CHALLENGES AND RECOMMENDATIONS FOR

EVALUATING SUICIDE PREVENTION PROGRAMS

State and Tribal Evaluators Community of Learning

Suicide Prevention Resource Center

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Introduction

The Suicide Prevention Resource Center facilitated two separate virtual communities of learning (CoLs) for tribal and state Garrett Lee Smith (GLS) suicide prevention grant evaluators during fiscal year 2015. The purpose of the CoLs was to support local evaluation efforts by providing evaluators with opportunities to engage in peer-to-peer discussions, share local evaluation strategies and resources, and brainstorm solutions to local evaluation challenges encountered in their programs.

Tribal (consisting of American Indian and Alaskan Native [AI/AN] grantees) and state participants met every other month for six 1-hour sessions from November 2014 through October 2015. Each session consisted of an introduction or ice breaker activity (5–10 minutes), open discussion (10–15 minutes), discussion on a planned topic selected by the group (30 minutes), and closing (5 minutes).

Potential topics were proposed by facilitators and ranked by participants via a registration questionnaire on Survey Monkey. The six highest-rated topics were chosen as the meeting topics and were scheduled in order of ranking scores.

Topics

TRIBAL EVALUATORS COMMUNITY OF LEARNING

- November 2014: *Introduction to the Community of Learning*

- January 2015: *Measuring the Impact of Suicide Prevention Programs*

- March 2015: *Evaluation of Cultural Adaptations/Cultural Tailoring of Tribal Suicide Prevention*

- May 2015: *Evaluation of Awareness and/or Communication Programs*

- July 2015: *Evaluation of Gatekeeper or Other Training Programs*

- September 2015: *Fostering and Evaluating Effective Partnerships/Empowering Community and Program Staff to Participate In and Use Evaluation Results*

STATE EVALUATORS COMMUNITY OF LEARNING

- December 2014: *Introduction to the Community of Learning*

- February 2015: *Relationship Between the National Cross-Site and Local Evaluation*

- April 2015: *Measuring the Impact of Suicide Prevention Programs*

- June 2015: *Empowering Community and Program Staff to Participate In and Use Evaluation Results*

- August 2015: *Evaluation of Awareness and/or Communication Programs*

- October 2015: *Evaluation of Gatekeeper or Other Training Programs*

Attendance

The majority of participants were grant evaluators, some of whom served as evaluators for multiple GLS grants. A small number of GLS program directors and coordinators also participated**.**

TRIBAL EVALUATORS COMMUNITY OF LEARNING

- 20 members from 14 grantee sites signed up for the CoL:
    - » 5 members from Cohort 7 (funded 2012–2015)
    - » 2 members from Cohort 8 (funded 2013–2016)
    - » 7 members from Cohort 9 (funded 2014–2019)
- Average attendance: 7 attendees per meeting

STATE EVALUATORS COMMUNITY OF LEARNING

- 36 members from 24 grantee sites signed up for the CoL:
    - » 3 members from Cohort 6 (funded 2011–2014)
    - » 8 members from Cohort 7 (funded 2012–2015)
    - » 5 members from Cohort 8 (funded 2013–2016)
    - » 8 members from Cohort 9 (funded 2014–2019)
- Average attendance: 15 attendees per meeting

Lessons Learned from the Community of Learning

Several key lessons emerged from the discussions in both CoL groups. Following is a list of these lessons learned from the meetings. The report that follows outlines the challenges and possible solutions identified by CoL participants within each topical area discussed.

- ***Difficulty collecting data to measure impact:*** The evaluators frequently described challenges in obtaining suicide death and suicide attempt data for their states and communities. This issue came up in almost every meeting, even when data collection was not the featured topic. Since collecting suicide death and suicide attempt data is a priority for the Substance Abuse and Mental Health Services Administration (SAMHSA; the GLS grant funder) and collection can be challenging in diverse settings, data and surveillance are the topics of the next CoL for state and tribal evaluators, which started in December 2015.

"The problem is, if we do a really good job with our [suicide prevention] programs, how do we prove something that didn't happen?"

—Tribal GLS evaluator

- **Competing demands:** A common issue identified by the evaluators was competing demands and not enough time to do all the evaluation activities that they wished they could do. The majority of evaluators do not work full time on their GLS suicide prevention grants, and they juggle several other projects as well. In addition, evaluators need to dedicate a large part of their time to providing data for the SAMHSA's National Outcomes Evaluation, leaving limited time to conduct other local evaluation projects.

- **Importance of qualitative data:** Evaluators emphasized the importance of collecting qualitative data as part of a comprehensive evaluation plan. Qualitative data can provide rich information that can sometimes be missed in quantitative analyses, which often focus solely on how many people were reached or trained. For instance, CoL participants felt it was especially useful to capture how gatekeeper trainings positively affected training participants to show the value of conducting such trainings. They also suggested obtaining qualitative data in other areas, such as using focus groups or key informant interviews, to identify gaps in a state or tribe's surveillance system or to hear from community members about whether a gatekeeper training model is a good cultural fit for an AI/AN community.

