

2023



FRANKLIN COUNTY
**Suicide
Prevention**
COALITION



FRANKLIN COUNTY BRIEF COMMUNITY READINESS ASSESSMENT REPORT

BACKGROUND

The Franklin County Suicide Prevention Coalition (FCSPC) bridges Central Ohio organizations together to enhance the overall efficacy of collective suicide prevention efforts. It works to increase communication, coordination, and collaboration efforts to prevent suicide and bring hope and support to those affected by suicide. The FCSPC is hosted by Mental Health America of Ohio (MHAOhio) and funded by the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH). The FCSPC is one of the few suicide prevention coalitions in the nation with fully-dedicated staff positions.

In 2023, the FCSPC began implementing the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF) to develop its 2024-2026 Strategic Plan.

The first step of the SPF is Assessment to understand local prevention needs based on a review of data from various resources[1]. This includes assessing community readiness, which is described as the motivation and willingness of a community to commit local resources to addressing a problem.

The Tri-Ethnic Community Readiness Model (TE-CRM) was developed by researchers at the Tri-Ethnic Center for Prevention Research at Colorado State University to assess community readiness. The Tri-Ethnic Center Community Readiness Handbook outlines the process for implementing the full Community Readiness Assessment or the Brief Community Readiness Assessment.

The TE-CRM measures the following five dimensions of community readiness:

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

[1] Substance Abuse and Mental Health Services Administration. (2019). A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention.

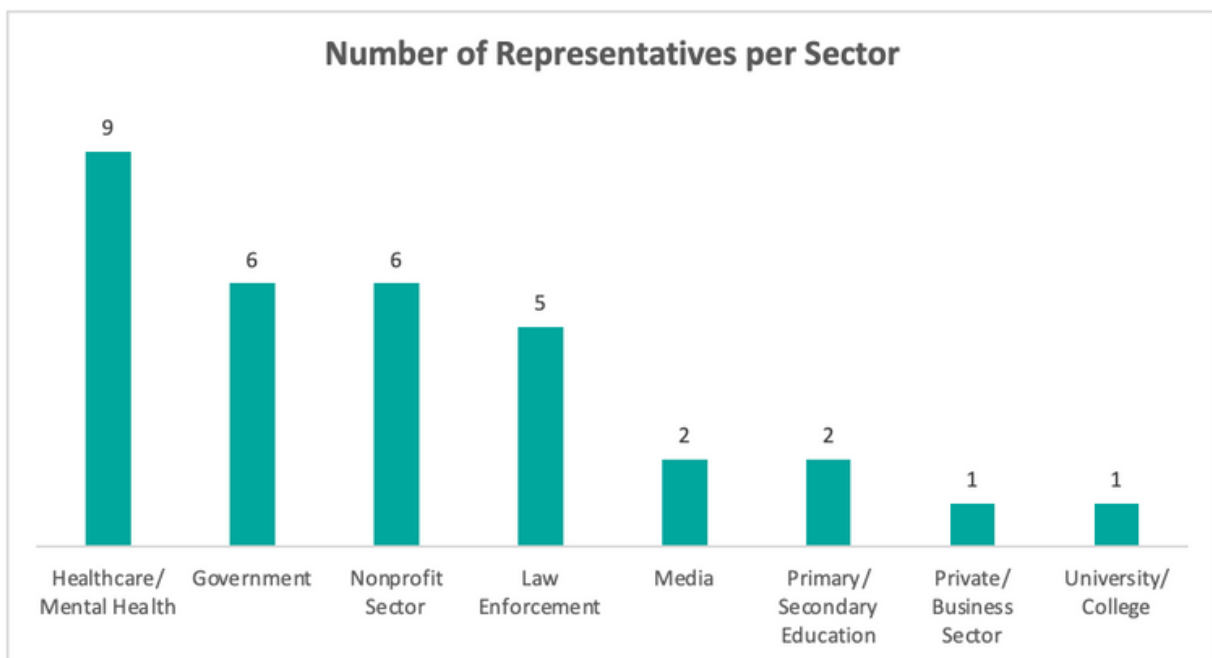
2023 BRIEF COMMUNITY READINESS ASSESSMENT

In 2023, the Franklin County Suicide Prevention Coalition (FCSPC) implemented a Brief Community Readiness Assessment (BCRA) to assess Franklin County's readiness to prevent suicide. In order to increase the community participation and generalizability of results, the FCSPC used the TE-CRM to develop an online version of the BCRA.

