

# Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

## COMMUNITY READINESS ASSESSMENT REPORT FRANKLIN COUNTY

Prepared by:  
Franklin 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/strengtheningsustaininginitiative>

# Franklin County FFY20 Community Readiness Assessment Report

## Introduction

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

Members of the CRA team for Franklin County include:

- Denise Meine-Graham, Franklin County Suicide Prevention Coalition Vice Chair
- Michelle Vargas, Franklin County Suicide Prevention Coalition Director
- Kenton Beachy, Franklin County Suicide Prevention Coalition Executive Committee Member
- Sarah Price, LOSS Community Services Volunteer Coordinator
- Lisa Sooklal, Franklin County Suicide Prevention Coalition Communications Action Team Member
- Carrie Wirick, Franklin County Suicide Prevention Coalition Executive Committee Member
- Emily Yang, Franklin County Suicide Prevention Coalition Outreach & Education Action Team

## **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 Franklin County.
- 3) Conducting and recording structured interviews with key respondents in the Franklin 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 Franklin 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 Franklin County

### Franklin County Problem Statement

How ready is Franklin 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

Franklin County conducted 7 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	7/20/2020	Human Services
2	7/22/2020	Faith
3	7/23/2020	Public
4	7/28/2020	Media
5	7/30/2020	Business
6	7/26/2020	Law Enforcement
7	7/31/2020	Education

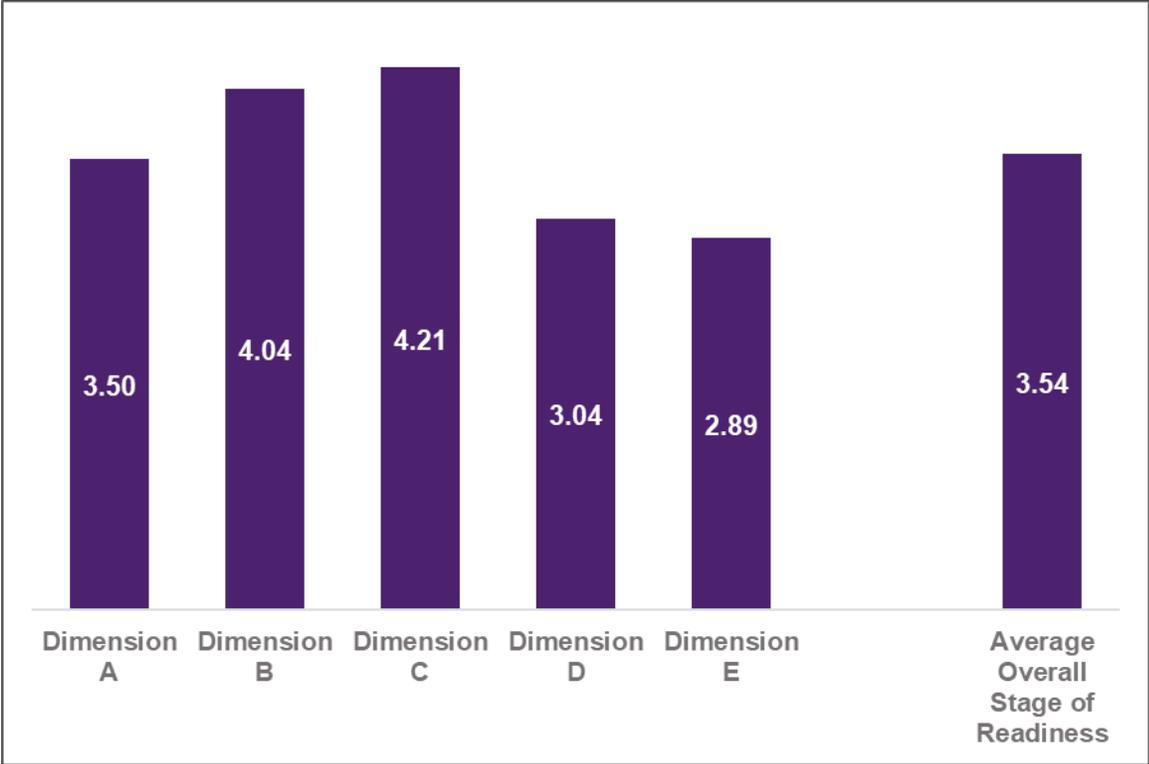
Franklin County then scored the interviews using the individual and consensus scoring guidance from the TE-CRM.

The following table is a summary of Franklin County’s interview scores for each dimension.

