Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

Fairfield County Suicide Prevention Coalition Fairfield County

Plan to Increase Readiness in Fairfield County to Address Suicide Prevention Using a Comprehensive Approach Guided by the CDC's Strategies for Preventing Suicide

September 2020



Image Created by: Seth Collins, Pickerington North High School Student

Coalition Co-Chairs

Jeannette Curtis

Toni Ashton

Members of the Community Readiness Planning Committee

Jeannette Curtis

Toni Ashton

David Suman

Acknowledgements

The Ohio Suicide Prevention Foundation, with funding from the Ohio Department of Mental Health and Addiction Services (Grant# 2000309 – Ohio Suicide Prevention Foundation State Plan and Coalition Development), supports the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative. This initiative supported 17 suicide prevention coalitions, including the Fairfield County Suicide Prevention Coalition to engage in conducting a community readiness assessment and create a plan to develop community readiness to engage in a comprehensive approach to suicide prevention. The initiative also supported the Pacific Institute for Research and Evaluation (PIRE), Ohio University's Voinovich School of Leadership and Public Affairs, and the Voinovich Academy for Excellence in Public Service, to provide training, technical assistance, and leadership development support for the suicide prevention coalitions across Ohio to engage in the community readiness assessment and planning process.

For more information, please see the Ohio Department of Mental Health and Addiction Services website: https://suicideprevention.ohio.gov/ and the Ohio Suicide Prevention Foundation website: https://www.ohiospf.org/.

Introduction

The Ohio Department of Mental Health and Addiction Services partnered with the Ohio Suicide Prevention Foundation to enhance the work of suicide prevention coalitions across the state to align with the Suicide Prevention Plan for Ohio and the Centers for Disease Control and Prevention's (CDC) seven strategies for preventing suicide. Seventeen suicide prevention coalitions covering 23 counties were funded in the spring of 2020 to engage in an eight-month learning community with peers and receive wraparound support services in order to strengthen local suicide prevention efforts and build community capacity to make a greater impact in suicide prevention across Ohio. Through participation in the learning community, the coalitions:

- 1. Conducted a <u>Community Readiness Assessment (CRA)</u> to better understand local conditions that guide appropriate suicide prevention strategies.
- 2. Developed the knowledge and skills needed to increase infrastructure and support coalition sustainability.
- 3. Enhanced strategic planning efforts through data-driven decision-making.
- 4. Engaged in professional development and <u>leadership skill-building opportunities</u>.

This plan represents the culmination of the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative: the creation of a plan to increase readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide. The CDC provides a technical package on preventing suicide, which highlights seven strategies based on the best available evidence to help states and communities prevent suicide, including:

- Strengthen economic supports;
- Strengthen access and delivery of suicide care;
- Create protective environments;
- Promote connectedness;
- Teach coping and problem-solving skills;
- Identify and support people at risk; and
- Lessen harms and prevent future risk.

Building the Community Readiness Planning Team

The following individuals met three times during September 2020 to review the Community Readiness Assessment results and work toward creating a plan to increase readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide.

- Jeannette Curtis
- Toni Ashton
- David Suman

Brief Review of Community Readiness Assessment Results

The members of the Community Readiness Assessment Team conducted six interviews. The sectors represented in the interviews include youth, older adult, school/education representative, Chief of Police, youth serving organization representative and a community business member. All the representatives contacted were very willing to be interviewed and share their thoughts regarding suicide prevention. All interviews were recorded and then transcribed. Two members of the coalition, not involved in the interview process, scored the interviews.

The Community Readiness Assessment assists in measuring the following five dimensions:

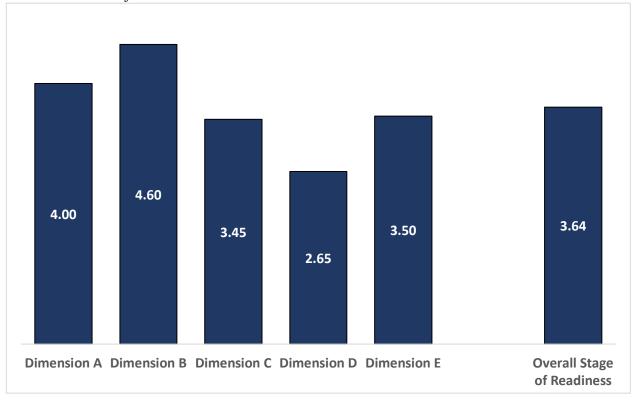
- Dimension A: Community Knowledge of the Efforts
- Dimension B: Leadership
- Dimension C: Community Climate
- Dimension D: Knowledge About the Issue
- Dimension E: Resources Related to the Issue

The two coalition members responsible for scoring the interviews will come to a consensus on a score to give the community for each dimension based on the interviews. The score given will reflect the community's stage of readiness.