- **The importance of peer sharing:** In an evaluation at the end of the series, participants shared that it was very useful to talk with other evaluators, brainstorm new ideas together, and hear about evaluation difficulties. They also exchanged resources, made professional connections, and supported each other's evaluation plans. It was common to hear in meetings of an evaluator who had begun implementing an idea that a peer had suggested in the previous CoL meeting.

What follows is a series of short topic summaries of the evaluation discussions from these CoLs. Each topic summary includes a description of challenges that evaluators have faced with the specific evaluation topic, recommendations evaluators made to overcome these challenges, a case study, AI/AN- and state-specific challenges when applicable, and recommended resources. Our hope is this guide will be a useful resource for GLS and other evaluators working in suicide prevention and experiencing similar challenges.

> **"[It was helpful]…hearing the hurdles or barriers other states were having with collecting data. This helped our team to know that others struggled in the same way, and also to know what may be barriers in the future, so as to try to put things in place now to avoid them."**
>
> **—State GLS evaluator**

Evaluation Topic Summaries

MEASURING IMPACT OF SUICIDE PREVENTION PROGRAMS

State and tribal Garrett Lee Smith (GLS) grantees are required to demonstrate their impact in reducing suicide deaths and attempts. Data can be gathered through state- or community-wide surveillance or come from specific settings in which grantees are working (e.g., juvenile justice and public mental health systems). Nonetheless, measuring the impact of suicide prevention activities using surveillance data can be difficult, and many GLS evaluators reported they needed more technical assistance with this topic.

CHALLENGES IDENTIFIED BY PARTICIPANTS

- **Small numbers:** The relatively small number of suicide deaths in states and AI/AN communities each year makes it challenging to determine if suicide deaths are decreasing without a longer-term trend analysis.

- **Data accuracy:** Suicide death data may not always be accurate. Issues include (1) coroners are not always trained to accurately determine suicide deaths; (2) suicide deaths may be coded on death certificates as a non-suicide or accident to avoid the stigma of suicide or to protect a family member; and (3) demographic information about suicide decedents may be incorrect because of misclassification by funeral directors on death certificates.

- **Delays in receiving data:** In most states, there is a one-to two-year delay in receiving data on state- and county-level suicide deaths, which impedes evaluators' ability to keep trend data updated and to inform prevention planning on the local and/or county level.

- **Difficulties with data sharing:** Many participants discussed the challenges associated with partner organizations' reluctance to share data about suicide deaths and attempts for their settings. Evaluators reported this occurred with both external organizations and internal departments and agencies.

- **Determining impact:** Since GLS grantees work with other health and wellness community groups to implement suicide prevention activities, it can be hard to determine the impact of *their* suicide prevention activities alone when looking at changes in suicidal behavior in the community.

RECOMMENDATIONS FROM PARTICIPANTS

- **_Focus on multi-year suicide rates:_** Since suicide death numbers are usually low, evaluators recommended evaluating suicide deaths by looking at rates over multiple years and not at raw numbers. Using this method, evaluators could more clearly see trends of increases or decreases in their state or community.

- **_Build and foster partnerships:_** Strong partnerships with a variety of stakeholders can improve data collection efforts. Participants outlined several examples of partnerships that have benefited their work:

  » Partnerships with _local police departments_ to gather city- or county-level data on suicide deaths and attempts

  » Partnerships with _local hospitals and crisis centers_ to obtain suicide attempt data

  » Partnerships with _academic institutions_ that can analyze complex suicide death data if grant team members do not have that expertise.

- **_Obtain memoranda of understanding/ agreement (MOUs/MOAs):_** Evaluators recommended creating data-sharing agreements (usually an MOU) with other agencies to remove data-sharing obstacles. This can be done with partner organizations or with department agencies in the same organization. Key considerations for developing MOUs include the following:

  » Be clear about what information will be shared and how that information will be used:

    ° Clarify how sharing the information will benefit both partners

    ° Clearly define the processes of how the shared data will be securely stored and used

    ° Set time frames for how long the MOU will be in place as well as the frequency of data collection and sharing

- **_Measure suicide attempts in addition to suicide deaths:_** Suicide attempts have much higher base rates than completions, so this data may translate into a potentially more sensitive indicator of impact.

- **_Use qualitative data to learn about gaps in data systems:_** While qualitative research, such as focus groups or key informant interviews, cannot measure program impact by themselves, they can be used as a tool to determine where gaps or challenges are in a state's or tribe's surveillance systems. For example, speaking with key stakeholders may reveal why certain data are not being collected and what changes could be implemented to make data collection easier. Qualitative data can also enhance the surveillance data collected, creating a richer data story to share with stakeholders.

- *Selected sources of data discussed by participants:*

  » *ICD codes for suicide attempts:* One method for collecting suicide attempt data is to look at hospital ICD codes for self-injury. To gather this data, grantees either established MOUs with area hospitals or purchased hospital claims data from the state hospital association. It should be noted that these data will usually include non-suicidal self-injury data, as current ICD-9 codes do not filter out those records.