*Table 3. Combined Interview Scores by Dimension*

Dimension		Interview							Combined Total Score
		1	2	3	4	5	6	7	
<b>A</b>	<i>Community Knowledge of Efforts</i>	3.5	4.25	3	3.75	4.5	1.75	3.75	24.5
<b>B</b>	<i>Leadership</i>	4.25	4	4	4.5	4.5	3	4	28.25
<b>C</b>	<i>Community Climate</i>	4.75	3.75	4	4	4	5	4	29.25
<b>D</b>	<i>Knowledge about the Issue</i>	4.5	3.75	2	3	2	3	3	21.25
<b>E</b>	<i>Resources Related to the Issue</i>	5.75	3.5	2	2.75	2.5	1.75	2	20.25

Figure 1. Calculated Stage Score for Individual Dimensions



Franklin County’s Average Overall Stage of Readiness is: 3.54. This score indicates that their community is in Stage 3: Vague Awareness.

## Highlights from Interview Participants about Readiness to Address Suicide Prevention

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

Table 4. Quotations by Dimension

Dimension	Quotation
<b>A: Community Knowledge of Efforts</b>	<p><i>I don't think there has been a push to ensure that our community is really educated.</i></p> <p><i>I think there is still denial in the immigrant refugee and African American communities. Suicide is a white person's problem.</i></p>
<b>B: Leadership</b>	<p><i>I believe that if we had leaders come out and really talk about suicide it would begin to make a difference, just as the Gov does about the pandemic.</i></p> <p><i>Politically, leaders say the right answer but I think they put a lot of other initiatives ahead of suicide.</i></p> <p><i>A lot of lip service.</i></p>
<b>C: Community Climate</b>	<p><i>Because the community is in such a crisis now I believe that they will begin to address it.</i></p> <p><i>I just don't think there is a concerted effort that is consistent to really sustain any kind of foothold within the community.</i></p>
<b>D: Knowledge about the Issue</b>	<p><i>There is not an understanding of what leads up to someone committing suicide. Is this something that can't be solved from a more comprehensive approach?</i></p> <p><i>People are too black and white - they think suicide happens because someone is depressed. They don't understand it's more complicated and there are more root causes.</i></p>
<b>E: Resources Related to the Issue</b>	<p><i>I'm sure there's materials out there. I don't often see them readily available. I think we need a much more public campaign.</i></p> <p><i>It may need to go upstream in terms of some of the root causes... Whether it's depression, whether it's loss, there are a lot of things that are impacting individuals and families. I think if it's framed that way, it becomes less stigmatizing.</i></p>

## 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 Franklin 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).

*Knowledge about the Issue* and *Resources Related to the Issue* scored the lowest of all five dimensions. There is very little knowledge about the prevalence of suicide in Franklin County. Misconceptions about prevention resources and suicide causes are common. Additionally, there is a belief that suicide prevention efforts are in place but there is a lack of knowledge about local experts, financial resources, and volunteers engaging the community in a comprehensive approach to suicide prevention.

Community members are unlikely to converse about suicide due to its perceived taboo. There is a need to increase awareness that suicide is complex and may have various root causes that must be addressed. Existing information about suicide is limited and can be challenging to access. Rather than accessing information prior to potential crises, community members typically access resources following crises.

A notable theme is the belief that, although suicide prevention is a high priority for Franklin County community leaders, they make it a political platform that is unsupported by action plans or financial resources. There is concern that community members will not take action or care about preventing suicide if suicide does not directly impact them or their loved ones.

## 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:



# Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

**Franklin County Suicide Prevention Coalition  
Franklin County**

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

**September 2020**

**Created by:**



FRANKLIN COUNTY  
**Suicide  
Prevention**  
COALITION

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Sarah Price

Lisa Sooklal

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Carrie Wirick

Michelle Vargas

Emily Yang

## Acknowledgements

The Ohio Suicide Prevention Foundation, with funding from the Ohio Department of Mental Health and Addiction Services (Grant# 2000309 – Ohio Suicide Prevention Foundation State Plan and Coalition Development), supports the Strengthening and Sustaining Ohio’s Suicide Prevention Coalitions Initiative. This initiative supported 17 suicide prevention coalitions, including the Franklin 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/>.

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## 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 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.

- Kenton Beach
- Denise Meine – Graham
- Glenn Thomas
- Carrie Wirick
- Michelle Vargas

## **Brief Review of Community Readiness Assessment Results**

The Franklin County Suicide Prevention Coalition (Coalition) recruited various Coalition members to form its Community Readiness Assessment (CRA) Team. The CRA Team followed the Tri-Ethnic Community Readiness Assessment (T-ECRM) Process steps to assess Franklin County's readiness to address suicide prevention using a comprehensive approach and the CDC's suicide prevention strategies.

