

COMMUNITY READINESS ASSESSMENT

RESULTS REPORT
JULY 2024



CONTEXT FOR THIS REPORT

CONSIDERATIONS FOR UNDERSTANDING

The goal of this project was to learn the readiness level of Black/African American community members to address drivers of suicide risk and improve mental health in Calumet, Outagamie, and Winnebago Counties. To achieve this goal, we used the Community Readiness Assessment (CRA) model, an evidence-based model aiming to gather information that can be used to drive systems and community change through collaboration with community. This model was developed by and primarily adapted for the White, non-Hispanic community and does not adequately account for health-related cultural nuances, particularly in the space of mental health and suicide. Indeed, the CRA model does not account for various non-White-centering cultural lenses around health issues like mental health and suicide. For example, many in the West tend to separate mental health from physical health; however, it is known that the relationship between physical and mental health is reciprocal. Separating the two is a mark of colonialism which needs to be acknowledged and addressed.

In addition, research has demonstrated that the mental health of Black/African Americans is influenced and impacted by cultural forces such as racism, discrimination, and segregation. In fact, these forces have been closely linked to suicide risk among Black/African American people. In addition, cultural and religious stigma, language, generational trauma, health issues related to a lack of access to care (often over multiple generations), and familial/peer support all influence how an individual navigates mental health. As such, there is a critical need for culturally based approaches to improving mental health and preventing suicide. We must also critique larger systems of oppression that reinforce racism and thus ongoing poor health. Community leadership is essential in driving the systems change that is needed to disrupt traditional approaches to suicide prevention and implement strategies that honor the experiences of minoritized individuals and groups.

We would like to thank and acknowledge the work of the interviewers who undertook the difficult job of working to make this assessment as meaningful as possible, and we appreciate the community members who participated in the assessment. This work is groundbreaking and is the first of its kind in our area. We hope that our findings honor your experience.

PROJECT SUMMARY

OVERVIEW

The goal of this project was to learn the readiness level of Black and African American community members to address drivers of suicide risk and improve mental health in Calumet, Outagamie, and Winnebago Counties.

BACKGROUND

Suicide in minoritized communities, including the Black community, is a public health concern in the tri-county area and in Wisconsin. Traditional screening tools and prevention strategies are based on Eurocentric measurements and colonial standards of normality and “illness”.

DATA COLLECTION

People of Progression conducted 28 interviews with multi-sector stakeholders in the tri-county region. This assessment was based on the Community Readiness Assessment Model (CRAM), developed by the Tri-Ethnic Center at Colorado State University. The interviews assessed the following elements of community readiness:

- 1) suicide prevention resources in the community
- 2) community knowledge of these resources
- 3) community leadership's support for suicide prevention efforts
- 4) community climate
- 5) information about suicide as a health issue in the community
- 6) resources that could be used for suicide prevention

PROJECT FINDINGS

Our findings show that our community is at a readiness level of **Preparation**. This illustrates that community leaders are actively engaged with this issue and are planning efforts to address the issue. Additionally, community members are aware of this issue and demonstrate modest support for initiatives to address mental health and suicide prevention. The goal at this stage is to leverage this momentum to plan additional strategies that include input from community members, and to work to evaluate the effectiveness of those strategies.

WHAT IS COMMUNITY READINESS?

The Community Readiness Assessment Model (CRAM) was developed by the Tri-Ethnic Center at the University of Colorado.

The CRAM intends to provide communities and relevant stakeholders with stages of readiness (shown in the figure below). The stages help develop focused, strategic activities to address a specific health problem. In the case of this project, the health problem of focus was suicide.

A Community Readiness Assessment should find the community's "truth" about the chosen health issue. This is important, as the agent of change must work where community beliefs begin, not necessarily where reality resides. To prevent health problems, strategies must not work at a level of readiness that is beyond the community's truth. Doing this can result in lack of engagement and buy-in, which limits the success of these strategies. The CRAM can be used to learn about the tri-county's "truth" about suicide and mental health. This will allow agencies to consider and plan activities that align with this truth. Ultimately, this can lead to more effective strategies to lower the number of suicides.

At the same time, in understanding the CRAM and interpreting the findings of our assessment, it is necessary to acknowledge that many of the disciplines of study, including the science underlying this assessment, are rooted in ableism, anti-Blackness, misogyny, and unethical practices. This reality has contributed to extensive pain and trauma.



