



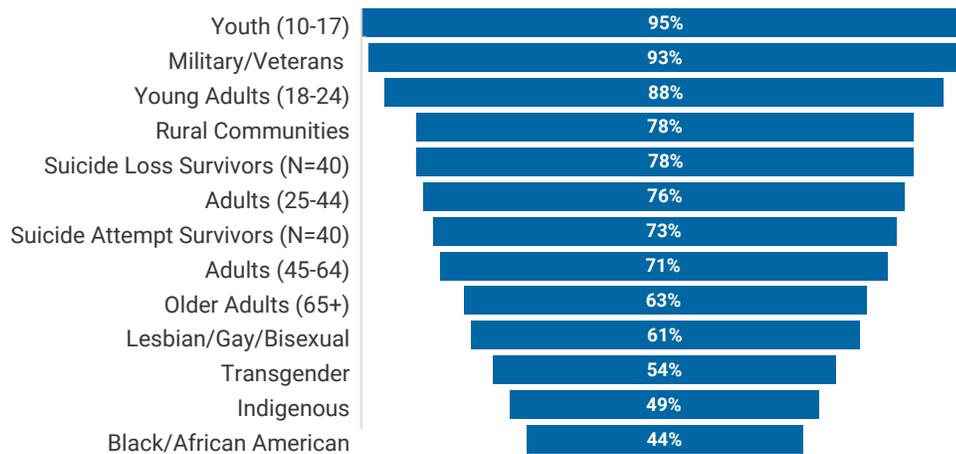
Priority Area 3: Increase community representation and participation in suicide prevention

In 2022, the Suicide Prevention Resource Center (SPRC) conducted a State and Territorial Suicide Prevention Needs Assessment (<http://ow.ly/BEgG50KxgfN>). Examining responses from 42 states and 2 territories, SPRC identified four priority areas for action to strengthen U.S. suicide prevention efforts. This PDF provides a summary of Priority Area 3.

Fifty-seven percent of states and territories (24 of 42) reported that they were either planning steps or actively working to increase community representation in suicide-related data. But only 31% of states and territories (13) reported that populations that are high risk and underserved were sufficiently represented in the data informing their suicide prevention efforts.

States and territories were asked to identify which populations they were intentionally trying to reach through state-level suicide prevention strategies. Some populations known to be at high risk for suicide were being consistently reached. However, other populations at growing or long-term high risk for suicide were not being consistently reached (Figure 1).

Figure 1: Percent of States/Territories Reaching Select Populations with Targeted Efforts (N=41)

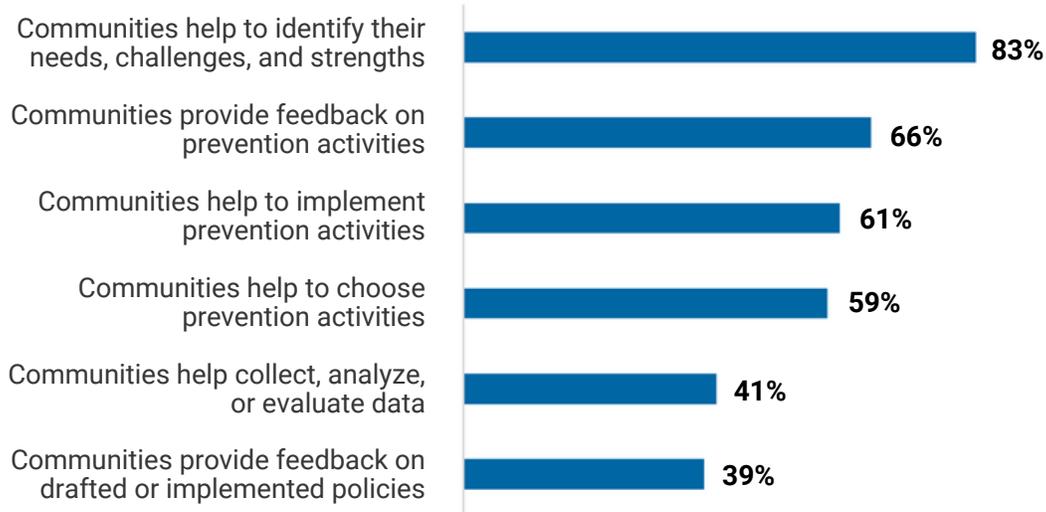


**"[An] overarching barrier is identifying the best method to consistently engage community members in suicide prevention."
– SNA Participant**

States and territories showed active steps to ensure populations they were seeking to reach were actively involved in prevention efforts. While 83% (34 of 41) reported including representatives of populations they were seeking to reach in the identification of state and territorial needs and strengths, only 37% (15) reported formally assessing suicide prevention needs through regional data or needs assessments. Few states and territories reported involving priority populations in the collection or analysis of data (41%, 17 of 41) or to inform the development and implementation of suicide-related policies (39%, 16) (Figure 2).



Figure 2: Percent of States/Territories Involving Populations in Activities (N=41)



In order to strengthen the reach and effectiveness of prevention strategies across the U.S., states and territories should build processes and practices that address data representation gaps and strengthen opportunities for diverse population representation in all suicide prevention activities.

Increasing Community Representation in Iowa

In 2021, the Iowa Department of Public Health (IDPH) conducted a member analysis to assess what groups and organizations were missing from the Iowa Suicide Prevention Planning Group (ISPPG). Following this analysis, the ISPPG engaged in outreach to increase representation across community groups. That year, the ISPPG also conducted an internal survey asking members to share how suicide had impacted their personal lives. This survey revealed a wealth of experience, with 63% of members reporting having lived experience or supporting a family member with lived experience related to suicide. Sharing the survey results with the group encouraged members to more freely share and use their personal experiences to inform their efforts. The IDPH's commitment to networking, relationship building, and cultural humility has enabled the ISPPG to create a space for open dialogue from a diverse group of stakeholders that guides statewide suicide prevention activities.

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).