Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

COMMUNITY READINESS ASSESSMENT REPORT

FAIRFIELD COUNTY

Prepared by:
Fairfield 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

Fairfield County FFY20 Community Readiness Assessment Report

Introduction

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

Members of the CRA team for Fairfield County include:

- Toni Ashton, Prevention Coordinator, Fairfield County ADAMH Board
- Jeannette Curtis, Executive Director, Fairfield County 211
- David Suman, Vista-AmeriCorps, Fairfield County ADAMH Board

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

Fairfield County Problem Statement

How ready is Fairfield 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

Fairfield County conducted 6 community readiness interviews in June and 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	7/15/2020	Other
2	6/24/2020	Business community leader/member
3	7/21/2020	Local government official (from local agency)
4	7/14/2020	School and/or education provider
5	7/16/2020	Community member
6	6/26/2020	Community member

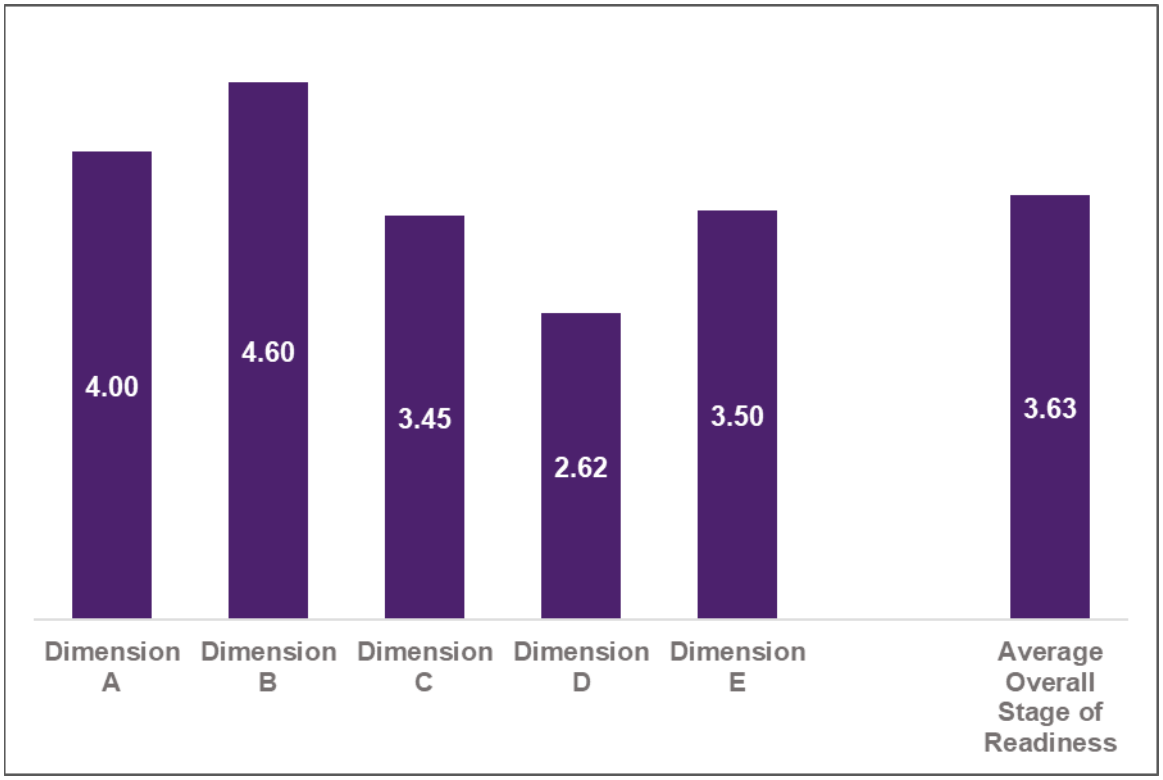
Fairfield County then scored the interviews using the individual and consensus scoring guidance from the TE-CRM.

