

COMMUNITY READINESS ASSESSMENT

RESULTS REPORT
AUGUST 2023



PROJECT SUMMARY

OVERVIEW

The purpose of this project was to assess the level of readiness among community stakeholders to tackle suicide prevention as a health priority in Milwaukee County.

BACKGROUND

The suicide rate in Milwaukee County has been increasing steadily and significantly over the past 20 years. Suicides among individuals of color are also increasing in the community, including those among young Black males. Focused, relevant suicide prevention activities are necessary.

DATA COLLECTION

The Division of Suicide Research and Healing in the Comprehensive Injury Center at the Medical College of Wisconsin conducted a total of 26 semi-structured interviews with stakeholders across multiple sectors in Milwaukee County to diagnose the community's level of readiness to address suicide as a health issue. The interviews assessed the availability of suicide prevention resources in the community, the community's knowledge of these resources, community leadership's support for suicide prevention efforts, community climate, the availability of information about suicide as a health issue in the community, and available resources that could be allocated to suicide prevention.

Our assessment was based on the Community Readiness Assessment Model, developed by the Tri-Ethnic Center at Colorado State University.

PROJECT FINDINGS

Our assessment findings indicate that our community is at a readiness level of **Vague Awareness**, indicating that while community members are somewhat aware that suicide is an issue in Milwaukee County, there is very little awareness of how to address this issue, or that community members have a stake in suicide prevention. Suicide prevention activities should focus on building awareness around suicide in our community as well as raising awareness that community members play a role in suicide prevention.

WHAT IS COMMUNITY READINESS?

The Community Readiness Model and Assessment were developed by the Tri-Ethnic Center at the University of Colorado.

The Community Readiness Model is intended to provide communities and relevant stakeholders with stages of readiness (shown in the figure below) that can be used to develop focused, strategic activities to address a specific health problem. In the case of this project, the health problem of focus was suicide.

In the context of this model, a Community Readiness Assessment is meant to gauge the community's "truth" about the selected health issue. This is important, as the agent of change must work where community beliefs begin, not necessarily where reality resides. In order for prevention strategies to be effective, they must not work at a level of readiness that is beyond the community's truth. Implementing strategies that are beyond the community's readiness stage can result in lack of engagement and buy-in, which compromises the effectiveness of these strategies. In other words, using the Community Readiness Model and Assessment to gain information about Milwaukee County's "truth" about suicide and suicide prevention allows agencies to consider and plan activities that are aligned with this truth. Ultimately, this work can lead to more effective suicide prevention strategies.



OUR COMMUNITY'S READINESS ASSESSMENT

The first step of our assessment included determining our definition of "community". For this assessment, community was defined as Milwaukee County. Although the work of our division has statewide reach, we decided to focus this particular work to Milwaukee County as our community has a unique context in comparison with other areas of Wisconsin. For example, Milwaukee County has a deep history of segregation and redlining which contributes to the mental health of residents, and particularly residents of color. In addition, many mental health resources are available at the county level, and extending the readiness assessment beyond our county's borders may have involved awareness of resources that are not available locally.

Once we determined our definition of "community", we developed a set of stakeholder groups that would be targeted for inclusion in our study. In considering the composition of our community, we decided to include the following groups in our assessment:

- Faith community
- First responders
- Education professionals
- Health care professionals
- Business community members
- Individuals from marginalized communities
- LGBTQ+ community members
- Community members with lived experience
- Elected officials
- Lay community members

In all, we conducted a total of 26 assessment interviews across these stakeholder groups. Each participant was compensated for their time to participate and were provided with a list of mental health resources if requested.

Each interview was independently scored by two of our team members, and the scorers met to reconcile any scores that did not match. This was done to ensure interrater reliability. After scoring and reconciliation were complete, we calculated a total community readiness score.

OUR READINESS ASSESSMENT FINDINGS

Our assessment yielded a number of findings. First, we obtained scores for each individual dimension of the assessment:

- Dimension A - Community Efforts: Score of 4
 - Preplanning
- Dimension B - Community Knowledge of Efforts: Score of 3
 - Vague Awareness
- Dimension C - Leadership Support of Suicide Prevention: Score of 2
 - Denial/Resistance
- Dimension D - Community Climate: Score of 3
 - Vague Awareness
- Dimension E - Community Knowledge about Suicide Prevention: Score of 3
 - Vague Awareness
- Dimension F - Resources Related to Suicide Prevention: Score of 2
 - Denial/Resistance

In looking at these dimension scores together, our community's "truth" is that while there are some efforts in place to address suicide, there is little awareness of these efforts in the community. Also, community leadership does not prioritize suicide prevention, although there is some awareness of the need to address this issue in the community-at-large. Some community members have at least some knowledge about suicide prevention, although there is a lack of resources allocated to address the issue.

Based on these dimension scores, we calculated our total community readiness score, which was a 3, indicating **Vague Awareness**. In other words, many community members feel that there is a local concern regarding suicide, but there is no immediate motivation to do anything about it, There is also not awareness that the community can contribute to suicide prevention.

VAGUE AWARENESS: WHAT'S NEXT

With a community readiness stage of **Vague Awareness**, the goal is to increase readiness by raising awareness that the community can do something about suicide and suicide prevention. Strategies to accomplish this goal include the following:

- Presenting information on suicide and suicide prevention at local community events and to community groups
- Posting flyers, billboards, and social media messages related to suicide prevention
- Initiating community health events to present information on suicide prevention
- Raising awareness about suicide locally to community members
- Providing opportunities for training around suicide and suicide prevention
- Publishing letters to the editor and human-interest articles with general information on suicide and suicide prevention, as well as on local implications

Our interviews also revealed that community members perceive that suicide prevention is not a priority among local leaders. A direct implication of this is that resources, including fiscal resources, are not typically allocated toward suicide prevention at the community level. Therefore, educating local leaders and policymakers about suicide in our community, as well as advocating for resources to prevent suicide, is necessary to increase the readiness to address suicide in our community overall.

"They [community leaders] have other matters like drugs, people killing others and kidnappings and other stuff. They have other stuff to worry about. I've never heard anyone speak about suicide."

"I wish it was more of a priority. We talk about mental health, funding, services, care, but when we talk about prevention, I don't hear a lot about suicide prevention. I wish we heard more."