  » *YRBSS Survey:* The Youth Risk Behavior Surveillance System Survey (YRBSS) is administered every other year to public high school students in 47 states (Washington, Oregon, and Minnesota are the exceptions). The survey results provide valuable suicide attempt and ideation information for youth ages 14–18. Some data are available at the district, territorial, and tribal government levels (see YRBSS website for a list of these areas).

SPECIFIC TRIBAL CONCERNS

- *Suicide death data for American Indian and Alaska Native (AI/AN) populations can be difficult to obtain:* Reasons include racial misclassification of AI/AN suicide decedents by funeral directors, and some Native people live in overlapping jurisdictions (such as a reservation and a state/county), which can lead to suicide deaths being counted twice.

- *Capturing data from rural, urban, and reservation tribal areas:* Obtaining data differs across these settings because the sources of suicide death and attempt data vary. Many American Indians live in urban areas, so obtaining data on these suicide deaths is dependent on accurate racial classification by funeral directors and families for these decedents. For collecting suicide deaths data on reservations, evaluators need to access data from local health systems or the Indian Health Service, which does not provide services on every reservation, so it cannot always be used as a source for data.

SPECIFIC STATE CONCERNS

- *Collaborating with state foster care and juvenile justice agencies:* While these are important systems to collaborate with to explore suicide death data, it can be difficult to obtain data from these systems, and the quality of the data differs in each system. Participants recommended finding out who leads the data collection for these systems and connecting with him or her as a good first step for collaboration.

- *Getting suicide attempt data from schools:* In some states, schools own all the data collected about students referred for psychological care, so school administrators must consent to sharing data in order for evaluators to follow up with these students. This structural barrier makes data collection challenging for evaluators, who in some cases had to contact every administrator individually for permission.

CASE STUDY

One Native GLS evaluator experienced difficulties in obtaining suicide death data for his area as data sharing was extremely rare between partner organizations. To solve this, he developed a network of approximately 30–40 sheriff and coroner contacts for each county in his community. Each month, he would spend a few days contacting each county sheriff or coroner to ask for de-identified information on AI/AN suicide deaths that had occurred that month and the means of death. By building a strong relationship with these contacts, he felt comfortable asking about whether any deaths were miscoded as accidental for family or other reasons.

Once this data had been gathered, the GLS evaluator was able to get a more accurate idea of suicide deaths and contributing factors regarding these deaths in his community. He also used it as baseline data for future efforts and for analysis of whether suicide deaths were decreasing and of how their suicide prevention efforts were working in the community. It was also helpful to gather this data to look at clusters and trends for postvention activities if necessary.

RESOURCES

Accessing Data about Suicidal Behavior among American Indians and Alaska Natives Fact Sheet *(SPRC)* http://go.edc.org/eval5: This fact sheet provides information on and an overview of data sources for AI/AN populations.

Locating and Understanding Data for Suicide Prevention Online Course *(SPRC)* http://training.sprc.org: This online data course from SPRC provides an overview of the strengths and limitations of suicide death data, key suicide data sources, and an explanation of how to use the data to inform community partners and policymakers.

REDCap Data System *(Partners HealthCare System)* http://rc.partners.org/edcredcap: This online tool is for coordinating data systems.

State, Regional, and Metropolitan Hospital Associations *(American Hospital Association)* http://go.edc.org/data7: This site lists hospital associations for each state. It is also helpful for collaboration and MOUs.

Surveillance Success Stories *(SPRC)* http://www.sprc.org/grantees/core-competencies/data (scroll to bottom of page): These success stories are case studies of states and tribes that have obtained suicide death and attempt data in their communities.

Tribal Epidemiology Toolkit *(Council of State and Territorial Epidemiologists)* http://go.edc.org/data5: This toolkit contains resources and best practices recommendations for accessing AI/AN health data.

Youth Risk Behavior Surveillance System *(CDC)* http://go.edc.org/data8: Developed by the Centers for Disease Control and Prevention, the Youth Risk Behavior Surveillance System (YRBSS) is a national survey that measures the prevalence of risk behaviors among students in grades 9–12, including suicide attempts and ideation and thoughts of depression and anxiety. Many states implement their own school surveys in alternating years.

EVALUATION OF AWARENESS AND COMMUNICATION CAMPAIGNS

Communication campaigns can be an important component of a comprehensive suicide prevention program, but evaluation of these campaigns can be challenging, as described in the sections below. As methods of communication evolve, evaluation techniques must be adapted to determine whether these campaigns are effective in reaching the targeted audiences and changing behavior.

CHALLENGES IDENTIFIED BY PARTICIPANTS

- *Capturing reach and effectiveness:* Possibly the biggest challenge in evaluating communication campaigns is how to truly tell if a campaign was truly effective. Specifically, did the campaign message (1) reach the targeted population; (2) resonate with these groups; and (3) achieve the desired behavior changes, such as increased help-seeking by those at risk for suicide.

- *Evaluating the effectiveness of social media campaigns:* As social media is a relatively new channel to use in campaigns, evaluators struggled with how to evaluate the effectiveness of these messages, beyond quantifying the reach across different platforms.

- *Unclear communication goals:* Some evaluators noted the difficulty of working on a communication campaign with unclear goals. When evaluators are not involved in working with program staff to set clear communication goals, it is difficult to establish evaluation measurements that can assess the effectiveness of the campaign.