The following table is a summary of Fairfield 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*	4.5	6.5	3	5	2	3	24
B	*Leadership*	4.5	5	3.75	4.5	5	5.25	28
C	*Community Climate*	5	3.25	3.5	2.5	4	2.5	20.75
D	*Knowledge about the Issue*	3	2.5	3	2	2.5	2.75	15.75
E	*Resources Related to the Issue*	4.75	4	3.5	3.25	3	2.5	21

Figure 1. Calculated Stage Score for Individual Dimensions



Fairfield County's Average Overall Stage of Readiness is: 3.63. 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	"Suicide is one of those things that is "out of sight, out of mind," if nobody's talking to me about suicide, then it must not be a problem."
B: Leadership	"I'm not really impressed with the influential leadership in the community. To a certain degree, I think that actions get done by unsung heroes."
C: Community Climate	"I just don't think people are thinking about suicide unless it directly affects them." "I just don't think a lot of people think about it very often and don't prioritize it."
D: Knowledge about the Issue	"People don't realize it's a mental health issue. They think people are being selfish or they just think about it and then do it." "I don't think people really understand how depression and suicide are firmly linked."
E: Resources Related to the Issue	"I'm unaware of how the current efforts are being funded and I'm unsure of any continued funding opportunities" "I would believe at this point that the case has been made, it's important enough that it needs to continue to be funded."

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 Fairfield 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 Fairfield County team noted that the lowest dimension was in the Knowledge of the Issue. Many of those interviewed seem to believe that it is an issue generally that people ignore unless it personally impacts them. However, even in this dimension there was some indication that the community has some knowledge about the issue. Without community knowledge I don't feel like any of the other dimensions will improve. I think also that I would have expected the "Resources" dimension score to have been higher since there are, in fact, many resources available.

The disdain for local politicians caught me off guard. However the county is lucky enough to have people in other areas pick up the slack of the politicians when it comes to issues like suicide. The other community leaders and the Fairfield County Suicide Prevention Coalition is why the leadership score is higher. Where our political leaders fail we have great community members who are willing to spend their time addressing the issue.

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

Fairfield County Suicide Prevention Coalition
Fairfield County

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

September 2020

Created by:

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Coalition Co-Chairs

Jeannette Curtis

Toni Ashton

Members of the Community Readiness Planning Committee

Jeannette Curtis

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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 Fairfield 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 Planning 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.

- Jeannette Curtis
- Toni Ashton
- David Suman

Brief Review of Community Readiness Assessment Results

The members of the Community Readiness Assessment Team conducted six interviews. The sectors represented in the interviews include youth, older adult, school/education representative, Chief of Police, youth serving organization representative and a community business member. All of the representatives contacted were very willing to be interviewed and share their thoughts regarding suicide prevention. All interviews were recorded and then transcribed. Two members of the coalition, not involved in the interview process, scored the interviews.

Our Coalition's average overall Stage of Readiness is 3.63 which indicates we are in Stage 3, Vague Awareness, "something should be done but what?" Our individual dimension scores were as follows along with quotes from the interviewees.

Community Knowledge of Efforts 4.0

> "Suicide is one of those things that is "out of sight, out of mind", if nobody's talking to me about suicide then it must not be a problem."

Leadership 4.60

> "I am not really impressed with the influential leadership in the community. To a certain degree, I think that actions get done by unsung heroes."

Community Climate 3.45

> "I just don't think people are thinking about suicide unless it directly affects them."

> "I just don't think a lot of people think about it very often and don't prioritize it."

Knowledge About the Issue 2.62

> "People don't realize it's a mental health issue. They think people are being selfish or they just think about it and then do it."

> "I don't think people really understand how depression and suicide are firmly linked."

Resources Related to the Issue 3.50

"I'm unaware of how the current efforts are being funded and I'm unsure of any continued funding opportunities."

"I would believe at this point that the case has been made, it's important enough that it needs to continue to be funded."

