Priority Area 3: Increase state and territorial capacity to evaluate suicide prevention efforts

In 2023, the Suicide Prevention Resource Center (SPRC) conducted the third annual State and Territorial Suicide Prevention Needs Assessment (SNA). The SNA assesses the suicide prevention needs, challenges, strengths, infrastructure, and capacity of the 54 U.S. states, territories, and the District of Columbia. Examining the 49 responses, SPRC identified the following three priority areas for strengthening U.S. suicide prevention efforts. This document provides a summary of Priority Area 3.

Priority Areas:
1. Strengthen representation of diverse and underserved populations in suicide prevention efforts
2. Build state and territorial capacity to address underlying conditions associated with suicide risk factors
3. **Increase state and territorial capacity to evaluate suicide prevention efforts**

Background Data
Evaluation data are key to understanding the effectiveness of suicide prevention strategies, gathering support for initiatives, and improving prevention efforts over time. Approximately 60% of states[1] reported implementing *process* evaluations (to ensure that efforts are implemented as planned) or *outcome* evaluations (to determine whether efforts are achieving set objectives) in the past year. Fewer than half of states reported implementing formative evaluations (to ensure strategies are feasible prior to implementation) (47%) or *impact* evaluations (to assess the long-term impact of efforts on goals and suicide rates) (27%). Almost one in five states (18%) did not engage in any evaluation efforts. (Figure 1)

Figure 1: State-Supported Suicide Prevention Evaluations Implemented in the Past Year
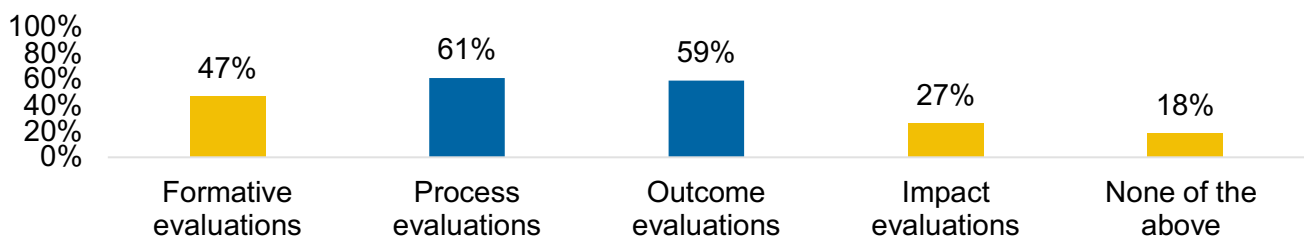
In the past two years, most states engaged in strategic planning activities, such as using data to understand the magnitude and nature of suicide in their state and select or develop appropriate interventions. However, only 63% planned for evaluating and improving their efforts and 47% carried out such evaluation efforts. (Figure 2)

States reported that the most common barriers to implementing data driven and consistently evaluated suicide prevention efforts are *inadequate data infrastructure and capacity* (lack of resources, personnel, technical support, linked data systems), *incomplete/insufficient data* (lack of data on specific populations, inconsistent collection), and the *inability to access timely data* (data lag, non-existent data partnerships).

> **"We lack capacity and funding to effectively evaluate the programming we do."- SNA Respondent**

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[1] The term "state" is used here as a short-hand reference to states, the District of Columbia, and U.S. territories.

Figure 2: State Strategic Planning Activities in the Past Two Years

Activity	Percentage
Using data or other sources to describe state's suicide problem and context	96%
Choosing short and long-term goals based on available data to guide suicide prevention efforts	92%
Identifying key risk and protective factors for suicide in the state	84%
Selecting or developing strategies and interventions that address identified risk and protective factors	88%
Planning for evaluation of state strategies and interventions	63%
Evaluating and improving strategies and/or interventions over time	47%
None of the above	4%

N=49, Multiple responses possible

Call to Action 1
States should allocate secure funding dedicated to the analysis and evaluation of state-level suicide prevention policies, practices, and programs.

Call to Action 2
Suicide prevention professionals should develop sustainable partnerships with injury and violence prevention data experts, such as epidemiologists or data analysts.

Call to Action 3
State suicide prevention coalitions should form data subcommittees with data experts and researchers who can guide evaluation of ongoing statewide efforts.

Data and Evaluation in Oregon

Oregon has actively developed its suicide prevention evaluation capacity over the past two years, using data to inform suicide prevention efforts at the state and local levels. In 2022, the Oregon Health Authority (OHA) established a public-facing spreadsheet that tracks partners' progress in the different initiatives described in their state plan. These OHA partners collect metrics related to state plan goals and objectives and periodically update the spreadsheet with collected data. OHA has also dedicated state funding to contract with an evaluator from a local university who leads state evaluation efforts and provides technical assistance to community coalitions on evaluating how their initiatives align with the Oregon state plan. Oregon's investment in building its evaluation capacity and dedication to consistent evaluation using one public format is a great first step in identifying how partners' efforts collectively contribute to their state's suicide prevention work.

To promote suicide prevention in your state, visit SPRC's Recommendations for State Suicide Prevention Infrastructure (sprc.org/state-infrastructure) and state pages (sprc.org/states).