OUR COMMUNITY'S READINESS ASSESSMENT

The first step of our assessment included determining our definition of "community". The definition of community is multi-layered and nuanced because of the racial demographics of our geographical location as well as the historical and current social climate of our region. For example, any Black individuals residing here have moved from other areas, but their families do not live in the Fox Valley. Despite this distance, these family members were still considered as part of the community by many interviewees. Other interviewees thought of their community as coworkers, partners, adoptive families, friends, neighbors, and non-Black individuals. Overall, though, this CRA focused on Black people as the target community, and within this racial group there are a variety of additional identifies (e.g., by age, sexuality, or socioeconomic status).

Once our definition of "community" was determined, we began to recruit community members to participate in interviews with our staff. Our interviewer was trained in the CRA model and is themselves a member of the Black community. In total, we completed a total of 28 assessment interviews across several stakeholder groups. All interviews were completed by one People of Progression staff member. Each participant was paid for their time. Additional questions related to coping and other perceptions around mental health were also asked but were not included in the final CRA score.

Each interview was scored independently by two of our team members. 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.

In addition, we asked a separate set of questions of each participant to gather additional qualitative information on how individuals in the community cope with stress, how individuals within the community speak about their mental state (e.g., what language is used to talk about mental health), barriers to accessing mental health services in the community, and what, if any additional resources are needed to improve mental health and prevent suicide in the community. These additional qualitative questions were not scored but provide important additional context to consider in planning prevention activities.

Results were compiled by a researcher familiar with the CRA model who is a qualitative methodologist and suicide prevention researcher.

OUR FINDINGS

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

Dimension	Score	Readiness Level
Community efforts	5	Preparation
Community knowledge of efforts	4*	Preplanning
Leadership support for suicide prevention	5	Preparation
Community Climate	5	Preparation
Community knowledge about suicide prevention	5	Preparation
Resources related to suicide prevention	4*	Preplanning

Altogether, the scores demonstrate a readiness level, as defined by the CRA model, of **Preparation**. There is clear recognition within the community that something should be done related to mental health promotion and suicide prevention, and community leaders are engaged in planning these efforts. Community members are generally supportive of this work. At this stage, the goal is to provide the community with additional information and data around these issues to continue to build support for efforts, and to develop strategies from the grassroots level. Also, program planners should begin to plan for the evaluation of the success of these efforts. Supplemental questions were also asked of community members relating to mental health and coping. Responses to these questions also help to provide insight into potential next steps to improve mental health and reduce suicide among Black/African American community members.

*Although there are cases where a resource is available and community members are not aware it exists, there is a lack of existing Black-centered suicide prevention resources to begin with. Therefore, the score may not reflect simply unawareness but also a lack of existence of these resources.

WHAT'S NEXT?

While the CRA model provides good information on next steps to promote mental health and prevent suicide in this community, there is some research literature which also provides suggestions for culturally informed/rooted strategies specifically for Black and African American communities. Additionally, supplemental data from CRA interviews provide valuable insights into what is needed to support Black and African American mental health in our community. However, further research is needed, particularly in the signs, expressions, feelings of hopelessness, and healing practices for suicidal ideation in the Black community. The following are strategy considerations:

- Dismantle the discriminatory practices and bias inherent in mental health, school, social services, and health care systems, which penalize Black individuals for expressing symptoms of poor mental health.
- Leverage peer support and community leaders to help individuals get connected with the help and support that they need.
- Involve social emotional learning with youth and adults about mental health conditions to reduce cultural stigma and remove barriers to support
- Bolster protective factors including strong family support, relationship support, positive self-esteem, and emotional well-being
- Strategize on support for upstream protective factors, including stable housing, employment, and fair wages
- Implement practices that create a sense of community while also reinforcing cultural identity, cultural grounding, and self-esteem. Cultural grounding and self-esteem are protective factors for mental health and suicide.
- Develop models, tools, skills, and techniques to facilitate mentoring and multi-family group support
- Educate mental health practitioners, health care workers, educators, and other direct service providers (e.g., staff at homeless shelters) to practice the following: acknowledge their own biases, validate/affirm the lived experiences of Black Americans, honor the agency of every individual and their specific needs, effectively support individuals who have experienced discrimination and protect them from being discriminated against, and use appropriate language and cultural humility to support individuals.
- Train more religious leaders (e.g., pastors, bishops) in peer support models and mental health support.
- Provide venues for storytelling about mental health recovery and resilience within the community

"You know, I'm big into acts of service. That's what I like so that's just my way of coping with stress. And also being able to be truthful out loud."

"So I will say. who do I go to when I feel overwhelmed? I will probably say, yes, my circle of love, I can go to any one of them."

