

Outreach & Awareness Committee SMART Goals

STRATEGIC PRIORITY: Connect and collaborate with regional coalitions


YSIPP Objective*	DEADLINE	TASK #	ACTION STEP
1.1	6.30.21	Task 1	Annually update the scan of regional coalitions and information on the Alliance website.
1.1	Ongoing	Task 2	Conduct webinars twice quarterly with regional coalitions and other key stakeholders to share best practices, progress on statewide suicide prevention policy work and learn about local needs and concerns.
1.1	6.30.21 and annually	Task 3	Update outreach and other branding materials for the Alliance
1.1	01.31.21	Task 4	Collaborate with UO Suicide Prevention Lab to identify 1 - 3 regional coalitions to participate in needs assessment and possible TA to build local capacity to respond effectively to suicide.
1.1	06.30.2021	Task 5	Map interests and needs of coalitions in collaboration with UO Suicide Prevention Lab

STRATEGIC PRIORITY: Develop sample press releases based on hope, help, and healing framework, and a panel of subject matter experts to respond to legislative, media, and other requests about suicide intervention / prevention.

YSIPP Objective*	DEADLINE	TASK #	ACTION STEP
2.1	Ongoing	Task 1	Write press releases as needed to highlight new Alliance activities or policy priorities; disseminate press releases and other materials developed by OHA, Lines for Life, AFSP, ODE, media list or other key suicide prevention organizations on Alliance listserv
2.1	Ongoing	Task 2	Build on partnership with Healthy Transitions and YYEA, to highlight stories of hope, help and healing on the Alliance website and in outreach materials as appropriate.
2.1	October 2021	Task 3	Identify content of training for subject matter expert panel
2.1	October 2021	Task 4	Recruit AOCCMHP Director for the subject matter expert panel
2.1	December 2021	Task 5	Work with subject matter expert panel, expand if needed, and provide training on media response and safe messaging. Existing subject matter experts for the panel as of October 2020 includes: Kirk Wolfe, Julie Scholz, David Westbrook.

STRATEGIC PRIORITY: Support, recruit and retain Alliance membership to align with SB707 and represent BIPOC and frontier communities.

YSIPP Objective*	DEADLINE	TASK #	ACTION STEP
	December 2020	Task 1	Research consultants to work with Alliance on being explicitly anti-racist and inclusive
	December 2020	Task 2	Form workgroup (from exec and O and A) to interview potential consultants and determine scope of work.
	February 2021	Task 3	Make recommendations to executive committee about specific areas of expertise or cultural perspective needed and process for recruiting / supporting new members. Gender equity, such as young males, and tribal communities are examples of cultural perspectives to consider.
	January 2021 and ongoing	Task 4	Before the following quarterly meeting, review satisfaction surveys conducted at each quarterly meeting (starting Dec. 2020 meeting) and as necessary, forward feedback to executive.
	March 2021	Task 5	Alliance staff will work to create process(es) around applications and other recruitment pieces, so this is a standardized process going forward.
	June 2021	Task 6	Work with equity consultants and Alliance members to find connections and recruit those connected with law enforcement, the juvenile justice system (OYA) for Alliance membership, those who live in rural and frontier communities, and the BIPOC community. (Alliance staff will track SB 707 required membership including positions we have filled and those we need to fill.)
	June 2021	Task 7	This committee will monitor different advisory groups and discuss when / if groups should be added for different groups, such as boys / men and faith