A total of 34 people responded to the BCRA. Two of the 34 respondents indicated that they do not live or work in Franklin County; those responses were excluded from the results. Of respondents, 19 were FCSPC members and 13 were not members.

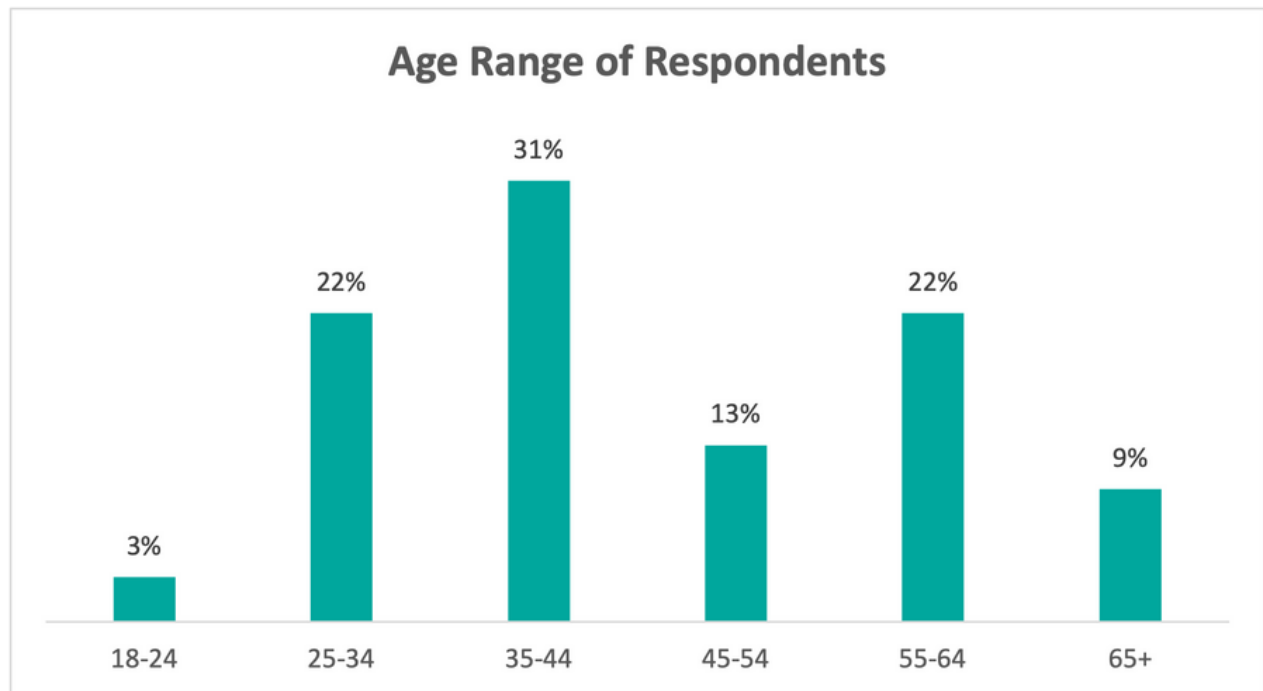
Regarding populations of shared experiences, 15.6% of respondents identified as veterans and 9.4% of respondents identified as an immigrant, refugee, or New American. Respondents represented eight different sectors (Graph 1).