The CRA Team strategically identified seven key informants to represent the business, education, faith, human services, law enforcement, media, and public sectors. The CRA Team Interviewers conducted a total of seven interviews, using the virtual Zoom platform, in recognition of COVID-19 physical distancing recommendations.

The CRA Team Scorers analyzed the results to calculate readiness scores for each of the five TE-CRM dimensions of community readiness. The 3.5 score for Community Knowledge of Efforts indicates vague awareness within the community of suicide prevention efforts. The 4.1 score for Leadership indicates that some leaders consider suicide prevention to be a concern, but this concern is unaccompanied by action. The 4.2 score for Community Climate indicates that some community members are concerned but there is a lack of widespread community participation in suicide prevention efforts. The 3.0 scores for Knowledge about the Issue indicates vague awareness. The 2.9 score for Resources Related to the Issue reflects limitations in financial resources mobilized to advance suicide prevention. The Overall State of Readiness score is 3.5 with Knowledge about the Issue and Resources related to the Issue scoring the lowest of the five dimensions. Overall, a weakness and obstacle to overcome is the perception that community leaders are making suicide prevention a political platform instead of a high priority action plan. An additional weakness and obstacle to overcome is the concern that community members do not take action or care about suicide prevention unless they are somehow personally impacted by suicide.

### **Results of the SWOT Analysis**

The T-ECRM 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 Strengths, Opportunities, Weaknesses, and Threats (SWOT) analysis using the results from the community readiness assessment. The results are summarized here.

## **Community Knowledge of the Issues**

Strengths related to community knowledge of the issue include local suicide prevention conferences, trainings, campaigns (e.g., On Our Sleeves and safe storage campaigns), press conferences, and media. The Coalition actively and regularly shares information via meetings, email, social media, outreach events, and our website. However, a lack of knowledge about suicide across the general Franklin County population is a weakness and misconceptions about suicide causes are common. New statewide campaigns offer opportunities to increase awareness of suicide and gatekeeper skills. A threat related to community knowledge is the inherent challenge of reaching all communities within Franklin County's population of an estimated 1.3 million residents. Additional and culturally competent messaging is needed to enhance community knowledge across the county's various subpopulations.

## **Community Knowledge of Efforts**

Strengths related to community knowledge of efforts include provider collaborations in co-promotional endeavors such as conferences, press conferences, and media stories. Although there is a belief within the community that suicide prevention efforts are in place, a weakness is a lack of knowledge about local experts, financial resources, and volunteers engaging the community in a comprehensive approach to suicide prevention. The emphasis on the importance of mental health services throughout the COVID-19 pandemic has created opportunities to elevate conversations about resources across various sectors (e.g., private and faith sectors) which may not typically focus on topics of mental health. Social media and other campaigns that promote knowledge of efforts provide opportunities to increase awareness across the county. A threat to community knowledge of efforts is media coverage that primarily focuses on suicide deaths and data rather than consistent coverage of prevention efforts throughout the year.

## **Community Climate**

Strengths include widespread and cross-sectoral collaborations, mental health campaigns (e.g., On Our Sleeves), and a belief within the Franklin County community that suicide prevention efforts are important. The lack of knowledge among community members regarding existing suicide prevention efforts, and opportunities to get involved in them, has been identified as a weakness. Even individuals who are involved in some suicide prevention efforts are unaware of efforts outside of the efforts that they are actively supporting. A weakness of the Coalition membership is its lack of a comprehensive recruitment process and lack of diversity.

Opportunities include recruiting additional individuals with lived experience and loss survivors as Coalition members. Individuals who have been personally impacted by suicide in some way may be instrumental in expanding grassroots efforts throughout various sectors and minority groups. Stigma has decreased which is presenting more opportunities to talk about mental health and suicide awareness. Threats include the various and significant crises of 2020 that may hinder individuals' capacity and availability for actively engaging in suicide prevention efforts.

Additionally, various populations within Franklin County associate mental health conversations, services, and resources with stigma, hindering their willingness to take part in conversations or utilize services and resources.