RECOMMENDATIONS FROM PARTICIPANTS

- *Conduct a thorough needs assessment to determine communication goals:* A needs assessment will help grantees identify current attitudes about suicide, barriers to the desired behavior change, what social media and communication methods the target population uses, and the best delivery methods for message dissemination. This type of formative evaluation helps ensure the campaign is strategic and effective and reaches the targeted audience.

- *Have clear goals and objectives for communication campaigns that can be measured:* Participants shared the importance of creating measurable evaluation outcomes for communication campaigns. They recommended that program staff should either work with the grant evaluators to develop the objectives or share the objectives with the evaluators early on. Program staff should share with evaluators all components of the campaign: target population, anticipated reach, social media platforms to be used, and expected outcomes of the campaign.

- *Use multiple methods to evaluate campaigns:* Participants recommended using a combination of methods to evaluate campaigns for effectiveness; for example:

  » Use qualitative evaluation techniques, such as interviews and focus groups, to understand whether the campaign will likely be effective with the target audience.

  » Count the number of views or hits for webpages, social media posts, and video webcasts. If possible, also gather information about the time visitors spend on specific webpages to help the evaluator identify what information the audience is accessing. Evaluators recommended using Google analytics as one tool for looking at the number of page views and other Internet and social media usage.

  » Conduct surveys at large events, such as annual wellness events, to gather information on campaign reach and effectiveness.

- *Think about measurable effects:* Several GLS grantees have implemented communication campaigns to encourage help-seeking through the use of local or national crisis center hotlines. Evaluators discussed how they tracked the effectiveness of these communication campaigns by examining the number of calls to the centers after the campaigns to see if calls had increased. Another strategy is to ask hotline callers how they heard about the crisis centers.

- *Use community readiness assessments:* One evaluator recommended using community readiness assessments as a pretest and a posttest to evaluate the reach and understanding of suicide prevention billboard campaigns. The evaluator examined whether community perception towards suicide had changed after the implementation of suicide prevention billboards, and whether the billboard messages had been understood. While this was labor intensive, it was a useful way to understand the effectiveness and reach of the campaign.

SPECIFIC STATE CONCERNS

- *Capturing campaign scope across the state:* State evaluators described the difficulties they faced evaluating the saturation of communication campaigns in their state when regional coalitions implement different campaigns and do not communicate with one another. For example, if two state coalitions create communication campaigns to promote the National Suicide Prevention Lifeline, it can be hard to parse out the specific regional results of each campaign. Evaluators recommended obtaining baseline data before a campaign starts to better

understand results. Another recommendation was to evaluate the awareness campaigns for a small number of regions in the state at the beginning of the grant and replicate the campaigns in more regions later in the grant period.

"One challenge is how to capture the reach and effectiveness of your awareness campaign. How do you know if your campaign impacted people, if it changed attitudes or helped create more help-seeking behaviors?"

—Tribal grantee evaluator

CASE STUDY

A state grantee discussed an experience they had launching a crisis line in a small, rural area of their state. The hotline was aimed at youth in the 15–24 age range, and their communication campaign was targeted for this population. However, their evaluation results showed that a lot of older adults, aged 60 or older, were using the crisis line with questions about how to help young people in their lives. Clearly, there was a disconnect between what the communications materials were promoting and how they were being perceived, since young people weren't the only ones calling the hotline. The grantee is now using qualitative methods to evaluate why this happened and how to reach their intended audience in future campaigns.

RESOURCES

Action Alliance Framework for Successful Messaging Website *(Education Development Center)* http://go.edc.org/comm1: The *Framework* is a research-based resource that outlines key factors to consider when developing public messages about suicide. The website also includes evaluation resources for communication campaigns.

Are We There Yet? A Communications Evaluation Guide *(The Communications Network)* http://go.edc.org/eval3: This guide seeks to help nonprofits be more effective in evaluating their communications efforts.

Guidance for Evaluating Mass Communication Health Initiatives: Summary of an Expert Panel Discussion *(The Natural Resource Management Network)* http://go.edc.org/eval11: This report is from the 2004 meeting at the Centers for Disease Control and Prevention (CDC), where experts discussed key issues in health communications evaluation.

Lessons in Evaluating Communications Campaigns: Five Case Studies *(Harvard Family Research Project)* http://go.edc.org/eval1: This paper examines how different communication campaigns have been evaluated, along with five case studies of completed campaign evaluations.

Public Communications Campaigns and Evaluation: *(Harvard Family Research Project)* http://go.edc.org/comm2: This issue of the *Evaluation Exchange* includes articles on "public communication campaigns and their efforts to achieve desirable social outcomes."

Strategic Communication Planning: A Workbook for Garrett Lee Smith Memorial Act State, Tribal, and Campus Grantees *(SPRC)* http://go.edc.org/comm3: This workbook outlines how to strategically create a communication campaign for GLS grantees. Step 8 focuses on evaluating the campaign.

EVALUATION OF GATEKEEPER OR OTHER TRAINING PROGRAMS

Gatekeeper training is a common element of GLS suicide prevention programs. Evaluation can help ensure that trainings are effective and/or are reaching the appropriate audience(s).