Graph 1. 2023 Brief Community Readiness Assessment Respondents by Sector

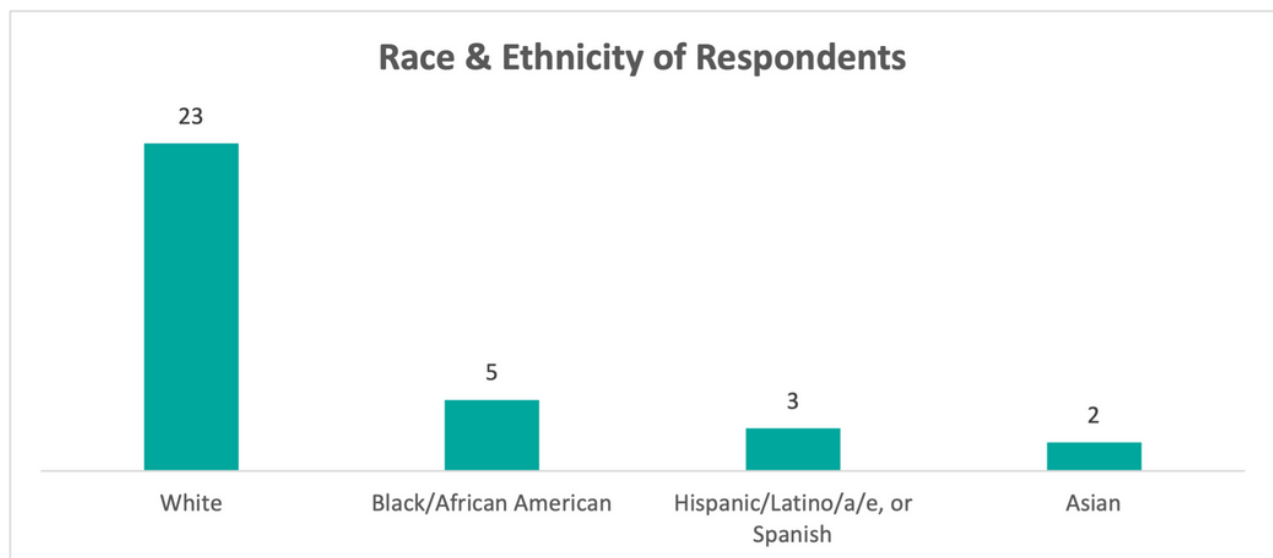


The majority of respondents identified as white and between 25 and 64 years of age (Graphs 2 and 3). Of respondents, 0% identified as American Indian or Alaska Native, Middle Eastern or North African, Native Hawaiian or other Pacific Islander, or Other. For future Community Readiness Assessments, the FCSPC will work to identify opportunities for increasing CRA participation among all racial and ethnic groups, and all adults aged 18+.

Graph 2. 2023 Brief Community Readiness Assessment Respondents by Age



Graph 3. 2023 Brief Community Readiness Assessment Respondents by Race & Ethnicity



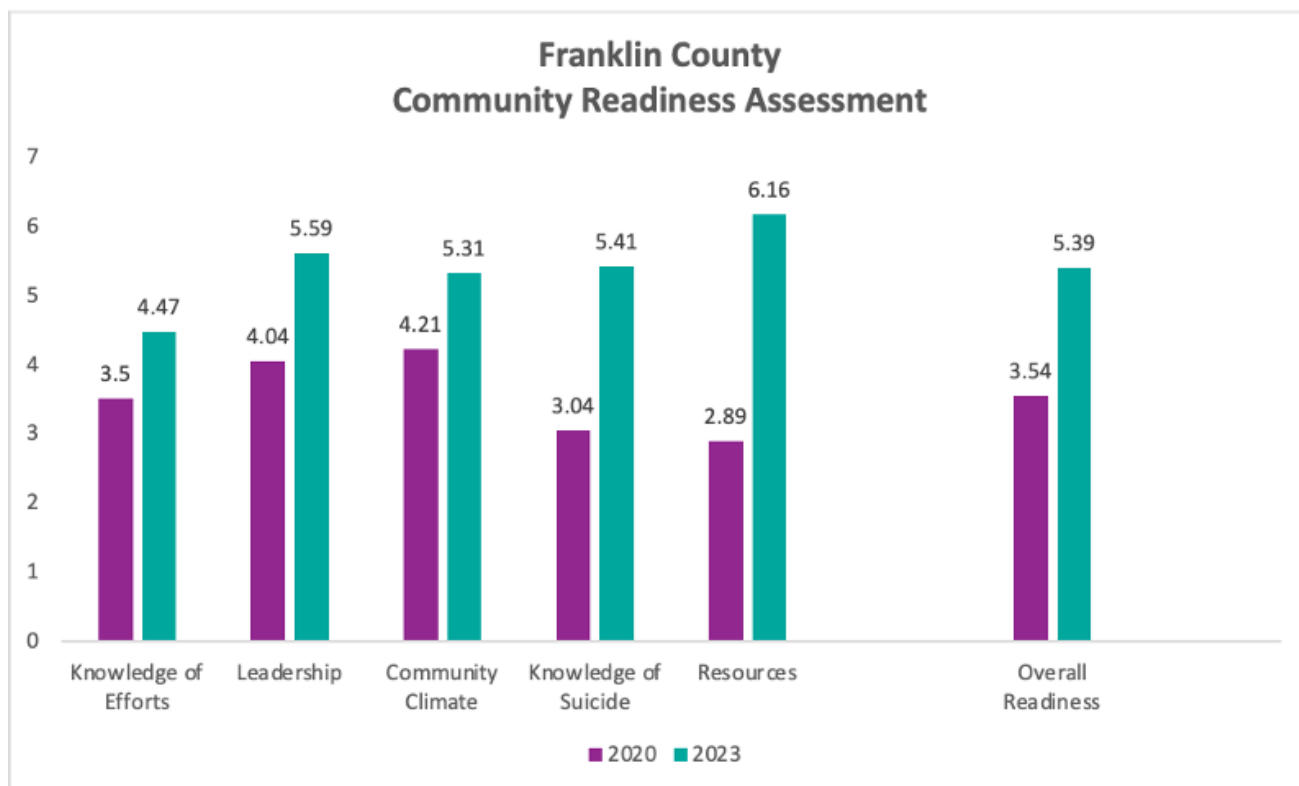
The TE-CRM assess the five dimensions of community readiness using nine stages (see Table 1).