Stages of Community Readiness

Stage	Description	Example
1	No Awareness	"It's just the way things are."
2	Denial/Resistance	"We can't do anything about it."
3	Vague Awareness	"Something should be done, but what?"
4	Preplanning	"This is important—what can we do?"
5	Preparation	"We know what we want to do and we are getting ready."
6	Initiation	"We are starting to do something."
7	Stabilization	"We have support, are leading, and we think it is working."
8	Confirmation/Expansion	"Our efforts are working. How can we expand?"
9	Community Ownership	"These efforts are part of the fabric of our community."

Calculated Scores for Individual Dimensions



Our Coalition's average overall Stage of Readiness is 3.63 which indicates we are in Stage 3, Vague Awareness, "something should be done but what?".

Our coalition would like to move ahead with prevention programs, strategies and interventions, community readiness levels should be similar in all five dimensions. Our Coalition's lowest score dimension was in Knowledge of the Issue. Many of those interviewed seem to believe that it is an issue generally that people ignore unless it personally impacts them. However, even in this dimension there was some indication that the community has some knowledge about the issue. Without community knowledge we don't feel like any of the other dimensions will improve. Relating the Knowledge of the Issue to the Center for Disease Control and Prevention's seven key strategies for preventing suicide as a Coalition we will focus on Promoting Connectedness by using Community Engagement Activities. We will also Identify and Support People at Risk by offering Gatekeeper Training.

Results of the SWOT Analysis

The Tri-Ethnic Model for Community Readiness measures five dimensions of community readiness:

- Community Knowledge of the Issue,
- Community Knowledge of Efforts,
- Community Climate,
- Leadership, and
- Resources.

For each dimension of readiness, the community readiness planning team completed a SWOT (strengths, opportunities, weaknesses, and threats) assessment using the results from the community readiness assessment. The results are summarized here.

Community Knowledge of Efforts

Dimension A - 4.00

"Suicide is one of those things that is "out of sight, out of mind", if nobody's talking to me about suicide then it must not be a problem."

Community Knowledge of Efforts was scored at a 4.00 and falls under the category of preplanning. Strengths within our community are the connections we have with many different agencies around the county. These connections help spread the word about our coalition. Some community members know about the Suicide Prevention Coalition and what we stand for. An identified weakness is not many know what we do nor do they know the accomplishments of the coalition. Communication with the community is something we need to explore.

Opportunities to share information about ongoing and completed projects with the community. A great example would be the community readiness assessment, it is important for people to know all the work that is being done by the coalition to help address the issue. We would like to explore better communications using more media, either virtually (Facebook, YouTube, etc.) or in person (Pamphlets, Billboards, etc.). Threats to increasing community knowledge of efforts include COVID, apathy and stigma. COVID is a challenge when it comes to attending in person events to hand out information while apathy and stigma are both challenges when it comes to talking to people about our coalition, both in person and virtually.

Leadership

Dimension B - 4.60

"I am not really impressed with the influential leadership in the community. To a certain degree, I think that actions get done by unsung heroes."

Our community scored a 4.6 on leadership and falls under the category of preplanning. Suicide prevention is led by community members in Fairfield County. A strength in our county are the

many employees at non-profits, social service agencies and Pickerington Local School District have taken lead of suicide prevention. Despite leadership being our strongest dimension, we still have weaknesses we would like to address. Weaknesses within our community when it comes to leadership would be the lack of political figures and school districts outside of Pickerington.

Opportunities for increasing our score in leadership is using existing connections to recruit other community leaders into the coalition. We would like to strengthen our connections with law enforcement, local government, school districts outside of Pickerington and faith-based organizations. COVID and stigma attached to suicide are our main threats to recruiting new members and community leaders.

Community Climate

Dimension C - 3.45

"I just don't think people are thinking about suicide unless it directly affects them."

"I just don't think a lot of people think about it very often and don't prioritize it."