Alliance Demographic Data

As of July 29, 2020

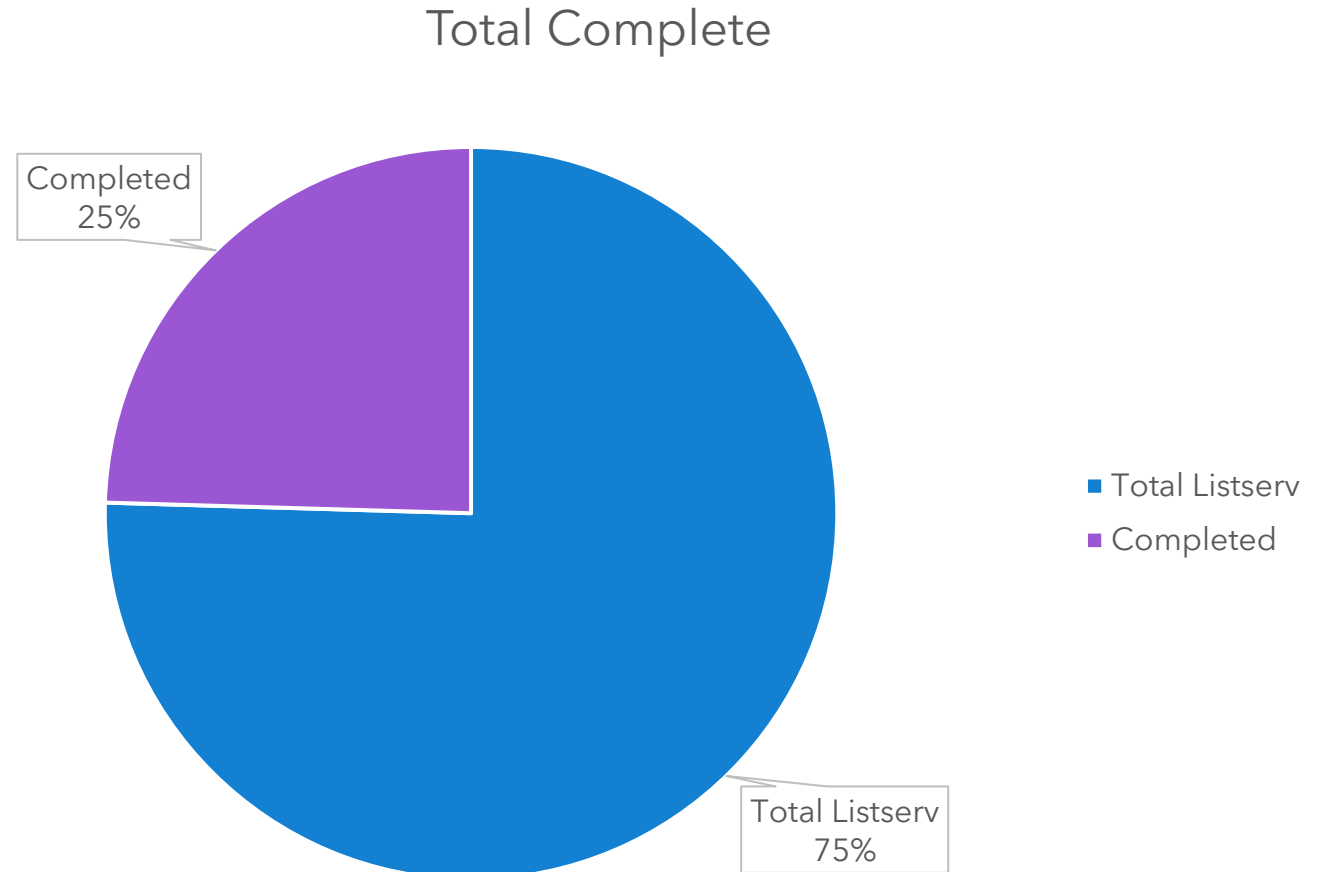


Survey Purpose

- The Alliance is a statewide advocacy group that is meant to represent Oregonians.
- In order to have a clear picture of the current demographic make-up of the Alliance, a survey was sent out to the Alliance listserv asking them to provide demographic information.
- Survey was sent out twice to the full listserv of 163 people
 - This includes voting Alliance members, Alliance Affiliates, and those interested in receiving regular information on the Alliance via emails.
- The purpose of completing this survey is to see where we are lacking in representation.
- The next few slides will show you a quick summary of major differences and areas we can potentially focus on in Outreach & Awareness Committee
- Note: When comparing certain breakdowns of groups, they don't always line up such as with age ranges. This is important to keep in mind when seeing the results.

Completion Rate

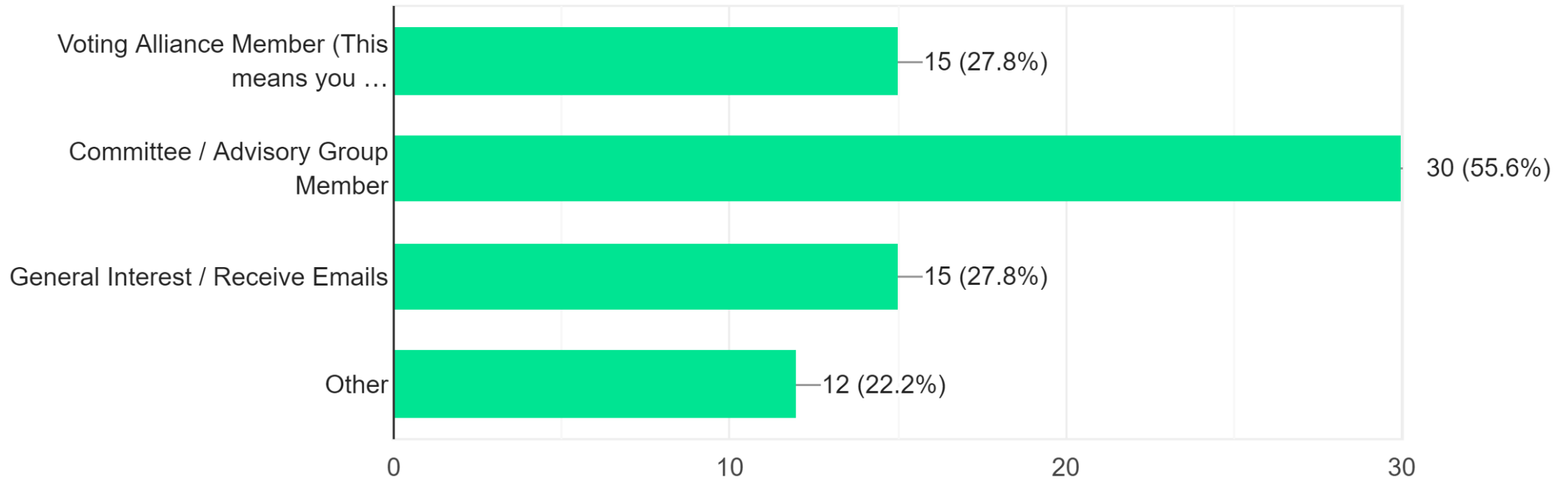
This was sent out to our Alliance listserv of **163** individuals and **53** completed the survey



Respondents Role in Alliance

What is your role in the Alliance?

