



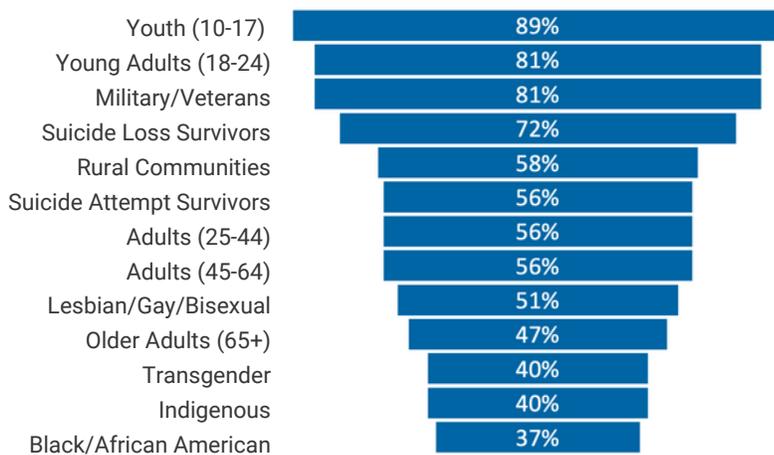
Priority Area 3: Increase community representation and participation in suicide prevention

In 2021, The Suicide Prevention Resource Center (SPRC) conducted a State and Territorial Suicide Prevention Needs Assessment (ow.ly/OcuU50H5Lap). Examining responses from 38 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.

Forty-five percent of states and territories (17 of 38) reported that they were actively working to increase community representation in suicide-related data. But only 16% of states and territories (6) 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=36)



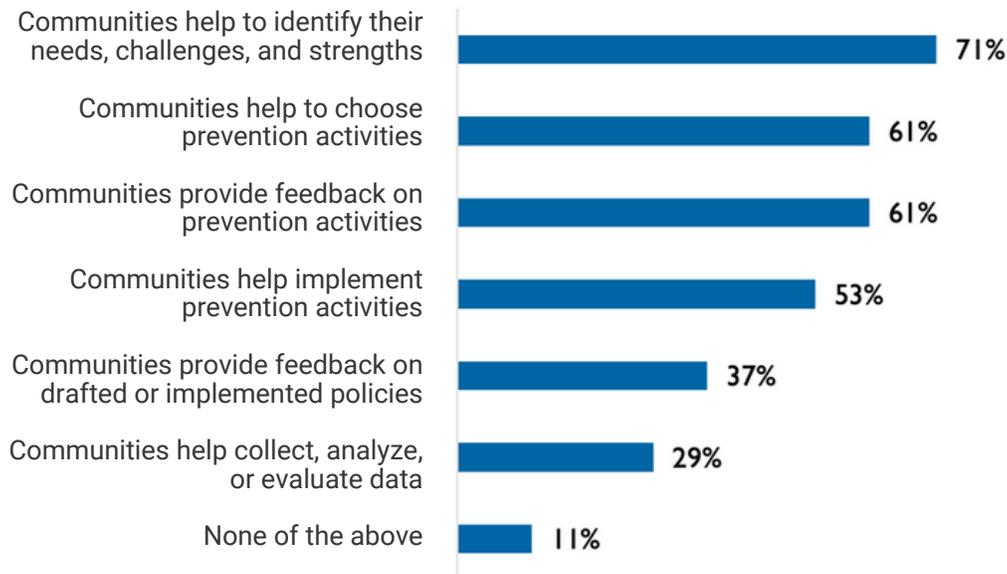
"[A challenge is] doing a better job understanding the needs of different communities and how they approach suicide prevention . . . seems like some communities do not feel engaged with our current plan. . ."

— SNA Participant

States and territories showed active steps to ensure populations they were seeking to reach were actively involved in prevention efforts. Seventy-one percent (27) reported including representatives of populations they were seeking to reach in the identification of state and territorial needs. However, states and territories were much less likely to involve these populations in the collection or analysis of data to inform prevention (29%) or to inform the development and implementation of suicide prevention-related policies (37%) (Figure 2).



Figure 2: Percent of States/Territories Involving Populations in Activities (N=38)



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).