Community Climate was scored at 3.45 and falls under the category Vague Awareness. Strengths within our community are the volunteers from non-profits and social service agencies who are willing to speak to people about the topic of suicide. Weaknesses within our community is some community members do not see it as a priority and are not motivated to act. Many people in our community believe that there are too many "problems" already, if we talk about suicide and try to address it, we are adding another "problem" to the already long list of "problems" we are trying to address as a county.

Opportunities to increase community climate is using the volunteers along with trainings throughout the county to show people that suicide is preventable and is an issue we should address now. Threats to our community is stigma and apathy.

Community Knowledge of the Issues

Dimension D -2.62

"People don't realize it's a mental health issue. They think people are being selfish or they just think about it and then do it."

"I don't think people really understand how depression and suicide are firmly linked."

Community knowledge of the issue was the lowest on our readiness assessment. With a score of 2.62, community knowledge of the issue falls under the category of Denial/Resistance. Even with community knowledge being our lowest score we find strengths within coalition and community. In our community we have survivors of suicide who volunteer their time to host events and raise awareness. Another strength is our ability to educate members of the community through QRP, MHFA and Gatekeeper Trainings. Weaknesses in our community is the overall

attitude towards suicide. Some community members may think people who have died to suicide are selfish and/or weak.

Opportunities for increasing Community Knowledge of the Issues would be utilizing coalition members and training opportunities to educate community members on the topic of suicide as well as addressing the stigmas attached to suicide. Threats to our community include COVID, stigma and apathy.

Resources Related to the Issue

Dimension E - 3.50

"I'm unaware of how the current efforts are being funded and I'm unsure of any continued funding opportunities."

"I would believe at this point that the case has been made, it's important enough that it needs to continue to be funded."

Resources related to the issue scored at 3.50 and falls under the category of vague awareness. Strengths related to resources include steady funding from the Fairfield County ADAMH Board and the great community members who participate in the coalition. We have community members who are willing to do things in-kind. Even if our guaranteed funding is very limited, we have grant funding opportunities, but these are limited and not guaranteed. Weaknesses within our coalition is member participation, and community knowledge of the resources.

Opportunities for the coalition include – identifying and adding new members, exploring new grant and funding opportunities and communicating with the community about resources available. Threats for the coalition is the uncertainty of funds and workforce shortages. If agencies are experiencing workforce shortages, they may not have enough time to include an employee in the coalition.

Summary

In addition to the dimension scores, the Tri-Ethnic Model for Community Readiness provides a summary score of overall readiness. The planning group also discussed the strengths, opportunities, weaknesses, and threats that the summary results revealed.

Within our community we have strong (community) leadership, collaboration between different coalitions throughout Ohio and agencies in the county. The CRA is another strength in our county, it gives us an idea of where we are as a community and how to move forward. Both, a strength and a weakness for our community and coalition is our funding. Despite our funding being very limited, most of the funds are from a stable source and expected to continue. Anything outside of that source relies on donations/fundraisers which are uncertain.

Weaknesses in our community is little to no local government participation, not very much communication with the community regarding data about suicide. many community members are unaware that it takes place in the community, and the motivation to act is low.

Many of the opportunities in Fairfield county are an extension of our strengths. The ability to make more connections with agencies and other coalitions increases our exposure to potential funding, training, and learning opportunities. Another opportunity would be using media to increase awareness and knowledge about the issue and our coalition.

Threats to our community include – Lack of funding, workforce shortage, uncertainty (exacerbated by COVID), stigma and apathy.

Goals

After the community readiness planning team completed the SWOT assessment, we developed three goals that we wish to accomplish in the next 3-5 years to increase our community's readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide.

Goal #1

To help address community knowledge of the issue, we will host more trainings. We aim to increase our QPR trainings from one to two and our MHFA trainings from three to six. We have more adult MHFA trainers, so we have many trainers available to our coalition.

Dimension Being Addressed: Community Knowledge of the Issue Increase/expand trainings available countywide (QPR and MHFA) CDC Strategies included: Identify and support people at risk, promote connectedness.

Goal #2

To link people with resources related to the issue, we will have a page for the suicide prevention on the Fairfield County ADAMH Board's website by quarter two as well as a coalition enewsletter by the second coalition meeting of 2021. We aim to have a billboard for our coalition, we are planning on having a billboard in quarter two of 2021. Finally, Facebook posts will be ongoing, and we will explore ways to expand our social media presence.