Generally, to move ahead with prevention programs, strategies and interventions, community readiness levels should be similar in all five dimensions. Our Coalition's lowest score dimension was in Knowledge of the Issue. Many of those interviewed seem to believe that it is an issue generally that people ignore unless it personally impacts them. However, even in this dimension there was some indication that the community has some knowledge about the issue. Without community knowledge we don't feel like any of the other dimensions will improve. Relating the Knowledge of the Issue to the Center for Disease Control and Prevention's seven key strategies for preventing suicide as a Coalition we will focus on Promoting Connectedness by using Community Engagement Activities. We will also Identify and Support People at Risk by offering Gatekeeper Training.

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

Community knowledge of the issue was the lowest on our readiness assessment. People don't realize that suicide is a mental health issue. Some community members may think people who have died to suicide are selfish and/or weak. These stigmas attached to suicide and mental health are the main issue within our community that needs to be addressed. Despite our low score for Knowledge of the Issue we have identified a few strengths in our community. Within our community we have survivors who volunteer their time to host events and raise awareness as well as our capacity to educate the community through QRP, MHFA and Gatekeeper Trainings. Through these trainings we hope to address some of the threats to our community, such as stigma and apathy.

Community Knowledge of Efforts
Some community members know about the Suicide Prevention Coalition and what we stand for, however not many know what we do nor do they know the accomplishments of the coalition. As a coalition we need to explore opportunities to share information about ongoing and completed projects with the community. A great example would be the community readiness assessment, it is important for people to know all the work that is being done by the coalition to help address the issue. Opportunities we would like to explore is the use of more media, either virtually (Facebook, YouTube, etc.) or in person (Pamphlets, Billboards, etc.). Apathy and stigma are the biggest threats to our community.

Community Climate
There are some members of the community who believe that suicide may be an issue, but they are unsure how to address it or don't see it as a priority and have no motivation to act. This attitude towards suicide is reflected in the political leaders of Fairfield County. There is very little to no political presence when it comes to suicide education and suicide prevention. Many people in our community believe that there are too many "problems" already, if we talk about suicide and try to address it, we are adding another "problem" to the already long list of "problems" we are trying to address as a county.

Leadership
Suicide prevention is led by community members in Fairfield County. While politicians have very little involvement in the coalition or suicide prevention, employees at non-profits, social service agencies and Pickerington Local School District step in and take lead. Despite the many connections we have made with these institutions - connections with law enforcement, local government, school districts outside of Pickerington and faith-based organizations are lacking. We would like to identify more of these communities throughout the county and try recruit leaders of these groups to participate.

Resources
Our funding is very limited but steady from the ADAMH board. We have community members who are willing to do things in-kind. Even if our guaranteed funding is very limited, we have grant funding opportunities, but these are limited and not guaranteed. Weaknesses within our coalition is member participation, and community knowledge of the resources. Opportunities for the coalition include – identifying and adding new members and exploring new grant and funding opportunities. Threats for the coalition is the uncertainty of funds and workforce shortages. If agencies are experiencing workforce shortages, they may not have enough time to include an employee in the coalition.

Summary
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.

Within our community we have strong (community) leadership, collaboration between different coalitions throughout Ohio and agencies in the county. The CRA is another strength in our

county, it gives us an idea of where we are as a community and how to move forward. Both, a strength and a weakness for our community and coalition is our funding. Despite our funding being very limited, most of the funds are from a stable source and expected to continue. Anything outside of that source relies on donations/fundraisers which are uncertain.

To expand on our weaknesses – local government leader involvement is next to none, we have little communication with the community regarding data about suicide – many community members are unaware that it takes place in the community, and the motivation to act is low.

Many of the opportunities in Fairfield county are an extension of our strengths. The ability to make more connections with agencies and other coalitions increases our exposure to potential funding, training, and learning opportunities. Another opportunity would be using media to increase awareness and knowledge about the issue and our coalition.

Threats to our community include – Lack of funding, workforce shortage, uncertainty (exacerbated by COVID), stigma and apathy.