Table 1. TE-CRM Stages of Readiness

Stage	Description
1	No awareness
2	Denial/resistance
3	Vague awareness
4	Preplanning
5	Preparation
6	Initiation
7	Stabilization
8	Confirmation/expansion
9	Community ownership

Graph 4 depicts both 2023 and 2020 Community Readiness Assessment scores. In 2020, the FCSPC was funded by the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative to implement a Community Readiness Assessment (CRA); the full report can be accessed at www.franklincountyspc.org. It is important to note the difference in methodology between 2020 and 2023 assessments. The FCSPC implemented the full version of the CRA in 2020, through conducting interviews with seven community leaders. In 2023, the FCSPC conducted the brief, online version of the CRA to give more community members an opportunity to participate, and to increase generalizability of the data.

Graph 4. 2020 & 2023 Community Readiness Assessment Scores



Overall Readiness

Across all five dimensions, Franklin County's 2023 overall score of readiness to prevent suicide is 5.39, falling within Stage 5 which is described as Preparation. The Tri-Ethnic Center for Prevention Research provides the following examples of communities in Stage 5 (p. 8)[1]:

- Most community members have at least heard about local efforts
- Leadership is actively supportive of continuing or improving current efforts or in developing new efforts
- The attitude in the community is "We are concerned about this and we want to do something about it"
- Community members have basic knowledge about causes, consequences, signs, and symptoms
- There are some resources identified that could be used for further efforts to address the issue; community members or leaders are actively working to secure these resources

In addition to scoring each of the five dimensions of community readiness on the scale of 1-9, respondents were given the opportunity to provide statements, explaining their score for each dimension. The aforementioned examples of communities in Stage 5 are reflected across statements from respondents.

[1] Colorado State University Tri-Ethnic Center for Prevention Research. (2014). Tri-Ethnic Center Community Readiness Handbook. Retrieved from https://tec.colostate.edu/wp-content/uploads/2018/04/CR_Handbook_8-3-15.pdf



COMMUNITY KNOWLEDGE OF SUICIDE

Regarding Community Knowledge of Suicide, the average score of 5.41 is indicative of Stage 5, which is described as Preparation. Multiple respondents indicated that the community members with knowledge are those who have been impacted by suicide.

Other respondents indicated there has been increased community knowledge of suicide warning signs and risk factors.

The following statements were provided by respondents, regarding community knowledge of suicide:

"I think with the topic of bullying and negative effects of social media - the causes and warning signs of suicide has been discussed more in the general population in recent times."

"The only people who know, are those that know through experience"

"Awareness is improving and stigma is declining, but I think we have a way to go. I get a little bit of resistance from time to time from community members about our efforts in this area."

"School personnel and mental health professionals may know signs and symptoms; parents, caregivers, co-workers, colleagues, learn about these things after the group is impacted"

"Some community members have solid awareness, many do not"

COMMUNITY CLIMATE

The average Community Climate score of 5.31 also falls within Stage 5 of Preparation. Multiple respondents indicated that community members are less likely to be actively involved in suicide prevention efforts unless they have been personally affected by suicide. Stigma, myths, and misperceptions were identified as barriers to suicide prevention. The following statements were provided by respondents, regarding Franklin County community climate:

"I think this is more of a discussion around the dinner table and people know it is a concern, as suicide is toughing more people's network (or circle). Though, with how busy everyone is, I am not sure how many active steps they are taking to make a difference in their community or for the ones they love. Afraid that people may still feel it won't affect them - or "this couldn't happen with anyone I know."

"Again, people are going to be passive until suicide touches them directly"

"Lots of variability but many community members are aware that suicide is a pressing problem"

"Again, while some stakeholders may be aware of the impact of suicide upon the community, not all community members are. I imagine this is reflected in other communities as well, in which misperceptions and myths around suicide and preventing suicide remain."

"I believe that suicide prevention messaging and resources have been increasing over the past years in Franklin County. However, I believe that stigma still acts as a significant barrier for our community to take a collective sense of responsibility to prevent suicide."