54 responses



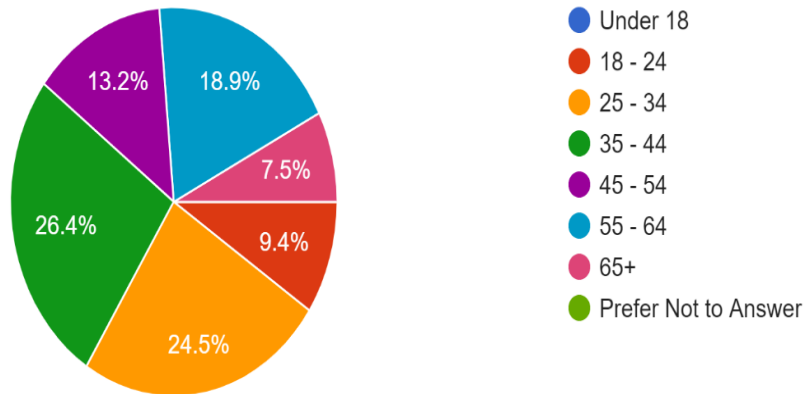
Age Make-Up

Alliance - 24 and younger: 17%

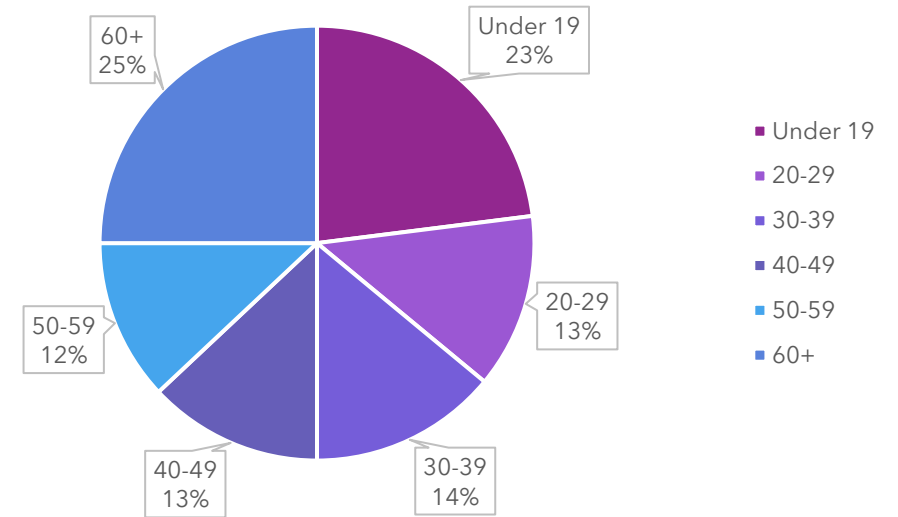
Oregon - 29 and younger: 36%

What is your age range?

53 responses



Oregon Age

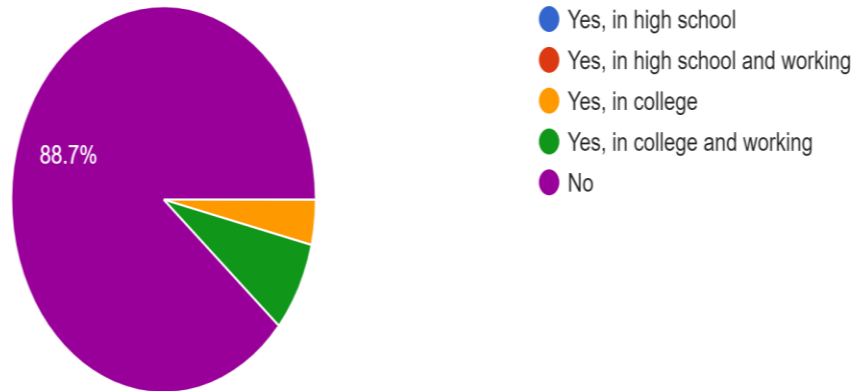


Student Status

Alliance - 11.3% are in college

Are you a current student?

53 responses



Oregon

- In 2016, 12% of population was in K-12
- I don't know where to find accurate data of how the percentage of those in College