Goals

After the community readiness planning team completed the SWOT assessment, we developed three 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: Community Knowledge of the Issue
Increase trainings available countywide (QPR, MHFA, Gatekeeper Training)
CDC Strategies included: Identify and support people at risk, promote connectedness

Goal #2

Dimension Being Addressed: Community Climate
More community events and educating the community about what the coalition accomplishes and celebrate the accomplishments of the coalition.
CDC Strategies Included: Promote Connectedness

Goal #3

Dimension Being Addressed: Resources Related to the Issue
Increase in Communications and Media presence
CDC Strategies included; Promote connectedness, identify, and support people at risk, lessen harms and prevent future risk

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 three approaches to increase community readiness.

Approach #1: More training opportunities throughout the county

Description

1. Provided for adults in the county.
2. More training opportunities outside of Lancaster and Pickerington
3 Trainings/Educational events available countywide
4. Four trainings per year
5. Virtual and/or in person meetings**
   Once COVID restrictions are lifted
6. Trainings will be provided by suicide prevention coalition and/or Qualified Presenters

Rationale

1. More training opportunities will increase our community's knowledge on the issue. Formal training/learning can help people understand more about suicide other than what they have heard in mainstream media or from uninformed peers.
2. Many members of the coalition belong to service care providers throughout the county. Whenever a training opportunity arises that is being held by any of the service care providers the coalition will be made aware of it.

Intended Results

We hope that educating our community on the topic of suicide will help address stigma, apathy and misconceptions behind suicide. Many people in the community are unaware that it happens locally because it is a topic that is tucked away and not talked about. Through trainings and education, we would like to bring more attention to the issue and push our community towards the preplanning phase and possibly beyond that.

Evaluation

To check if community readiness has increased for community knowledge on the issue the only way to do so is by asking those who attend trainings and learning opportunities. We plan on using surveys and/or evaluations of such events to help improve future events as well to see if the attendees increased their knowledge on suicide and suicide prevention.

Capacity Development

We hope that educating community members will increase community involvement within the coalition. Making connections with the community can help increase coalition member numbers, thus leading to more volunteers and help with coalition projects and events.

Potential Barriers

Given our current circumstances, COVID will pose an issue for training events. While virtual education and training opportunities may be easier for some, there are others who may not have access to equipment (computers, microphones, and webcams). We can provide opportunities for those who do not have access to the necessary equipment or are uncomfortable in a virtual setting in small group trainings with proper social distancing etiquette.

Approach #2: Increase Communications and Media presence

Description

1. Intended for everybody in the community
2. We intend to increase our presence on social media and media available to the community.
3. Increase presence virtually (YouTube, E-Newsletter, Facebook), Community (Billboards, Swag, Pamphlets), Community Events
4. Already underway, hoping to expand on this by the start of next year.
5. Increased communication with the community and media will be accomplished through increased infographics, social media posts, graphics for events, etc.
6. Suicide Prevention Coalition and their agencies will be responsible for implementation.

Rationale

1. With increased advertising and social media presence, community members will know about the coalition and what we do. More social media presence can also help by informing people about upcoming events or trainings. Increased/improved communication is necessary to help improve multiple dimensions in the CRA.
2. Many members of the coalition belong to service care providers throughout the county. This network increases the audience of our social media presence. Many of these service care providers have already shared media on behalf of the Fairfield County Suicide Prevention Coalition.

Intended Results

Communication and social media presence will help to address all three of our lowest scores (Resources, Community Climate and Knowledge about the Issue). By increasing communication within our community, we will inform more community members of trainings and events, increase participation and membership within the coalition. There is a stigma

attached to suicide and mental illness, we hope that brining awareness to the issue will make conversations in the community easier.

Evaluation

We can track data on social media, such as YouTube video views, Facebook shares and comments, webpage visits, etc. Distribution of print or physical advertising, such as community events that we attend, bus ads and billboards, also offer ways to track information dissemination in the community -- the billboard and bus companies provide data for how many people have "seen" the ads. We also know how many pamphlets, swag bags and other forms of information we hand out at community events.

Capacity Development

We hope that increasing communication within our community will inform more community members of trainings and events, increase internal participation, and encourage community members to join the coalition thus leading to more volunteers and help with coalition projects and events.

