing capacity. In addition, Envision Partnership's awarded funding from OMHAS Stigma Reduction Initiative will be utilized. Members of the coalitions will have the opportunity to engage in an active way as a specific work group is convened in December 2020 and January 2021. This activity will result in a more invested membership as they contribute their ideas and carry out the plan strengthening the future of the coalition in general.

Potential Barriers

Normally part of a social marketing campaign, events and in person meetings can be utilized to distribute printed material. Due to COVID-19, very little of this type of event exists now. Once the pandemic ends, this barrier will be removed. Another potential barrier is that the movement to address systemic racial injustice may cause some to miss the connection of racial injustice with suicide prevention instead seeing it as a separate issue where time and attention is focused.

Approach #2: Identify Well-Know and Charismatic Leader

Description

To increase readiness in the Black population in the county a well-known and charismatic leader of this population will be identified and utilized to reach this population. Once this spokesperson is identified, the leader will be involved in the social marketing campaign (see Approach #1) and speaking events (once COVID-19 restrictions allow). The speaking arrangements can take place in areas where the Black community meet (churches, schools, activity centers, etc.). The spokesperson will also be able to speak on behalf of the population at all levels of government. Our supportive press can keep the community informed. Beginning at the January 2021 meeting, the coalition will brainstorm together who might act in this role. Between the January and February 2021 meetings, all coalition members will be asked to brainstorm ideas within their spheres of influence and how they connect to the Black community to identify an appropriate person. At the February 2021 meeting potential names of candidates will be discussed and the coalition will rank them. Starting with the top choice, individuals will be contacted. If a #1 choice turns down the offer, the next individual on the list will be contacted and so on. The goal is to have a leader in place by March 2021.

Rationale

This is a particularly effective approach since in a minority population a minority voice helps empower. Spokespersons have been used in a variety of ways and for a variety of causes but in this particular case the trust carried by a well-known charismatic leader in the Black community will be the key to increasing readiness. Trust is the number one thing lacking in mental health care in the community especially since most who work in the field of social services and mental health are not from the Black community of Butler County.

Intended Results

With a leader that the population can trust, messages about resources are better received. Certainly, with communication increasing, connections can be made. Knowledge of efforts increase to help individuals in the Black community increase readiness to be open to these efforts.

Evaluation

Utilizing the same survey as described in Approach #1, questions can be included in a post-survey that addresses the identified leader. Focus groups also can ask questions about the leader to get a sense of their impact on the community.

Capacity Development

Involvement of members in identifying and contacting potential leaders is important. The more active members are, the more effective the coalition. The leader him/herself, by joining the coalition, will bring a wealth of knowledge, especially about the Black community, whom is underrepresented in the coalition at this time. The leader could serve as a connection to new resources, new members, and funding.

Potential Barriers

Normally, a leader speaks at events and in person at meetings. These are not normal times. Due to COVID-19, very few of these events exist now. Once the pandemic ends, this barrier will be removed. Another barrier that the leader will face is overcoming the idea that the movement to address systemic racial injustice is separate from suicide prevention when they are actually very much linked together. Lastly, an election year brings with it a number of uncertainties that could affect how the leader has impact on the population in the county.

Action Plan

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	**End Date**		
Approach 1: Social Marketing Campaign				
Brainstorm ideas and form work group	December 2020	January 2021	Entire coalition	Ideas and work group identified
Social Media Schedule	January 2021	June 2021	Work group/Chair	Regular (as identified by work group) social media posts
Write Survey and distribute	February 2021	March 2021	Work group/Chair	Surveys returned
Form and carry out focus groups	March 2021	April 2021	Work group/Chair	Focus groups meet
Carry out social marketing campaign ideas brainstormed by coalition and chosen by work group	April 2021	Aug. 2021	Work group/Chair	Ideas are funded and seen in community
When possible, use leader from community in campaign	April 2021	Aug. 2021	Work group/Chair and leader	Campaign ideas completed
Distribute post-survey	Sept. 2021	Sept. 2021	Work group/Chair	Returned surveys
Reconvene Focus groups	Oct. 2021	Oct. 2021	Work group/Chair	Focus groups meet
Approach 2: Identify Well-Known Leader				
Brainstorm names for leaders	January 2021	February 2021	Entire coalition	People have ideas of names at February meeting
Prioritize invitations	February 2021	February 2021	Entire coalition	Prioritized list is created
Invite, one by one	February 2021	March 2021	Members of coalition who have contact with potential identified leader	An individual says yes to be spokesperson.
Identified leader participates in social marketing campaign activities	March 2021	Aug. 2021	Spokesperson/work group/Chair	Spokesperson's photograph used, video, etc.

Leader/spokesperson speaks on behalf of Black community of Butler county regarding suicide prevention at different levels of government as they would benefit the population	March 2021	Aug. 2021	Spokesperson	Communication back from spokesperson about activity
Surveys and Focus Groups evaluating effect of spokesperson (questions included on the same survey/focus groups used for approach #1)	Feb./March 2021 (presurvey/focus groups)	Sept./Oct. 2021 (postsurvey/focus groups)	Workgroup/Chair	Returned surveys Focus groups meet