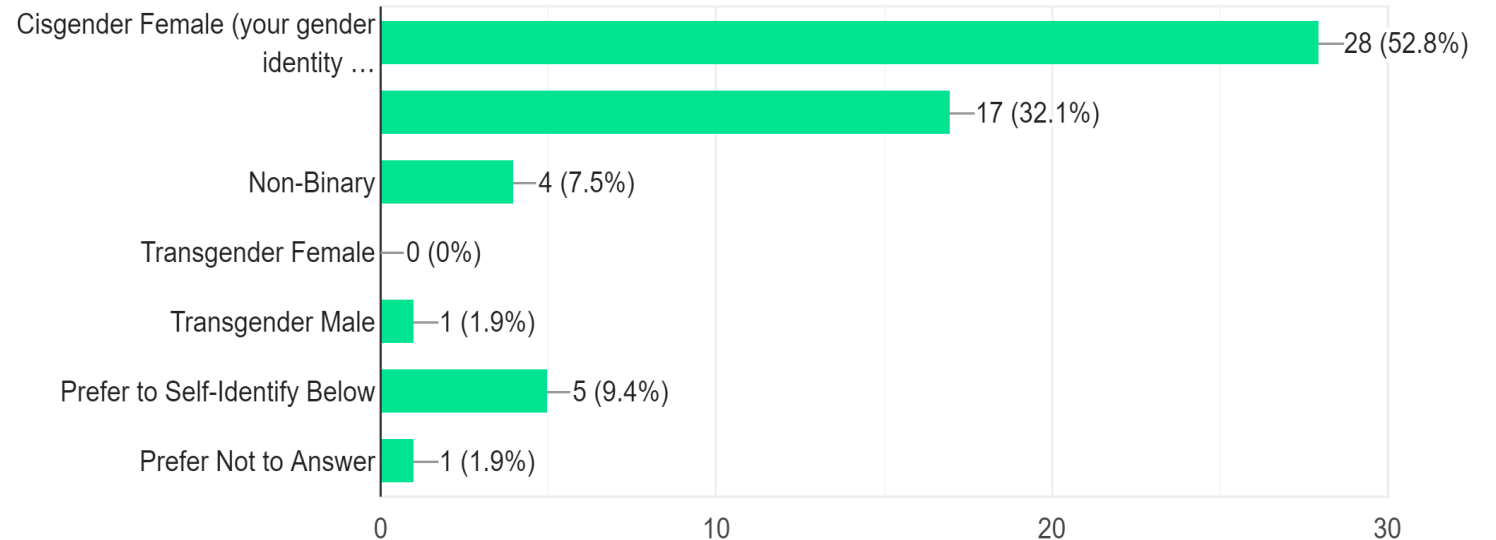
Gender Make-Up

I was unable to find stats on gender in Oregon that went beyond male and female.

Female: 50.5%

Male: 49.5%

People have many different ways of identifying their gender. For data purposes it is helpful to have some pre-designated categories. We have agreed to ...is identified below. (Please check all that apply)
53 responses

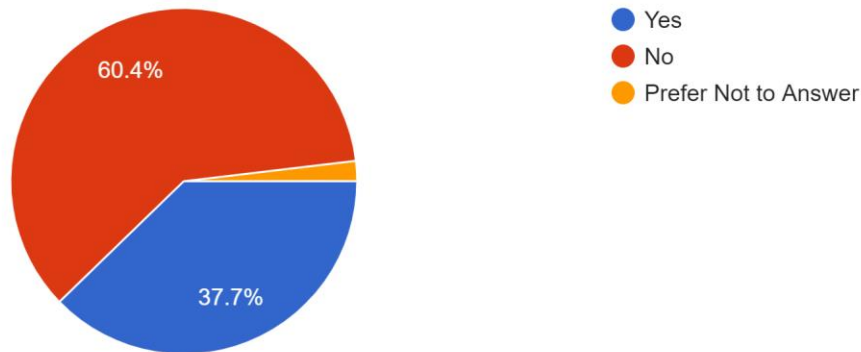


LGBTQ+ Community

Alliance - 38% Identify as LGBTQ+

Do you identify as part of the LGBTQ+ Community?

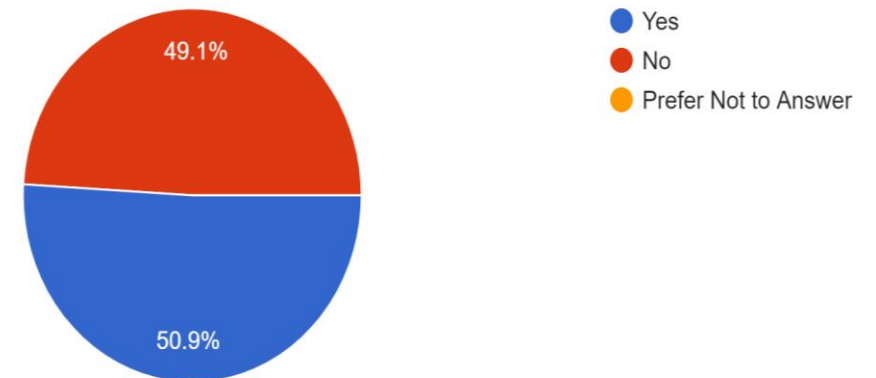
53 responses



Alliance - even split of those who identify as a parent / close relative to someone in LGBTQ+ Community

Do you identify as a parent / close relative of someone in the LGBTQ+ Community?

53 responses



Some Data on LGBTQ+ Community

OHA Healthy Teen Data

	Adult		Grade 11		
Demographics	Men	Women	Boys	Girls	Gender Non-Conforming
Heterosexual	95%	92%	92%	85%	36%
Lesbian and Gay	2%	2%	2%	1%	9%
Bisexual	2%	4%	4%	10%	15%
Questioning	NA	NA	2%	3%	40%

Source: Oregon BRESS 2013 – 2016 and Oregon Healthy Teens 2017

Movement Advancement Project Data

% of Adults (18+) Who are
LGBTQ:

5.6%

Gallup/Williams 2018

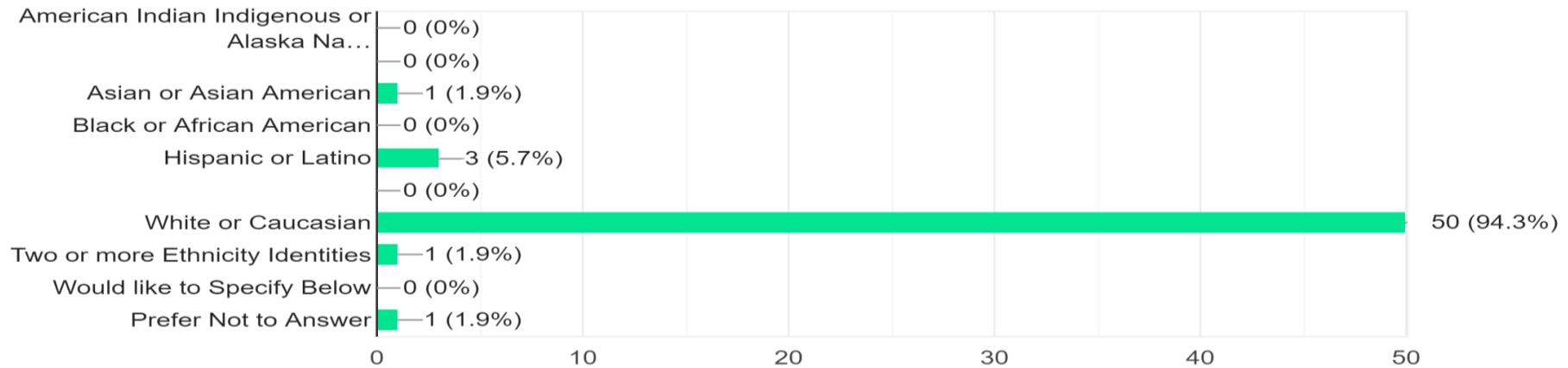
% of LGBTQ Adults (25+)
Raising Children:

23%

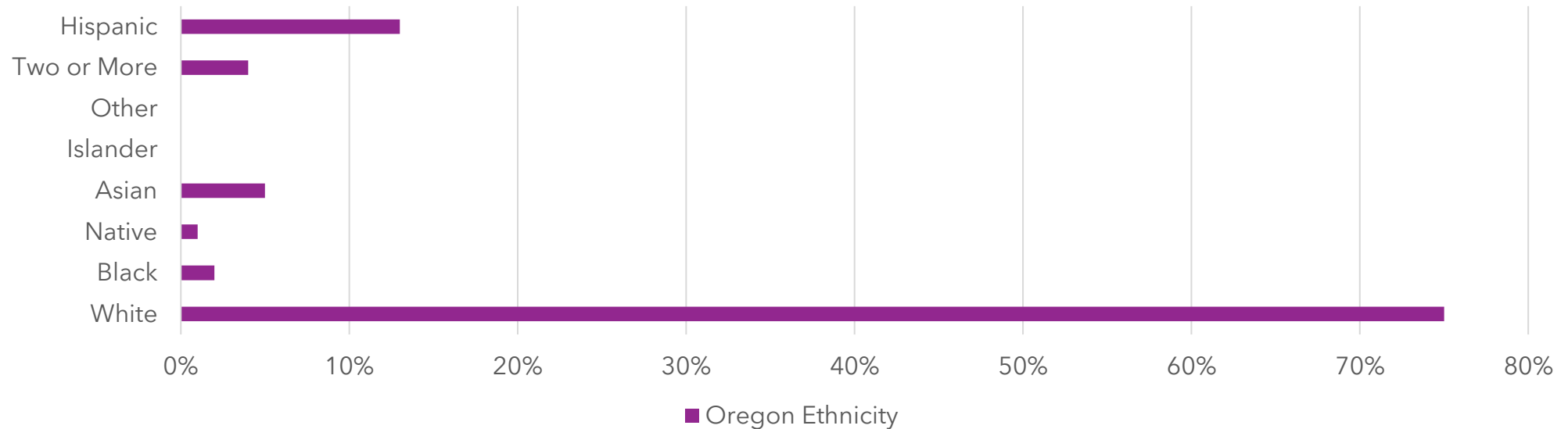
Gallup/Williams 2018

Ethnicity Make-Up

Alliance



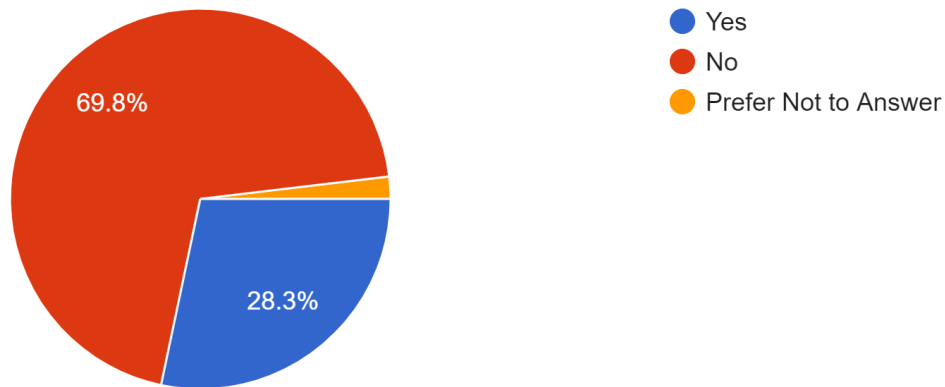
Oregon



Disability Community

Alliance - 28% identify as having a disability

Do you identify as someone with a disability?
53 responses



Oregon

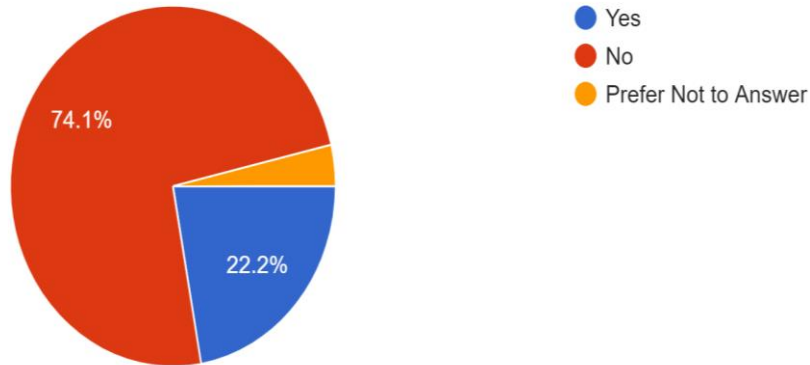
- This ranges from 15% - 26% of the population depending on which statistic I find

Lived Experience

Attempt Survivor - 22%

Are you a suicide attempt survivor?

