



Priority Area 2: Build state and territorial capacity to address underlying conditions associated with suicide risk factors

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 2.

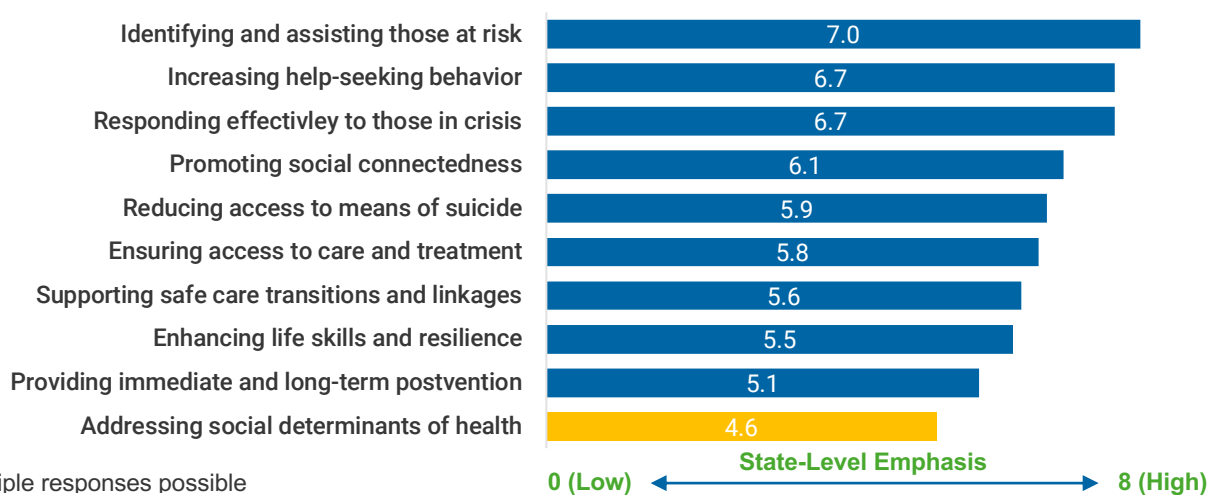
Priority Areas:

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

Effective suicide prevention efforts address the underlying conditions that contribute to suicide risk in communities, including social determinants of health (SDOH). SDOH are factors present in communities that affect individuals' health and quality-of-life. When asked to rate the emphasis their state¹ places on 10 high-level prevention strategies from the Centers for Disease Control and Prevention's [Suicide Prevention Resource for Action](#) and SPRC's [Effective Suicide Prevention Model](#), respondents were least likely to report that their states emphasized SDOH. Few states (29%, 14 of 49) reported they had funding in place to adequately support prevention efforts that address SDOH. (Figure 1).

Figure 1: State Emphasis on Addressing High-Level Suicide Prevention Strategies

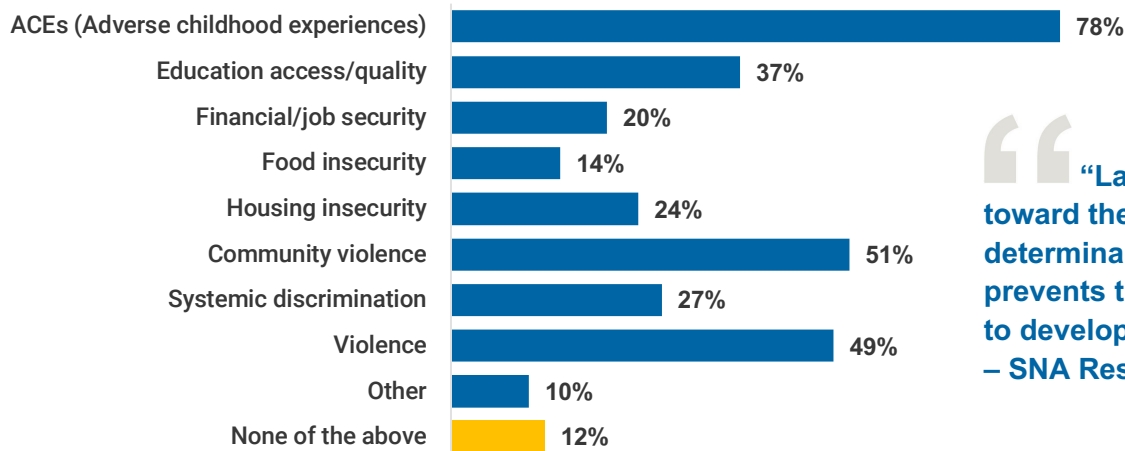


While most states (78%) report that their suicide prevention office or coalition addresses adverse childhood experiences (ACEs), far fewer address other social determinants of health, such as financial/job security or food insecurity, and 12% of states report that they are not addressing any SDOH in their suicide prevention efforts. (Figure 2)

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



Figure 2: Social Determinants of Health Being Addressed by State Suicide Prevention Office or Coalition



“Lack of funding toward these [social determinants of health] prevents the opportunity to develop initiatives”
– SNA Respondent

N=49, Multiple responses possible

Call to Action 1

States and territories should dedicate funding to increase their capacity to address social determinants of health in suicide prevention efforts.

Call to Action 2

State and territorial agencies should increase formal interagency partnerships to collaboratively address social determinants of health that are shared risk factors for suicide and other issues.

Arizona Makes Social Determinants of Health Data Available

In summer 2023, the Arizona Department of Health Services (ADHS) launched the first-of-its-kind initiative, the [Positive and Adverse Childhood Experiences \(P/ACEs\) Dashboards](#). These publicly accessible dashboards serve as a centralized platform for bringing together diverse data related to Adverse Childhood Experiences (ACEs), such as domestic violence, discrimination, and household poverty, as well as data on Positive Childhood Experiences (PCEs), such as mentorship, family resilience, and community service. The dashboards showcase the relationships between P/ACEs and other factors at various levels, including the individual, family, and community. These factors include but are not limited to household income, healthcare needs and access, the health status of parents, and a wide array of mental and physical health indicators, providing a comprehensive view of childhood adversity. The data is sourced from population-based surveys like the National Survey of Children's Health and the Behavioral Risk Factor Surveillance System, as well as hospital-related syndromic surveillance data. Additionally, the ACEs “root cause” dashboards display Social Determinants of Health (SDOH) by combining diverse county-level SDOH data with summarized research findings. This allows ADHS to draw direct connections between populations and specific SDOH, allowing for focused prevention efforts. By prioritizing the collection of SDOH data, Arizona has been able to secure leadership support for ensuring strategies that address SDOH are included in their state suicide prevention plan. The data from these dashboards has also allowed ADHS to justify funneling grant funds directly to community organizations working to reduce both suicide and SDOH over time. ADHS looks forward to implementing new prevention initiatives based on the data from the P/ACEs dashboards.

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).