## **Leadership**

Coalition Strengths include its dedicated leadership who contribute their expertise, passion, and significant time to growing and advancing suicide prevention initiatives and their impact in Franklin County. Coalition leaders are clearly invested in the Coalition's mission to prevent suicide and bring hope to those impacted by suicide. Additionally, Coalition leaders support the Coalition in leveraging their broad reach and influence across the county. Coalition weaknesses include a lack of diversity (e.g., ethnicity, industry, and lived experience) and capacity-building in rising leaders. Coalition meeting structures sometimes fail to encourage widespread participation among attendees. Opportunities include the increase in state-wide focus on suicide awareness and the increase in mental health campaigns. Threats reflected in the CRA results include the indicated belief that suicide prevention is a high priority to leadership and an issue they are aware of, but there is a lack of support in the form of action or mobilization of resources.

## **Resources**

Strengths include a spirit of collaboration amongst partners, accessibility to local trainings, and effective print and social media marketing that promote gatekeeper skills, help-seeking behaviors, and resources. A weakness identified from the CRA results is that local experts, funding, volunteers, and locations of where to turn for help might be available, but there is a lack of awareness of regarding the providers and locations of resources. The CRA results emphasize the interconnectedness of leadership and its influence on availability, development, and mobilization of resources for suicide prevention initiatives. Opportunities exist in new and evolving state campaigns, statewide data systems, and initiatives that are focused on promoting help-seeking skills and strengthening suicide prevention capacity at the local level. A lack of diverse funding, competing priorities, timely and comprehensive data, and other resources in support of suicide prevention are identified as threats.

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.

Franklin County's Average State of Readiness score of 3.54 indicates that the community is in Stage Three of the nine Stages of Community Readiness. Stage Three is described as "Vague Awareness" and is exemplified by the notion that "something should be done, but what?". Overall, various strengths were identified, including the growth in facilities that are offering mental health services, the high level of involvement of suicide prevention champions, and leadership's public advocacy for suicide prevention. However, a weakness to address is the perception of leadership making the issue a political platform instead of a high priority action plan. An additional weakness to be addressed is the concern that community members do not care or engage in suicide prevention efforts unless they are personally impacted by suicide. Opportunities exist in enlisting people throughout Franklin County communities to share information about suicide, gatekeeper skills, and local suicide prevention efforts. Threats include

unaddressed social determinants of health and minority health disparities that are negatively impacting the mental health of various communities throughout the county.

### **Goals**

After the Community Readiness Planning Team completed the SWOT assessment, it developed two goals to accomplish in the subsequent three to five years for increasing the Franklin County 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 the Franklin County community's knowledge of suicide prevalence, signs, and risk factors.

#### **Goal #2**

Dimension Being Addressed: Resources Related to the Issue

Increase Franklin County suicide prevention resources and knowledge of resources.

### **Approaches to Increase Community Readiness**

To increase the Franklin County 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 recommends the following two approaches:

**Approach #1:** Increase and engage the community in conversations about suicide through outreach and storytelling.

**Description:** The Coalition will engage its Action Teams and partners during the beginning of 2021 to finalize a collaborating plan for increasing the engagement of the community in suicide prevention. The Coalition and its partners will develop a new group within the Coalition that will be dedicated to implementing the Action Plan. Loss survivors and individuals with lived experience will be recruited and trained to lead community conversations for increasing awareness of suicide prevalence, risk factors, and signs. The new Action Team will develop and implement an Action Plan for promoting speaker opportunities to target populations and fulfilling incoming requests in 2022.

#### **Rationale**

Franklin County's score of 3.04 on the Knowledge about the Issue dimension falls within Stage Three of community readiness, which is defined as Vague Awareness. The Coalition will recruit additional volunteers to facilitate more personalized introductions with various Franklin County communities. The volunteers will use a storytelling approach for increasing empathy, thereby mobilizing the community to take action.

## **Intended Results**

The intended results of increasing outreach through storytelling is to shift the cause of suicide awareness to become a movement. The Coalition will equip and empower champions throughout the communities represented in Franklin County. Community members will deepen their understanding of their unique roles in suicide prevention and act upon them.

## **Evaluation**

The Coalition's Data & Research Action Team will conduct an additional Community Readiness Assessment in 2023 to evaluate the Franklin County community's level of readiness on the Knowledge of the Issue dimension.

## **Capacity Development**

Key capacities that will be developed within the Coalition include training volunteers with lived experience and loss survivors to share their stories in a safe and hope-filled manner. Additionally, the Coalition will coordinate training for members to increase their influencing skills.

## **Potential Barriers**

Competing priorities and volunteers' consistent reliability are two anticipated barriers to accomplishing this approach. The establishment of a new Action Team within the Coalition for accomplishing the approach will provide organization and will support volunteer accountability.

