

Anchored Rating Scales For Scoring Each Dimension

Dimension A. Existing Community Efforts

-
-
-
- 1
-
-
-
- 2
-
-
-
- 3
-
-
- 4
-
-
- 5
-
-
-
- 6
-
-
-
- 7
-
-
-
- 8
-
-
-
- 9
-
-

No awareness of the need for efforts to address suicide prevention.

No efforts addressing suicide prevention.

A few individuals recognize the need to initiate some type of effort, but there is no immediate motivation to do anything.

Some community members have met and have begun a discussion of developing community efforts.

Efforts (programs/activities) are being planned.

Efforts (programs/activities) have been implemented.

Efforts (programs/activities) have been running for four years.

Several different programs, activities and policies are in place, covering different age groups and reaching a wide range of people. New efforts are being developed based on evaluation data.

Evaluation plans are routinely used to test effectiveness of many different efforts, and the results are being used to make changes and improvements.

Dimension B. Community Knowledge Of The Efforts

-
-
-
- 1 Community has no knowledge of the need for efforts addressing suicide prevention.
-
-
- 2 Community has no knowledge about efforts addressing suicide prevention.
-
-
- 3 A few members of the community have heard about efforts, but the extent of their knowledge is limited.
-
-
- 4 Some members of the community know about local efforts.
-
-
- 5 Members of the community have basic knowledge about local efforts (e.g., purpose).
-
-
- 6 An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community about these efforts.
-
- 7 There is evidence that the community has specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.
-
-
- 8 There is considerable community knowledge about different community efforts, as well as the level of program effectiveness.
-
-
- 9 Community has knowledge of program evaluation data on how well the different local efforts are working and their benefits and limitations.
-
-

Dimension C. Leadership (includes appointed leaders & influential community members)

-

-

-

1 Leadership has no recognition of the suicide issue.

-

-

-

2 Leadership believes that suicide is not a concern in their community.

-

-

-

3 Leader(s) recognize(s) the need to do something regarding suicide prevention.

-

-

-

4 Leader(s) is/are trying to get something started.

-

-

-

5 Leaders are part of a committee or group that addresses suicide prevention.

-

-

-

6 Leaders are active and supportive of the implementation of efforts.

-

-

-

7 Leaders are supportive of continuing basic efforts and are considering resources available for self-sufficiency.

-

-

8 Leaders are supportive of expanding/improving efforts through active participation in the expansion/improvement.

-

-

9 Leaders are continually reviewing evaluation results of the efforts and are modifying support accordingly.

-

-

Dimension D. Community Climate

-
-
-
- 1 The prevailing attitude is that suicide is not considered, unnoticed or overlooked within the community. "It's just not our concern"
-
-
-
- 2 The prevailing attitude is "There's nothing we can do," or "Only 'those' people do that," or "Only 'those people' have that."
-
-
-
- 3 Community climate is neutral, disinterested, or believes that suicide does not affect the community as a whole.
-
-
-
- 4 The attitude in the community is now beginning to reflect interest in suicide prevention. "We have to do something, but we don't know what to do."
-
-
-
- 5 The attitude in the community is "We are concerned about this," and community members are beginning to reflect modest support for efforts.
-
-
-
- 6 The attitude in the community is "This is our responsibility" and is now beginning to reflect modest involvement in efforts.
-
-
-
- 7 The majority of the community generally supports programs, activities, or policies. "We have taken responsibility."
-
-
-
- 8 Some community members or groups may challenge specific programs, but the community in general is strongly supportive of the need for efforts. Participation level is high. "We need to keep up on this issue and make sure what we are doing is effective."
-
-
- 9 All major segments of the community are highly supportive, and community members are actively involved in evaluating and improving efforts and demand accountability.
-
-
-

Dimension E. Community Knowledge About The Issue

-
-
-
- 1 Suicide is not viewed as an issue that we need to know about.
-
-
-
- 2 No knowledge about suicide.
-
-
-
- 3 A few in the community have basic knowledge of suicide, and recognize that some people here may be affected by the issue
-
-
-
- 4 Some community members have basic knowledge and recognize that suicide occurs locally, but information and/or access to information is lacking.
-
-
-
- 5 Some community members have basic knowledge of suicide, including signs and symptoms
General information on suicide prevention is available.
-
-
-
- 6 A majority of community members have basic knowledge of suicide and suicide prevention, including the signs, symptoms and behaviors. There are local data available.
-
-
-
- 7 Community members have knowledge of, and access to, detailed information about local prevalence.
-
-
-
- 8 Community members have knowledge about prevalence, causes, risk factors, and related health concerns.
-
-
-
- 9 Community members have detailed information about suicide and suicide prevention and related health concerns as well as information about the effectiveness of local programs.
-
-
-

Dimension F. Resources Related To The Issue
(people, money, time, space, etc.)

-
-
-
- 1 There is no awareness of the need for resources to deal with suicide prevention.
-
-
-
- 2 There are no resources available for dealing with suicide prevention.
-
-
-
- 3 The community is not sure what it would take, (or where the resources would come from), to initiate efforts.
-
-
- 4 The community has individuals, organizations, and/or space available that could be used as resources.
-
-
- 5 Some members of the community are looking into the available resources.
-
-
-
- 6 Resources have been obtained and/or allocated for suicide prevention.
-
-
-
- 7 A considerable part of support of on-going efforts are from local sources that are expected to provide continuous support. Community members and leaders are beginning to look at continuing efforts by accessing additional resources.
-
- 8 Diversified resources and funds are secured and efforts are expected to be ongoing. There is additional support for further efforts.
-
-
- 9 There is continuous and secure support for programs and activities, evaluation is routinely expected and completed, and there are substantial resources for trying new efforts.
-
-