Dimension Being Addressed: Resources Related to the Issue Approach: Increase in Communications and Media presence CDC Strategies Included: Promote connectedness, identify, and support people at risk, lessen harms and prevent future risk, creating protective environments.

Goal #3

To address community climate, we plan to attend more community events to talk to community members about suicide and suicide prevention. When we attend these events, we will distribute information for people regarding suicide and suicide prevention. Currently, we have two community events scheduled for quarter two and three of 2021 to attend. We will also continuously update coalition members on ongoing projects and keep them engaged. Our goal is, by updating them and having projects that involve them (newsletter to highlight a participating organization and updating on information) we can expect more participation in quarter two and three of 2021.

Dimension Being Addressed: Community Climate

Attending and hosting more community events as well as informing community and coalition members about ongoing projects and coalition accomplishments.

CDC Strategies Included: Promote Connectedness

Goal #4

Dimension Being Addressed: Community Knowledge of the Issue and Leadership.

Recruitment of community group leaders with gaps of information about suicide prevention and the coalition.

CDC Strategies Included: Promote Connectedness, Identify and support people at risk, creating protective environments.

Approaches to Increase Community Readiness

To increase our community's readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide, the community readiness planning team is recommending three approaches to increase community readiness.

Approach #1: increase/expand training opportunities.

Description

Based on the community readiness assessment results, the coalition decided to use training opportunities throughout the county to address multiple dimensions. Trainings will be offered to all community members throughout the county with a focus on recruiting those outside of Lancaster and Pickerington. The coalition already has strong connections with agencies and community members in Lancaster and Pickerington and we would like to build more connections with other parts of the county, primarily the smaller villages and rural areas. Currently, we host one QPR training. We would like to increase these to two per year. We are planning to host two QPR trainings a year, one in quarter two and the other in quarter four. We also aim to host more MHFA trainings, we will be increasing our trainings from three to six a year. Our goal is to increase community knowledge on the issue as well as addressing community climate using trainings. These trainings will be virtual in nature or in person, they will be provided by the coalition and/or qualified presenters. MHFA trainings facilitated in partnership with the Fairfield County ADAMH Board. As a coalition we have access to four trained adult MHFA trainers through the ADAMH board so there will be no cost for trainers. Regarding QPR training, we have a small stockpile of QPR booklets and multiple coalition members are QPR trainers. Once we exhaust our stock of QPR booklets we will pull funds from the coalition to pay for these. Other training and educational opportunities would be with qualified presenters. To pay for these, we will pull funding from the coalition. Examples of trainings would be Suicide in Youth, LGBTQI, Elderly and more.

Rationale

As a coalition, we decided that more training opportunities will increase our community's knowledge on the issue. Formal trainings can help people understand more about suicide other than what they have heard from mainstream media or uninformed peers. Our goal is through learning opportunities for community members, we will see community climate and knowledge of the issue increase. Many members of the coalition belong to service care providers throughout the county. Whenever a training opportunity arises that is being held by any agencies, the coalition will be made aware of it at our quarterly meetings.

Intended Results

We hope that educating our community on the topic of suicide will help address stigma, apathy and misconceptions behind suicide. Many people in the community are unaware that it happens locally because it is a topic that is tucked away and not talked about. Through trainings and education, we would like to bring more attention to the issue and push our community towards the preplanning phase and possibly beyond that.

Evaluation

To check if community readiness has increased for community knowledge on the issue the only way to do so is by asking those who attend trainings and learning opportunities. We plan on using surveys and/or evaluations of such events to help improve future events as well to see if the attendees increased their knowledge on suicide and suicide prevention.

Capacity Development

Educating community members will increase community involvement within the coalition. Making connections with the community can help increase coalition member numbers, thus leading to more volunteers and help with coalition projects and events.

Potential Barriers

Given our current circumstances, COVID will pose an issue for training events. While virtual education and training opportunities may be easier for some, there are others who may not have access to equipment (computers, microphones, and webcams). We can provide opportunities for those who do not have access to the necessary equipment or are uncomfortable in a virtual setting in small group trainings with proper social distancing etiquette.