Potential Barriers

The Fairfield County Suicide Prevention Coalition has a very limited budget, outside of a small amount we receive from the ADAMH Board we rely on donations and fundraisers. The most challenging part of disseminating information throughout our community is the cost. To overcome this challenge, we need to recognize different platforms for communication and social media and take advantage of free and little cost resources.

Another barrier that exists is the stigma attached to suicide. Many people think that talking about suicide causes people to think about it, or even attempt it, and there is nothing we can do. We cannot start to improve our community's readiness if none of the community members are willing to speak about it. Education, our previous approach, will help address this.

Approach #3: More community events and informing the community about what the coalition accomplishes and celebrate those accomplishments and ongoing projects. As well as updating coalition members on current projects to provide opportunities for more participation.

Description

1. Intended for community and coalition members
2. Plan to increase community events and Information about the coalition
3. Information will be distributed at coalition meetings and community events
4. We plan to implement information sharing with both the coalition and community as soon as possible and when have anything prepared to be shared.
5. To share information with the coalition we can set a time aside during meetings to update coalition members, for community members we can include pamphlets or talk to people about what we do at the coalition.
6. Coalition leaders will be the ones to inform and update coalition members of our accomplishments while all coalition members will be responsible to inform community members on what our coalition achieves.

Rationale

1. Community Knowledge of Efforts is the second highest dimension for our community. Few community members have heard of local efforts and are familiar with the purpose of their efforts, but they are unaware of how efforts work and the effectiveness of them.
2. Providing more information on what the coalition is working on and our accomplishments will help community members understand our efforts and effectiveness of projects. From awareness events to funding opportunities, it is important to share this information.

Intended Results

We hope that updating less involved coalition members on projects we have been working on and achievements will encourage them to become more involved within the group. Communicating with the community will demystify the coalition as a whole and our purpose. Few community members know about our efforts and understand that we work together to try and prevent suicide. However, many community members are unaware of what we are working on as a coalition. Through dissemination of information about the Suicide Prevention Coalition we hope to make our purpose, projects, and accomplishments clearer to the community.

Evaluation

If readiness and awareness has increased, we could expect more coalition members to participate in events and projects as well as more community members attending the meetings or becoming part of the coalition. Tracking member attendance, new members, new funding, and member participation in events or coalition projects are ways we can evaluate this approach.

Capacity Development
Updating coalition members on current projects can help them understand where the budget is (grant funding from our accomplishments). Keeping track of attendance and active members and encouraging those who are not active within the coalition to participate will be another way to increase our capacity. Finally, increased number of community members that attend coalition meetings. Overall goal is increased funding and coalition members.

Potential Barriers
Given our current circumstances, COVID will pose an issue for community events and meetings. While virtual meetings may be possible for some, there are others who may not have access to equipment (computers, microphones, and webcams). We can work on pamphlets or another method to get this information out to people who do not have access to the technology to attend virtual meetings. Regarding community events during COVID, we can do very small gatherings or drive through community events to hand out information until restrictions are lifted and it is safe to have larger group events.

Action Plan

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
Approach 1: More Training Opportunities				
QPR, MHFA, Gatekeeper Training	January 1, 2021	December 31, 2021	Toni Ashton Jeannette Curtis	How many trainings offered Evaluation of trainings Flexible with trainings
Forwarding trainings opportunities to coalition members.	January 1, 2021	December 31, 2021	Toni Ashton Jeannette Curtis David Suman	Coalition members attending Trainings Forwarding trainings to members
Approach 2: Communication and Media				
Social Media Presence	January 1, 2021	December 31, 2021	Jeannette Curtis David Suman	Track video views Facebook Shares
Bus Ads, Billboards	January 1, 2021	December 31, 2021	Toni Ashton Jeannette Cutis	Number of people who drive by for billboards Number of views for bus ads
Approach 3: Increase Visibility in the community of the coalition				
Celebrating Accomplishments	January 1, 2021	December 31, 2021	Toni Ashton Jeannette Cutis	Sharing updated information
Increase in community events	January 1, 2021	December 31, 2021	Toni Ashton Jeannette Cutis	Number of community events Number of resources handed out during events