CHALLENGES IDENTIFIED BY PARTICIPANTS

- **Survey burden:** GLS grantees are required to survey gatekeeper training participants as part of their federal grant requirements. If the grantee wants to conduct more robust evaluation of their gatekeeper training efforts, this could represent an additional burden on participants, and training participants might not complete additional surveys.

- **Difficulties administering follow-up surveys to participants:** While evaluators agreed on the importance of sending three- and six-month follow-up surveys to participants, they found it hard to keep track of participants over time to administer these surveys. The evaluators were often tracking people from diverse and wide-ranging audiences, such as schools, juvenile justice facilities, and other community positions, which made follow-up challenging.

- **Capturing effect of gatekeeper training:** CoL participants struggled with how to adequately capture the influence the trainings had on participants' interactions with those around them. One evaluator described an instance where a training participant called the trainer a few days after the event and shared that he was able to help a loved one as a result of the gatekeeper training. These types of effects from gatekeeper trainings are not captured in many training evaluations, which may look at information retention or how the participant perceived the importance of the information they received in the training. Evaluators felt it was important to capture a richer narrative to help demonstrate the impact these trainings have on the community.

RECOMMENDATIONS FROM PARTICIPANTS

- *Use qualitative data for evaluation:* Qualitative research methods, such as focus groups and key informant interviews, can be an effective way to evaluate attitudes, skills, and knowledge that may be learned from gatekeeper training sessions over time. Qualitative research methods can help evaluators examine a range of indicators, including how participants' attitudes towards suicide prevention changed as a result of the training, gaps in participant knowledge and skills, and how participants used the skills they learned to help members of their community. Stories from participants about how the training influenced their ability to help their communities are helpful messages to share with stakeholders.

- *Increasing survey response rates:* Evaluators shared that they used various methods to increase survey response rates, especially for follow-up surveys three and six months after trainings. Methods included follow-up e-mails and phone calls to participants, as well as incentives such as Amazon gift cards.

- *Choosing the right gatekeeper training:* Evaluators recommended using formative evaluation to examine different gatekeeper training models in depth before deciding on which model to use, including asking community members and stakeholders for their input about gatekeeper training programs. This type of evaluation can help prevent the wrong gatekeeper training model being chosen for the community the grantee works in.

- *Tracking data:* One evaluator who experienced difficulties with coordinating follow-up surveys recommended the REDCap data system (http://rc.partners.org/edcredcap) as an alternative tool to Survey Monkey.

SPECIFIC TRIBAL CONCERNS

- *Culturally adapting gatekeeper trainings:* Many mainstream gatekeeper may not fit the cultural needs and values of individual communities. This can result in lower participant engagement and retention of suicide prevention skills and knowledge. Evaluation of training models can help identify the ways that trainings should be adapted to be better received by the community.

CASE STUDY

A state grantee who conducts gatekeeper trainings throughout the state decided to collect qualitative evaluation data, in addition to the quantitative data, from some of the training participants. These brief five-question interviews occurred six months after the training. The questions focused on how the participants had used their gatekeeper skills since the training and what resources they thought they still needed. The evaluator learned helpful information, such as how the training impacted one participant so strongly she became a vocal suicide "champion" at her workplace. The evaluator felt these open-ended questions provided a lot of value to their grant evaluation, and these interview responses have helped them fine-tune ongoing gatekeeper training efforts.

RESOURCES

Choosing and Implementing a Suicide Prevention Gatekeeper Training Program *(SPRC)* http://training.sprc.org: This online data course from SPRC describes how gatekeeper training works and provides information on choosing, implementing, and evaluating a gatekeeper training program.

Guidance for Culturally Adapting Gatekeeper Trainings *(SPRC)* http://go.edc.org/eval4: A series of questions guide the user in the cultural adaptation of gatekeeper training programs to improve the community ownership, utilization, and effectiveness of the training.

RAND Suicide Prevention Program Evaluation Toolkit *(RAND)* http://go.edc.org/Data6: This toolkit was designed to help program staff overcome common challenges to evaluating and planning improvements to their programs.

Suicide Prevention Data Center *(ICF International)* http://go.edc.org/data9: The National Outcomes Evaluation website for GLS grantees hosts multiple gatekeeper training evaluation instruments.

PARTNERSHIPS AND COMMUNITY SUPPORT

Partnerships and community engagement are a key part of any successful suicide prevention program, and they are especially important for evaluation and data collection. This section looks at how to build partnerships that can make the evaluation process easier, how to evaluate whether partnerships are effective, and how to build and maintain community involvement and support.

CHALLENGES IDENTIFIED BY PARTICIPANTS

- *Coalition effectiveness:* A grantee working on forming a higher education suicide prevention coalition for campuses statewide shared that she was unsure of how to evaluate if the coalition was having a positive impact in the community. Other participants also expressed uncertainty on how that could be assessed.

- *Lack of data sharing:* Many evaluators expressed difficulties due to the reluctance of partner organizations to share data about suicide attempts and deaths in their state/tribal areas. Evaluators reported this occurred in both external organizations and internal departments and agencies.