Approach #2: Increase Communications, Media Presence, and Advertisement

Description

The coalition would like to increase media presence and advertisement. Increasing our media presence will inform the community about the coalition. Our target audience is all community members but will try to specifically target middle aged, white men (highest at risk of suicide in our community) with resources and a spot on our webpage. We aim to increase our presence virtually (YouTube, E-Newsletter, Facebook, and other social media platforms). We will present an E-Newsletter draft for the coalition at our second quarterly meeting and have a spot on the ADAMH Board's website by the start of quarter two. As well as distributing information at community events and community services (e.g., food banks). Finally, we want to advertise throughout the community (via swag, pamphlets, window decals etc.) for those without access or limited knowledge to social media and the internet. We are attending two events in quarter two of 2021 and would like to attend more throughout the year. The coalition already uses some social media platforms, such as Facebook, but we would like to expand on this. Members of the coalition will be responsible for distributing the physical media, such as flyers and pamphlets, throughout their communities.

Rationale

With increased advertising and social media presence, community members will know about the coalition and what we do. More social media presence can also help by informing people about upcoming events or trainings. Increased/improved communication is necessary to help improve multiple dimensions in the CRA. Many members of the coalition belong to service care providers throughout the county. This network increases the audience of our social media presence. Many of these service care providers have already shared media on behalf of the Fairfield County Suicide Prevention Coalition. Advertising at businesses, agencies, and organizations throughout Fairfield county will help connect us with community members who are not aware of our social media or do not use social media themselves.

Intended Results

Communication and social media presence will help to address all three of our lowest scores (Resources, Community Climate and Knowledge about the Issue). By increasing communication within our community, we will inform more community members of trainings and events, increase participation and membership within the coalition. There is a stigma attached to suicide and mental illness, we hope that brining awareness to the issue will make conversations in the community easier.

Evaluation

We can track data on social media, such as YouTube video views, Facebook shares and comments, webpage visits, etc. Distribution of print or physical advertising, such as community events that we attend, bus ads and billboards, also offer ways to track information dissemination in the community -- the billboard and bus companies provide data for how many people have "seen" the ads. We also know how many pamphlets, swag bags and other forms of information we hand out at community events.

Capacity Development

We hope that increasing communication within our community will inform more community members of trainings and events, increase internal participation, and encourage community members to join the coalition thus leading to more volunteers and help with coalition projects and events.

Potential Barriers

The Fairfield County Suicide Prevention Coalition has a very limited budget, outside of a small amount we receive from the ADAMH Board we rely on donations and fundraisers. The most challenging part of disseminating information throughout our community is the cost. To overcome this challenge, we need to recognize different platforms for communication and social media and take advantage of free and little cost resources.

Another barrier that exists is the stigma attached to suicide. Some community members think that talking about suicide causes people to think about it, or even attempt it, and that suicide is not preventable. We cannot start to improve our community's readiness if none of the community members are willing to speak about it. Education will help address this.

Approach #3: Attending and hosting more community events and informing the community and coalition members about coalition accomplishments and ongoing projects.

Description

Through the community readiness assessment, we found that many community and coalition members were not aware of ongoing projects. To address this, we would like to provide more information about ongoing and completed projects to encourage participation and to celebrate coalition achievements. To aid us in distributing this information we would like to host and attend more community events. Many community events that the coalition has been part of were in partnership with other agencies. Events such as *The Glow-Walk* that was intended to raise awareness about suicide and suicide prevention. To be more transparent and clearer with the community, there will be a web page with updated information about the suicide prevention coalition on the new ADAMH Board's website. The website is planned to go live by quarter two of 2021. Coalition leaders and those working with ongoing projects will be responsible for updating coalition members and providing information to distribute into the community.

Rationale

Community Knowledge of Efforts is the second highest dimension for our community. Despite some community members being aware of the coalition and our purpose, many are not aware of ongoing and completed projects. Providing more and up to date information on ongoing coalition projects and accomplishments will help community and silent coalition members understand our efforts and effectiveness. Some community events that we have partnered with also opens up more funding opportunities for the coalition. Some event, such as the Glow-Walk, donate their proceeds to the suicide prevention coalition.

Intended Results

We hope that updating less involved coalition members on projects we have been working on and achievements will encourage them to become more involved within the group. Communicating with the community will demystify the coalition as a whole and our purpose. Few community members know about our efforts and understand that we work together to try and prevent suicide. However, many community members are unaware of what we are working on as a coalition. Through dissemination of information about the Suicide Prevention Coalition we hope to make our purpose, projects, and accomplishments clearer to the community.

Evaluation

If readiness and awareness has increased, we could expect more coalition members to participate in events and projects as well as more community members attending the meetings or becoming part of the coalition. Tracking member attendance, new members, new funding, and member participation in events or coalition projects are ways we can evaluate this approach.