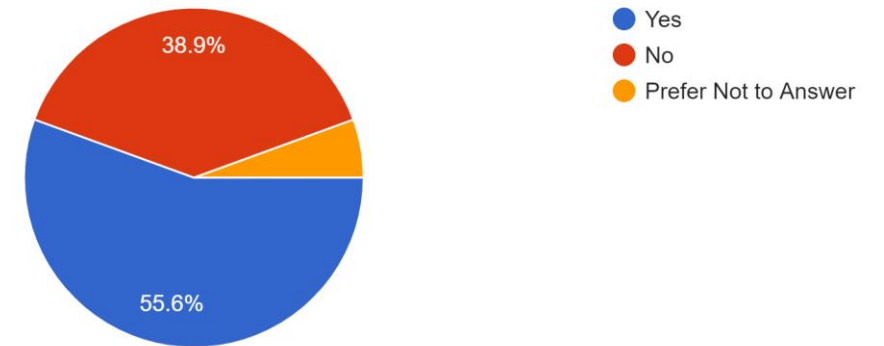
54 responses



Loss Survivor - 56%

Have you lost someone to suicide (loss survivor)?

54 responses



Lived Experience

Oregon 2020



On average, one person died by suicide every 10 hours in the state.

More than five times as many people died by suicide in Oregon in 2018 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 16,408 years of potential life lost (YPLL) before age 65.



Suicide cost Oregon a total of **\$740,356,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,080,811 per suicide death**.



8th leading cause of death in Oregon

1st leading
cause of death for ages 10-24

2nd leading
cause of death for ages 25-34

3rd leading
cause of death for ages 35-44

5th leading
cause of death for ages 45-54

8th leading
cause of death for ages 55-64

13th leading
cause of death for ages 65+

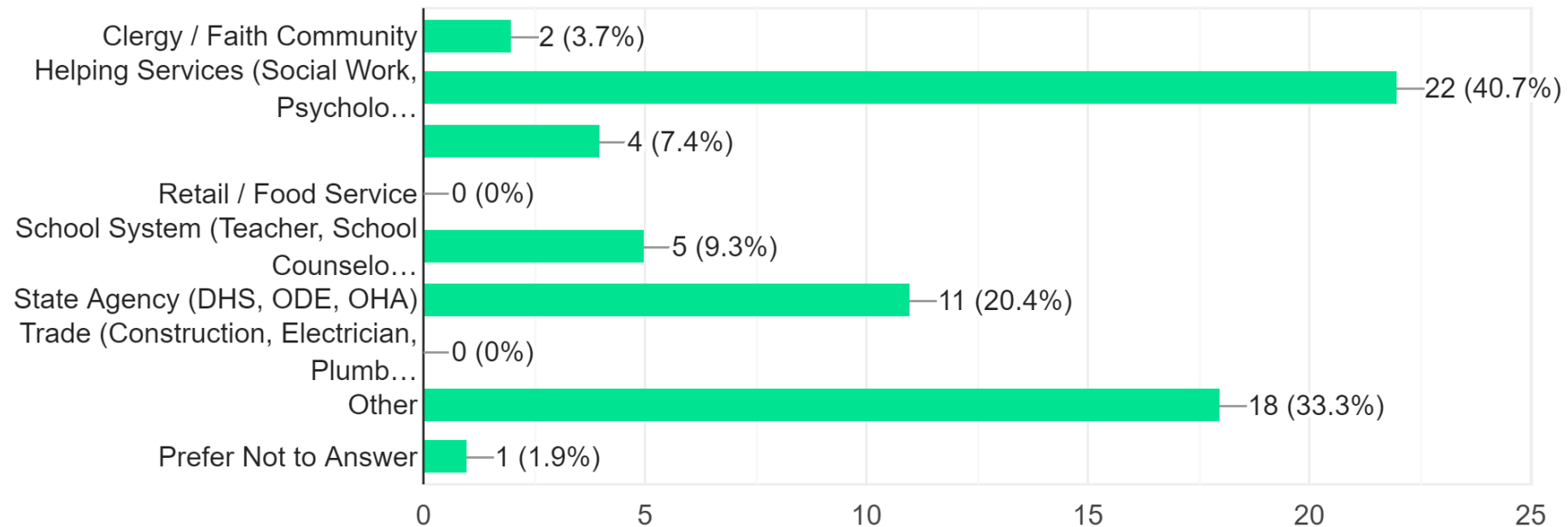
Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Oregon	844	19.02	16
Nationally	48,344	14.21	

Workforces Represented Alliance

What workforce sector do you represent?

54 responses



Qualitative



What communities, experiences, or cultures do you feel you bring a perspective from in this work to prevent suicide?

- LGBTQ+ x7
- College Student x3
- Law
- Urban / Rural Contrasts x3
- Faith-based x5
- Pacifist
- Loss Survivor x5
- Social Worker x2
- School Setting x2
- Healthcare Worker
- Low SES Family Upbringing
- Dominant Culture x2
- Crisis Interventionist
- Domestic Violence Survivor x2
- Attempt Survivor x3
- 6th - 12th grade
- Medical Staff
- ASIST Trainer x2
- Rural Culture x4
- Parents are Attempt Survivors x2
- Multiple Attempt Survivor
- Multiple Loss Survivor
- Research Community x3
- Higher Education
- Public Health
- Youth Suicidal Ideator x2
- Queer x2
- Gender non-conforming
- Educator
- Mental Health Services Consumer x6
- Equity Advocate
- Parent is a loss survivor
- Fundamentalist Religion Survivor
- Native x2
- Hispanic
- Undocumented
- Older Adult
- LGBTQ+ Ally
- Parent of LGBTQ+ x2
- Lives with Mental Health Diagnosis x2
- Attempt Survivor
- QMHP
- Live with Chronic Pain x2
- Disability Community
- Peer Culture
- Artists

What communities, experiences, or cultures do you feel you bring a perspective from in this work to prevent suicide?