- *Defensiveness of partners:* Participants reported that sometimes stakeholders and partners can be averse to sharing strengths or gaps in their system and also reluctant to hear feedback from evaluators.

- *Partners find collecting data burdensome:* Partners are sometimes reluctant to collect data because they are already very busy. Collecting the data can seem like a heavy burden.

- *Dissemination of negative evaluation results:* One CoL participant shared that their evaluation analysis uncovered some negative aspects of a community partner's work. The evaluator struggled with how to honestly share negative evaluation results with the partner while balancing the need to maintain a good relationship with them with accurately conveying the evaluation results.

RECOMMENDATIONS FROM PARTICIPANTS

- *Build and foster partnerships with multiple groups:* Strong partnerships with a variety of stakeholders can help data collection efforts. Partnerships with police departments, hospitals, and crisis centers can help with obtaining city and/or county-level data on suicide deaths and attempts. Partnerships with academic institutions can help with analysis of complex suicide death data if members of the grant team do not have that expertise. (See *Measuring Impact of Suicide Prevention Activities* for more information on this topic).

- *Hold community meetings to discuss data:* Multiple state grantees held quarterly, biannual, and yearly meetings and disseminated evaluation data to celebrate successes and maintain momentum. Some used these opportunities to provide technical assistance on evaluation to regional partners.

- *Use evaluation results to improve buy-in:* Evaluators shared how they used their evaluation results from gatekeeper trainings, awareness campaigns, and other activities to convey to stakeholders why suicide prevention is important in their communities and tribes.

- *Use key informant interviews when working with systems:* One evaluator suggested conducting key informant interviews with staff from the different systems the project is working with. These interviews can help the evaluators learn more about partner needs and strengthen partnerships. Interviews with systems such as juvenile justice or foster care can show project staff where suicide prevention activities can be embedded in each system and identify ways to increase buy-in from these partners for evaluation.

- *Obtain memoranda of understanding/ agreement (MOUs/MOAs):* Evaluators recommended creating data-sharing agreements (usually a MOU) with other agencies to remove data-sharing obstacles. Such agreements can be made with partner organizations and across departments in the same organization. Key considerations for developing MOUs are:

  » Be clear about what information will be shared and how that information will be used.

  » Clarify how sharing the information will benefit both partners.

  » Clearly define the process for securely obtaining the data that is being shared between partners.

  » Set time frames and frequency of data collection and sharing.

- *Share data sensitively:* Participants recommended being careful when sharing evaluation results to avoid alienating program partners. One evaluator expressed that it is important to not go into a setting and assume that you already know the correct course of action, as this can make people defensive. Instead, when sharing evaluation data, ask for partner feedback and ideas on how to disseminate the data in the community.

SPECIFIC TRIBAL CONCERNS

- *Sharing tribal evaluation results:* Tribal evaluators faced additional difficulties with disseminating data to the community. Because of the considerable history of researchers conducting invasive and unethical research that did not benefit, and in some cases actively harmed, AI/AN communities, community members have an understandable fear about data collection and evaluation. Evaluators recommended being transparent about the data results with community members and making sure that data results are clearly, accurately, and sensitively explained.

- *Physical proximity to population:* It can be difficult to cultivate and sustain partnerships if the evaluator is not located within the community he or she is working with, as with evaluators who work with urban Indian grantees. Each AI/AN community has its own unique needs and plans to prevent suicide, so evaluators should get to know the communities they are working with and work collaboratively with the grant staff to create a strong evaluation plan.

"Half of evaluation is collecting data, the other half is disseminating that information to stakeholders."

—Tribal state evaluator

CASE STUDY

Prior to collecting data from a partnering hospital system, one state evaluator gathered clinician feedback on how clinicians would use the data so that it could be collected in a format that would be easy to use. The clinicians provided suggestions on how data collection could be easier for them, and also what data outcomes would be useful for them to know to improve care. Throughout the grant, grantee staff regularly shared the collected data with clinicians so they could see aggregate trends and longitudinal information for individual patients. The evaluator also checked in often with the clinicians to see how data collecting was going and to gather suggestions on improvements that could be made.

RESOURCES

A Roadmap for Collaborative and Effective Evaluation in Tribal Communities *(Children's Bureau, U.S. Dept. of Health and Human Services)* http://go.edc.org/eval10: The resource details how tribal communities and evaluators can work together in evaluation activities.

Collaboration Continuum *(SPRC)* http://www.sprc.org/states/collaborationcontinuum: This Web-based resource is designed to help suicide prevention programs in state, tribal, campus, and community settings build and strengthen connections with their substance abuse prevention and treatment counterparts. The Continuum contains a collection of practical tools and resources to help partners be effective and strategic in their work together.

Community Tool Box *(University of Kansas)* http://ctb.dept.ku.edu/en/toolkits: The Community Tool Box is a free online resource offering over 300 educational toolkits. Toolkits relevant to topics discussed in this report include the following: 8. Increasing Participation and Membership, 9. Enhancing Cultural Competence, and 12. Evaluating the Initiative.