## **Approach #2: Mobilize and Promote Suicide Prevention Resources**

### **Description**

The Franklin County Suicide Prevention Coalition will lead the collaborative implementation of a plan for mobilizing and promoting suicide prevention resources in Franklin County. The Coalition will begin implementing the plan during the summer of 2021 and will engage opinion leaders and decision-makers in identifying opportunities to mobilize and promote suicide prevention resources (e.g., financial resources, policy, etc.). The Coalition will partner with opinion leaders and/or decision-makers in 2022 to identify resources to leverage in support of suicide prevention and raise awareness of such resources.

### **Rationale**

Franklin County's score of 2.89 on the Resources Related to the Issue dimension falls within Stage Two of community readiness, which is defined as Denial/Resistance. According to the T-ECRM, community readiness at the Stage Two level indicate the following (Oetting, et al., 2014, p. 7):

- *Leadership and community members believe that this issue is not a concern in their community, or they think it can't or shouldn't be addressed.*

- *Community members have misconceptions or incorrect knowledge about current efforts*
- *Only a few community members have knowledge about the issue, and there may be many misconceptions among community members about the issue.*
- *Community members and/or leaders do not support using available resources to address this issue.*

The score and comments associated with Franklin County’s score in this dimension emphasize the interconnectedness of leadership and its influence on availability, development, and mobilization of resources for suicide prevention initiatives. The results also demonstrate a belief that Franklin County leadership consider suicide prevention to be a high priority but there is a disconnect between the prioritization and the delegation of suicide prevention resources. The T-ECRM recommends that communities with a Stage Two level of readiness *communicate strategically with influencers and opinion leaders* (Oetting, et al., 2014, p. 40).

### **Intended Results**

By engaging multiple influencers/decision makers with passion for suicide awareness, more attention across the community will be given to suicide awareness and more community members will align themselves with specific future initiatives to reduce suicide.

### **Evaluation**

The Coalition’s Data & Research Action Team will conduct an additional Community Readiness Assessment in 2023 to evaluate the Franklin County community’s level of readiness on the Resources Related to the Issue dimension.

### **Capacity Development**

The Coalition will support the development of its members’ communication and advocacy skills for successfully accomplishing the goal to increase suicide prevention resources and knowledge of resources within Franklin County.

### **Potential Barriers**

Difficulty connecting with well-known local influencers and celebrities (e.g., mayor, etc.) could be a challenge with accomplishing this approach. The Coalition will address this barrier by exercising persistence and by maintaining awareness of current events and timing outreach appropriately. An additional approach for addressing potential barriers will be to incorporate this approach into an Action Team’s Action Plan.

## Action Plan

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
<u>Approach 1:</u> Increase and engage community in conversations about suicide through outreach and storytelling.				
1) Identify and contact all potential partners for implementing key activities. Share Action Plan with partners, soliciting feedback and collaborating in editing and finalizing Action Plan. For Key Activities that will be led by Coalition Action Teams; incorporate those Key Activities into corresponding Action Team's Action Plans	Jan 15, 2021	Mar 15, 2021	Coalition Steering Committee, Outreach & Education Action Team, Communications Action Team, LOSS Community Services, Mental Health America of Ohio (MHAOhio)	<ul style="list-style-type: none"> <li>List of potential partners completed</li> <li>All potential partners contacted</li> <li>At least one collaborative decision-making meeting completed, attended by representatives of all responsible parts</li> </ul>
2) Develop training for loss survivors and individuals with lived experiences. Develop key speaking points that volunteers will include in their messaging.	Mar 15, 2021	Jun 15, 2021	FCSPC Outreach & Education Action Team, MHAOhio, and LOSS Community Services	<ul style="list-style-type: none"> <li>Training developed</li> <li>Speaking developed</li> </ul>
3) Recruit volunteers who are loss survivors and/or individuals with lived experience	Jun 15, 2021	Jul 31, 2021	MHAOhio & LOSS Community Services	<ul style="list-style-type: none"> <li>40 loss survivors and individuals with lived experience recruited</li> </ul>
4) Establish and organize a new Coalition Action Team within the Coalition's organizational structure for the loss survivors and individuals with lived experience. Create and formalize a leadership position for the group, delineating leadership expectations within Coalition bylaws. Establish membership expectations within Coalition bylaws. Develop a marketing plan for actively promoting Coalition speakers within target populations' communities. Plan describe benefits, expectations (time commitment, training requirements, etc.), and requirements (e.g., public speaking experience)	Aug 1, 2021	Sep 31, 2021	Coalition Steering Committee, MHAOhio, and LOSS Community Services	<ul style="list-style-type: none"> <li>Marketing plan added to Communications Action Team. Each activity is designated to a member and measures are delineated.</li> <li>Action Team is added to Coalition's Organizational Structure Document and Bylaws</li> </ul>