- Social Media
- Support Groups
- Inventors
- Responder
- Education
- Young Adult x5
- Lived Experience x5
- Asian American
- Sexual Assault Survivor
- Systems Perspective x2
- Suicide Prevention Coordinator
- Live with Chronic Thoughts of Suicide x2
- Work Directly with Youth
- Consultant
- Advocate x3
- Supports Someone with Chronic Thoughts of Suicide
- Community Organizer x3
- Gay
- Community Mental Health Provider
- Foster Care Youth
- Relative is a Loss Survivor
- Veteran
- Suicide Prevention Trainer
- School Mental Health
- Rural Mental Health
- Pediatric Care Coordination
- Range of SES Status
- Geeks

Other Ways you Identify as Someone with Lived Experience

- Suicidal Ideation
- Parent of a child with suicidal ideation
- Part of a friend and co-worker's suicide intervention
- Support close friend with ongoing suicidal ideation
- Daughter with suicidal ideation, nurse in the ICU who has taken care of survivors and those who have died from Suicide
- Mother is attempt survivor
- Support others with loved experience in my family and friend group
- Have a child who struggles with suicide thoughts
- Six of eight of my LGBTQI-2S Mormon friends died by suicide
- I struggle with depression and invasive thoughts of suicide

Other Ways you Identify as Someone with Lived Experience

- Yes; as a person whose first thought of suicide was a teen, as an adult who finds those thoughts reoccur "as a last resort" (I have a strong support system and know my resources); and as a person who has experienced suicide loss in a professional capacity
- Contemplated many times
- Experienced thoughts of suicide/suicide ideation
- Coping with Intensity (e.g. intrusive thoughts, urges, depression, self-esteem, flashbacks, etc.), witness, responder, peer supporter, etc.
- Parent of a youth who survived multiple attempts and persistent ideation
- Living with SI now, versus it being in the past or something I no longer experience
- Lived experience with high, persistent levels of ideation for most of my life

Other Ways you Identify as Someone with Lived Experience

- Lived experience w/ thoughts of suicide is what brought me to this work
- Some of the closest people in my life struggled with or attempted suicide
- My mother made a serious suicide attempt when I was 19 years old and thankfully survived but it significantly impacted me and my family for many years
- Lived in small community with multiple completed suicides
- Past ideation
- Live with ongoing suicidal thoughts and feelings
- Attempt survivor, live with regular thoughts of suicide, support someone who has attempted / lives with thoughts, service user, professionally worked with those who have attempts or regular ideation

What would you say your area(s) of expertise is? (The subject / field you know the most about).

- Abuse across the Lifespan
- ADHD
- Autism
- Child Welfare
- Community Building x2
- Community Mobilization
- Complex Grief
- Criminal Justice
- Crisis Management / Work x3
- Cultural Considerations
- Behavioral Health
- Behavioral Issues from TBI
- Behavioral Management
- Consumer Engagement
- Critical Care Nursing
- Curricula for Native American Wellness
- DBT
- Domestic Violence Prevention
- Eating Disorder Treatment
- Education x2
- Faith Community
- Family Support x2
- Foster Care / Foster Youth
- Grief and Loss
- Health Promotion x2
- Implementation Science
- Juvenile law and Public Defense
- Law
- Learning Disabilities
- LGBTQ+ Community x5

What would you say your area(s) of expertise is? (The subject / field you know the most about).


- Lived Experience Voice x3
- Marketing and Advertising
- Mental Health x6
- Mental Health Counseling
- Mental Health Promotion x3
- Non-Profits
- Oriental Medicine
- Peer Services
- Public Health x4
- Public Policy
- Prevention Science
- Program Design and Evaluation
- Psychology x2
- School Systems x4
- Severe and Persistent Mental Illness (SPMI)
- Sexual and Relationship Violence Prevention x2
- Social Work x2
- Stakeholder Relations
- Strengths-Based Community Work
- Substance Use and Abuse Prevention (A&D) x2
- Suicide Intervention / Prevention x15
- Suicide Prevention in Healthcare Settings
- Suicidology x3
- Systems Development
- Systems Work x2
- Training
- Trauma Injury Prevention
- Trauma Work
- Traumatic Loss
- Youth Engagement
- Wellness

What areas or populations are you most interested in working with?

- Ages 6-10 and 20-25 Years Old
- Young adult 16-25 or So
- Youth and Young Adult x8
- Adolescents and People with Chronic / Severe Mental Illness
- K - 12
- College Students
- Transitional Aged Young Adults
- School Aged Populations
- The largest group of people in most demographic or marginalized groups
- Older
- Schools x3
- General Community x3
- Adults x3
- Families of Youth and Young Adults
- Parents and Families of Choice
- Children, Families, Refugees
- Across the Lifespan x2
- Those with Lived Experience x3
- Loss and Attempt Survivors
- BIPOC x2
- LGBTQ+ x8
- Native Americans / Alaskans x2
- Latinx
- Rural Minorities
- Faith Based



What areas or populations are you most interested in working with?