Partner Tool *(University of Colorado Denver)* www.partnertool.net: This toolkit can be used for partner and social network analysis. Use requires a relatively small fee.

Partnership Toolkit *(CDC)* http://cancercontrolplanet.cancer.gov/CDCPartnershipToolkit.pdf: This toolkit includes tools and worksheets for evaluating partnerships.

Reporting Your Evaluation Results *(SAMHSA)* http://go.edc.org/eval9: This resource discusses best practices when reporting out evaluation results.

Walk Softly and Listen Carefully: Building Research Relationships with Tribal Communities *(NCAI Policy Research Center and MSU Center for Native Health Partnerships)* http://go.edc.org/eval6: This document seeks to strengthen partnerships with researchers by providing insight on how culture, sovereignty, and experience matter in research with Native communities. It was produced with insights from those involved with tribal research in Montana and elsewhere.

EVALUATION OF CULTURAL ADAPTATIONS/TAILORING OF AI/AN SUICIDE PREVENTION

The tribal CoL group focused on cultural adaptation as a priority topic for one of their meetings. For suicide prevention programs to be relevant and meaningful for AI/AN populations, they must be tailored to reflect the culture and experiences of their communities, and the evaluation of these efforts must do so as well.

CHALLENGES IDENTIFIED BY PARTICIPANTS

- ▪ *Working with multiple populations:* Since some tribal grantees do outreach with multiple AI/AN communities, selecting evaluation measures can be challenging. Often programs must be adapted for each tribe, which means adapting the evaluation measures as well. This is not only time-consuming, but it can also be challenging to compare the evaluation results because standard measures were not used across communities.

- ▪ *Cultural fit of gatekeeper trainings:* Many GLS grantees implement gatekeeper training programs created by other organizations, which may not fit the cultural needs or values of their own communities. This can result in less engagement, lower

retention of suicide prevention skills and knowledge, and thus poorer outcomes demonstrated in the evaluation results.

RECOMMENDATIONS FROM PARTICIPANTS

- ▪ *Conduct focus groups/key informant interviews prior to beginning a training or outreach activity:* Evaluators expressed how important it is to build in time to talk to community members and get their feedback early in the planning process of a suicide prevention initiative. Talking with community members can help clarify program goals and identify specific trainings or activities that will resonate with the community, what may need to be adapted to fit the culture within a given community, and how the program can be most appropriately evaluated. This type of formative evaluation can help prevent the

negative evaluation results that can occur when a training or program used does not fit a community's needs.

- *Subtle tailoring of survey measures:* Participants shared that they made small changes to survey measures to make them more relevant and understandable for their audiences. They felt that as long as the changes were small the validity should not be affected.

- *Adding survey questions:* One evaluator recommended adding strength-based and cultural identity questions to surveys to make them more culturally relevant. This allowed the evaluator to explore factors related to different suicide prevention areas more fully and tease out factors that the validated measures may not point to.

CASE STUDY

A tribal grantee who uses ASIST as their gatekeeper training model conducted pre- and post evaluation surveys with gatekeeper training participants. Their analysis found that participants felt the training did not adequately address cultural differences in the community. They also found that trainings led by AI/AN leaders were more highly rated than those led by outside community members.

In response to this evaluation, the grantee has adapted their trainings, changing the name of trainings to "caretaker trainings" to give the training a more strength-based perspective and starting and ending trainings with a traditional prayer. They also incorporated local mental health and suicide data for their community to provide context for working with community members and expanded the list of resources for referral purposes. The evaluator plans to do a more complex analysis of their gatekeeper training in the future to see if these changes made the training more effective for participants.

RESOURCES

A Roadmap for Collaborative and Effective Evaluation in Tribal Communities (*Children's Bureau, U.S. Dept. of Health & Human Services)* http://go.edc.org/eval10: This resource details how tribal communities and evaluators can work together in evaluation activities.

Building the Evaluation Capacity of Local Programs Serving American Indian/ Alaska Native Populations: Lessons Learned *(SAMHSA's Center for the Application of Prevention Technologies)* http://go.edc.org/eval7: This report discusses evaluation processes, results, challenges, and barriers in evaluating substance abuse programs in AI/AN communities.

Community Tool Box *(University of Kansas)* http://ctb.dept.ku.edu/en/toolkits: The Community Tool Box is a free online resource offering over 300 educational toolkits. Toolkits relevant to topics discussed in this report include the following: 8. Increasing Participation and Membership, 9. Enhancing Cultural Competence, and 12. Evaluating the Initiative.

Guidance for Culturally Adapting Gatekeeper Trainings *(SPRC)* http://go.edc.org/eval4: This brief provides a series of questions to guide the cultural adaptation of gatekeeper training programs and so improve the community ownership, utilization, and effectiveness of the training.

ALL RESOURCES

This section contains all of the report's resources addressing suicide prevention evaluation. The SPRC online library has many more resources, and staff are constantly updating the website. Please visit the online library at http://www.sprc.org/search/library.

Accessing Data about Suicidal Behavior among American Indians and Alaska Natives Fact Sheet *(SPRC)* http://go.edc.org/eval5: This fact sheet provides information on and an overview of data sources for AI/AN populations.