associated with volunteering. Identify and designate members responsible for implementing the plan. Establish and track measures for evaluating progress towards marketing goals.				
5) Identify a coordinator to schedule speaking engagements. Establish coordinator expectations and anticipated time commitment. Establish process for coordinator to receive and fulfill speaker requests.	Aug 1, 2021	Jul 31, 2021	FCSPC Outreach & Education Action Team	<ul style="list-style-type: none"> <li>Coordinator identified</li> </ul>
6) Train loss survivors and individuals with lived experience	Aug 1, 2021	Sep 31, 2021	FCSPC Outreach & Education Action Team	<ul style="list-style-type: none"> <li>40 loss survivors and individuals with lived experience trained</li> </ul>
7) Elect officers for the new coalition Action Team.	Aug 1, 2021	Sep 31, 2021	FCSPC Executive Committee and New Coalition Action Team	<ul style="list-style-type: none"> <li>Officers are elected</li> </ul>
8) Identify any volunteers who may be willing and able to assist with Step Three of Approach Two.	Aug 1, 2021	Aug 31, 2021	Outreach & Education Action Team	<ul style="list-style-type: none"> <li>1 or more volunteers are identified</li> </ul>
9) Engage new Coalition Action Team in developing an Action Plan for promoting speaker opportunities to target populations and fulfilling incoming requests.	Sept 31, 2021	Dec 31, 2021	New Coalition Action Team	<ul style="list-style-type: none"> <li>Action Plan developed</li> </ul>
10) Implement Action Plan.	Jan 1, 2022	Dec 31, 2022	New Coalition Action Team	<ul style="list-style-type: none"> <li>Action Plan includes progress updates</li> </ul>
11) Implement Community Readiness Assessment and analyze level of readiness on the Knowledge of the Issue dimension.	Jan 1, 2023	Dec, 2023	Coalition Data & Research Action Team	<ul style="list-style-type: none"> <li>Community Readiness Report</li> </ul>
<b>Approach 2: Mobilize and Promote Suicide Prevention Resources</b>				
1) Identify clear call to action for opinion leaders and/or decision-makers	Jun 1, 2021	Aug 31, 2021	Coalition Executive Committee	<ul style="list-style-type: none"> <li>Written call for action</li> </ul>
2) Identify opinion leaders and/or decision-makers and identify steps for engaging them. Engage MHAOhio leadership in conversation regarding survey done on priorities as part of the Mental Health Caucus with legislators focused on suicide prevention.	Sep 1, 2021	Oct 31, 2021	Coalition Steering Committee and MHAOhio	<ul style="list-style-type: none"> <li>10 opinion leaders and/or decision-makers identified</li> </ul>

3) Identify a well-connected community member/s who can facilitate an introduction to one or more opinion leaders and/or decision-makers	Sep 1, 2021	Oct 31, 2021	Coalition Steering Committee	<ul style="list-style-type: none"> <li>• One or more well-connected community member/s identified</li> </ul>
4) Engage opinion leaders and/or decision makers	Nov 1, 2021	Jan 31, 2021	Coalition Steering Committee	<ul style="list-style-type: none"> <li>• Contact is initiated with each opinion leaders/ decision-maker</li> </ul>
5) Partner with opinion leaders and/or decision-makers to identify resources to leverage in support of suicide prevention	Feb 1, 2022	July 30, 2022	Coalition Steering Committee	<ul style="list-style-type: none"> <li>• Resources are identified</li> </ul>
6) Identify next steps for raising awareness of resources	Aug 1, 2022	Oct, 2022	Coalition & Partners	<ul style="list-style-type: none"> <li>• Steps are written out</li> </ul>
7) Implement Community Readiness Assessment and analyze level of readiness on the Resources Related to the Issue dimension.	Jan 1, 2023	Dec, 2023	Coalition Data & Research Action Team	<ul style="list-style-type: none"> <li>• Community Readiness Report</li> </ul>

**Resource**

Oetting, E.R., Plested, B. A., Edwards, R. W., Thurman, K. J., Kelly, K. J., & Beauvais, F. (2014). *Community Readiness for Community Change*.