COMMUNITY KNOWLEDGE OF EFFORTS

Community Knowledge of Efforts scored the lowest of all five dimensions of community readiness. Its average score of 4.47 is indicative of Stage 4, which is described as Preplanning.

Overall, the open-ended responses regarding Community Knowledge of Efforts described a wide range of variability, with decreased knowledge among the general community, as compared to community members working within related fields. The following statements were provided by respondents, regarding community knowledge of efforts:

"I just think that most people are caught up in their own worlds and unless they are involved with schools or mental health or have experienced loss, they just wouldn't know."

"I would say that there is massive variability in our community with some organizations and community members with lots of knowledge and some with minimal awareness."

"The awareness of suicide prevention efforts and the purpose of those efforts depends heavily on the community/population of which an individual identifies. Communication and information about related efforts varies greatly across communities."

"I am under the impression that community members who are aware are very niche and happen to already be involved, supporting, and biased towards mental health efforts in general."

"I have not heard of many of the efforts in my previous field. I have introduced several old coworkers to current efforts as well as my inner friend group. This is usually only discussed due to my direct involvement with organizations."



LEADERSHIP

Leadership received an average score of 5.59, falling within Stage 5 of Preparation.

Overall, the open-ended responses regarding Leadership described recognition of mental health and suicide across leaders, but less active involvement in prevention efforts. Multiple responses indicated a need for increased active involvement from multi-sectoral leaders and increased funding.

The following statements were provided by respondents, regarding Franklin County leadership:

“There are multiple strong suicide prevention leaders who are overseeing and evaluating critical suicide prevention programming and initiatives. There are also strong suicide prevention advocates who are advocating for increased suicide prevention capacity, including funding. However, I believe our community is in need of increased multi-year suicide prevention funding.”

“I feel many individuals in leadership know mental health is a growing issue, but may only take steps (if anything at all) to help advance the general mental health of those that they can influence. (speaking from the private business sector)”

“Would be nice to see more emphasis on funding and data.”

“Mental health leadership is highly committed to suicide prevention but my impression is that other leaders outside of this sector are less invested.”

“There are some in leadership that recognize that suicide is a concern, however there are few in leadership that seem to support or be involved in efforts to address suicide.”



RESOURCES

Resources received the highest average score of 6.16, falling within Stage 6 which is described as Initiation.

Overall, regarding Resources, the majority of respondents indicated that resources exist, but awareness and access to resources varies across populations. Multiple respondents identified a need for increased culturally and linguistically appropriate resources.

The following statements were provided by respondents, regarding resources:

"There are tons of resources but not all know about them"

"I said accessible to 'some populations' - as I am not sure the awareness reaches some of the more underserved populations, as infrastructures for knowledge sharing and behavior change may not be in place."

"While there are many good resources available, I'm not sure how widely known they are across diverse populations. Additionally, cultural barriers, including, but not limited to language, continue to restrict which populations can more easily access culturally responsive suicide prevention and interventions."

"lacking resources for workplace outside of schools; lacking resources various immigrant and refugee populations"

"There are resources but I believe residents still hesitate to access or know how to access."

INCREASING COMMUNITY READINESS

The first step in determining possible strategies to build readiness is to look at the distribution of scores across the five readiness dimensions.

Generally, 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.

Knowledge of efforts scored the lowest of all five dimensions in 2023, indicating a need to increase community knowledge of suicide prevention programs, activities, and services.

Therefore, the FCPSC has identified this to be a priority in its 2024-2026 Strategic Plan and encourages local organizations and groups to get involved by hosting a suicide prevention training or event. Suicide prevention trainers and speakers can be requested through the FCSPC's [Speakers Bureau](#).

Available training offerings include, but are not limited to, the evidence-based Question, Persuade, and Refer (QPR) suicide prevention training. This 60-90 minute training teaches participants about the warning signs of suicide and how to connect someone at-risk with appropriate resources. The 90-minute version includes a role-play component, giving participants the opportunity to practice conversational skills in a safe environment. QPR is available in-person and virtually.

Community members are also encouraged to stay updated on local suicide prevention efforts by [subscribing](#) to the FCSPC's newsletter and following its [Facebook](#), [Instagram](#), [LinkedIn](#), and [X/ Twitter](#) accounts.

MHAOhio extends its gratitude to all the individuals who completed the 2023 Brief Community Readiness Assessment as the information is invaluable for informing the FCSPC's priorities over the next three years.

To learn more about the FCSPC's work to increase readiness, visit www.franklincountyspc.org.