Action Alliance Framework for Successful Messaging Website *(Education Development Center)* http://go.edc.org/comm1: The *Framework* is a research-based resource that outlines key factors to consider when developing public messages about suicide. The website also includes evaluation resources for communication campaigns.

Are We There Yet? A Communications Evaluation Guide *(The Communications Network)* http://go.edc.org/eval3: This guide seeks to help nonprofits be more effective in evaluating their communications efforts.

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Choosing and Implementing a Suicide Prevention Gatekeeper Training Program *(SPRC)* http://training.sprc.org: This online data course from SPRC describes how gatekeeper training works, and provides information on choosing, implementing, and evaluating a gatekeeper training program.

Collaboration Continuum *(SPRC)* http://www.sprc.org/states/collaborationcontinuum: This web-based resource is designed to help suicide prevention programs in state, tribal, campus, and community settings build and strengthen connections with their substance abuse prevention and treatment counterparts. The Continuum contains a collection of

practical tools and resources to help partners be effective and strategic in their work together.

Community Toolbox *(University of Kansas)* http://ctb.dept.ku.edu/en/toolkits: The Community Tool Box is a free online resource offering over 300 educational toolkits. Toolkits relevant to topics discussed in this report include the following: 8. Increasing Participation and Membership, 9. Enhancing Cultural Competence, and 12. Evaluating the Initiative.

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Guidance for Evaluating Mass Communication Health Initiatives: Summary of an Expert Panel Discussion *(The Natural Resource Management Network)* http://go.edc.org/eval11: This report is from the 2004 meeting at the Centers for Disease Control and Prevention (CDC), where experts discussed key issues in health communications evaluation.

Lessons in Evaluating Communications Campaigns: Five Case Studies *(Harvard Family Research Project)* http://go.edc.org/eval1: This paper examines how different communication campaigns have been evaluated, along with five case studies of completed campaign evaluations.

Locating and Understanding Data for Suicide Prevention Online Course *(SPRC)* http://training.sprc.org: This online data course from SPRC provides an overview of the strengths and limitations of suicide death data, key suicide data sources, and explains how to use data to inform community partners and policymakers.

Partner Tool *(University of Colorado Denver)* www.partnertool.net: This toolkit can be used for partner and social network analysis. Use requires a relatively small fee.

Partnership Toolkit *(CDC)* http://cancercontrolplanet.cancer.gov/CDCPartnershipToolkit.pdf: This toolkit includes tools and worksheets for evaluating partnerships.

Public Communications Campaigns and Evaluation: *(Harvard Family Research Project)* http://go.edc.org/comm2: This issue of the *Evaluation Exchange* includes articles on "public communication campaigns and their efforts to achieve desirable social outcomes."

RAND Suicide Prevention Program Evaluation Toolkit *(RAND)* http://go.edc.org/Data6: This toolkit was designed to help program staff overcome common challenges to evaluating and planning improvements to their programs.

REDCap data system *(Partners HealthCare System)* http://rc.partners.org/edcredcap: This online tool is for coordinating data systems.

Reporting Your Evaluation Results *(SAMHSA)* http://go.edc.org/eval9: This resource discusses best practices when reporting out evaluation results.

State, Regional, and Metropolitan Hospital Associations *(American Hospital Association)* http://go.edc.org/data7: This website lists hospital associations for each state. It is also helpful for collaboration and MOUs.

Strategic Communication Planning: A Workbook for Garrett Lee Smith Memorial Act State, Tribal, and Campus Grantees *(SPRC)* http://go.edc.org/comm3: This workbook outlines how to strategically create a communication campaign for GLS grantees. Step 8 focuses on evaluating the campaign.

Suicide Prevention Data Center *(ICF International)* http://go.edc.org/data9: The National Outcomes Evaluation website for GLS grantees hosts multiple gatekeeper training evaluation instruments.

Surveillance Success Stories *(SPRC)* http://www.sprc.org/grantees/core-competencies/data (scroll to bottom of page): These success stories are case studies of states and tribes that have obtained suicide death and attempt data in their communities.

Tribal Epidemiology Toolkit *(Council of State and Territorial Epidemiologists)* http://go.edc.org/data5: This toolkit contains resources and best practices recommendations for accessing AI/AN health data.

Walk Softly and Listen Carefully: Building Research Relationships with Tribal Communities *(NCAI Policy Research Center and MSU Center for Native Health Partnerships)* http://go.edc.org/eval6: This document seeks to strengthen partnerships with researchers by providing insight on how culture, sovereignty, and experience matter in research with Native communities. It was produced with insights from those involved with tribal research in Montana and elsewhere.

Youth Risk Behavior Surveillance System *(CDC)* http://go.edc.org/data8: Developed by the Centers for Disease Control and Prevention, the Youth Risk Behavior Surveillance System (YRBSS) is a national survey that measures the prevalence of risk behaviors among students in grades 9–12, including suicide attempt and ideation and thoughts of depression and anxiety. Many states implement their own school surveys in alternating years.

Suicide Prevention Resource Center

Web: http://www.sprc.org

E-mail: info@sprc.org

Telephone: 877-GET-SPRC (438–7772)

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