Capacity Development

Updating coalition members on current projects can help them understand where the budget is (grant funding from our accomplishments). Keeping track of attendance and active members and encouraging those who are not active within the coalition to participate will be another way to

increase our capacity. Finally, increased number of community members that attend coalition meetings. Overall goal is increased funding and coalition members.

Potential Barriers

Given our current circumstances, COVID will pose an issue for community events and meetings. While virtual meetings may be possible for some, there are others who may not have access to equipment (computers, microphones, and webcams). We can work on pamphlets or another method to get this information out to people who do not have access to the technology to attend virtual meetings. Regarding community events during COVID, we can do very small gatherings or drive through community events to hand out information until restrictions are lifted and it is safe to have larger group events.

Approach #4: Increase Community Group Leadership involvement with the Coalition and an onboarding process.

Description

Leadership was the highest on the community readiness assessment but as a coalition we agreed that we would like to reach out to groups of the community that currently have few or no representatives. Those groups include, but are not limited to, faith-based organizations, law enforcement, students, local political leaders and many more. Our intentions is to recruit these leaders through existing coalition members. The process will take time and we hope to see an increase of leadership involvement over the next year. We are also exploring an onboarding process to catch new coalition members up with current efforts.

Rationale

Adding leaders from different groups will help provide information to these communities and increasing other dimensions of readiness. Existing community leaders have been willing to work with the coalition and we hope to see the same willingness with new recruited leaders. We have recognized gaps of involvement in groups throughout the county, many of these groups currently do not have a representative in the coalition. Recruiting leaders of these groups will help address the lack of representation.

Intended Results

We intend to gain more connections in community groups where gaps have been identified. Recruiting leaders of these communities will increase community knowledge of the coalition and our purpose. With their support and participation, we can raise the readiness level throughout the county.

Evaluation

We will evaluate if this approach helps in increasing readiness if we have an increase of coalition members from groups that we recruit leaders from. Another way we can evaluate if this approach helps is if these groups help disseminate information about our coalition, the purpose, and suicide prevention through their institution and community events they hold.

Capacity Development

The capacity that we will be building are the new connections and resources brought by recruiting leaders and members of these groups.

Potential Barriers

There are a few barriers with recruiting community group leaders. From overlapping meeting times, COVID restrictions and access to technology, and stigma. Some of these groups hold their own meetings and they could overlap the coalition's meeting times. If community group leaders can attend a meeting, there may be technology issues or no access to technology to attend our virtual meetings. Finally, stigma attached to suicide. Some of these community group leaders may not be willing to associate themselves with a group that talks about suicide prevention due to worry about their own reputation.

Action Plan

	Timeline		Who is				
Key Activities	Start Date	End Date	Responsible?	Process Indicators			
Approach 1: More Training Opportunities							
QPR, MHFA, Gatekeeper Training	January 1, 2021	December 31, 2021	Toni Ashton Jeannette Curtis	How many trainings offered Evaluation of trainings Flexible with trainings			
Forwarding trainings opportunities to coalition members.	January 1, 2021	December 31, 2021	Toni Ashton Jeannette Curtis David Suman	Coalition members attending Trainings Forwarding trainings to members			
Approach 2: Communication, Media and Advertisement							
Social Media Presence	January 1, 2021	December 31, 2021	Jeannette Curtis David Suman	Track video views Facebook Shares			
Bus Adds, Billboards	January 1, 2021	December 31, 2021	Toni Ashton Jeannette Cutis	Number of people who drive by for billboards Number of views for bus adds			
Quarterly Newsletter	January 1, 2021	December 31, 2021	David Suman Toni Ashton Jeannette Curtis Miranda Gray	Completed Newsletters Agencies engaged in writing content for newsletter			
Approach 3: Increase Visibility in the community of the coalition							
Celebrating Accomplishments	January 1, 2021	December 31, 2021	Toni Ashton Jeannette Cutis	Sharing updated information			
Increase in community events	January 1, 2021	December 31, 2021	Toni Ashton Jeannette Cutis	Number of community events Number of resources handed out during events			
Approach 4: Increase Community Group Leadership involvement with the Coalition							
Recruitment of Community Group Leaders	January 1, 2021	December 31, 2021	Toni Ashton Jeannette Cutis David Suman	Increase of community group leaders within the coalition			