- Gun Owners
 - Military / Veterans x2
 - Health / Mental Health Care Professionals x2
 - Workforce Development in Medical / Mental Health Settings x2
 - Behavioral Health Programs x2
 - Those in the Hospital Setting
 - Direct Care Workers for Transitions of Care
 - Policy / Legislative Work
 - State / Local Government
 - Homeless / Houseless Populations
 - Media / Outreach / Awareness x3
 - Inclusive / Participatory Research & Analysis
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The Oregon Alliance to Prevent Suicide

Member Satisfaction Survey

October 2020

Survey Respondents

Oregon Alliance to Prevent Suicide (Alliance) staff sent out a satisfaction survey to their listserv of 191 community stakeholders. Those on the listserv are official OHA appointed members, members of Alliance committees or advisory groups, and those who are interested in staying up to date with Alliance business. Stakeholders had 15 days to complete the survey before it would be closed. Attachment 1 lists survey questions.

Of the 191 people on the listserv, 28 people completed the survey. These 28 respondents partially reflected the overall demographics of the Alliance with most aged between 25-34 (21.4%) and 45-54 (21.4%); over half identify as cisgender female (53.6%); and the majority identify as white or Caucasian (85.7%). The vast majority of respondents are not currently a student (92.6%); less than half identify as a loss survivor (32.1%) and even less identify as an attempt survivor (17.9%). Most respondents were voting members that sit on committees (40.7% voting members and 70.4% are either a committee or advisory group member). Please see Attachment 2 for a full look at respondent demographics as it compares to the overall demographics of the Alliance.

Overview of Results from Survey

Survey questions were measured on a scale of either 1 – 5 (with five being the highest level) or strongly dissatisfied to strongly satisfied. Throughout the survey and across different topics (Alliance Communications, Quarterly Meetings, and Monthly Meetings) the majority of respondents consistently rated themselves as at least satisfied and at least a four out of five. Two areas with the highest level of satisfaction (i.e., satisfied or strongly satisfied) were the Alliance's overall communications (89.3%) and the Alliance Quarterly Meetings (88.9%). Comparatively, respondents' level of engagement (71.4%) and satisfaction with the committee structure (75%) were two of the lowest rated domains. A handful of respondents said they were dissatisfied in some areas, see the following results for specifics.

Overall, the survey results demonstrate that respondents involved with the Alliance are satisfied with the work the Alliance is doing and that they feel Alliance staff provide clear

communication and facilitate both monthly and quarterly meetings that further the work of the overall Alliance. There are some areas that staff can work to improve on that will allow them to meet some of the concerns that were brought up in this survey. Those are noted and addressed at the end of the in-depth survey results. Additionally, it should be noted that the survey response rate of 14.66% captures only a portion of Alliance members and participants. Continued efforts should be made to engage and gather feedback from the large portion of non-respondents to better understand why certain members may not actively participate in the Alliance.

Survey Respondents Satisfaction with the Alliance Work

Most respondents (71.4%) rated themselves a 4 or higher when asked if they felt they were engaged in the work of the Alliance. When asked for about their satisfaction with Alliance priority areas (i.e., advocating for legislation, working on OARs to support effective implementation of existing suicide prevention legislation, advising on YSIPP 1.0 and contributing to the development of YSIPP 2.0, connecting the field), 81.4% rated themselves as satisfied or strongly satisfied.

Seventy-five percent of respondents rated being satisfied or strongly satisfied with the Alliance committee structure and 3.6% reported being dissatisfied. When asked about satisfaction with Alliance governance (including by-laws, voting process, Executive Committee structure), 64.2% stated they were satisfied or strongly satisfied, while 7.1% said they were dissatisfied with the governance.

Below are comments about the Alliance overall:

Affirmative Feedback:

- “Please assure that the Alliance remains a collaborative effort, and not a top-down approach. One size does not fit all, and the beauty of the Alliance is that it is independent of other bureaucracies.”
- “I so appreciate being part of this group. Annette does an amazing job in her leadership!”

- “New member. But through my experience to-date, I'm impressed with the passion and collaborative tone of the leadership. Likely too early to assess effectiveness at achieving stated objectives.”
- “Surveys such as this are an excellent control to ensure that communication is adequate and that any issues are identified and addressed. Keep up the good work.”
- “I the group inclusiveness and the open discussion which are prompted we should keep doing them.”
- “This structure is essential to our success. It feels like a work still in progress rather than an established governance structure.”

Improvement and Recommendation Feedback:

- “Recruit committee members including public nonmembers with experience, knowledge and passion on this topic.”
- “It's been challenging to keep up with all of the meetings - they are often scheduled at a time that I have other meetings as well. This has impacted my attendance, however I do try to participate as much as possible.”
- “We're moving in the right direction. We need to work with OHA to determine the metrics by which OHA's efforts should be evaluated and then be sure they are reporting on these as well as their current thinking on policy. The Alliance has a role to advise on policy and priorities that it deems important to preventing youth suicide along with promoting policy this should be kept in the forefront of the minds of all members.”

Survey Respondent Satisfaction with Alliance Communications

Respondents were asked about their satisfaction with Alliance communications. Overall, 89.3% said they were satisfied or strongly satisfied with communications from the Alliance. When asked specifically about how often they receive email correspondence from The Alliance, 75% said they were satisfied or strongly satisfied. For the content in Alliance emails, 89.2% said they were either satisfied or strongly satisfied and 7.1% were dissatisfied. 85.2% of respondents said they were satisfied or strongly satisfied with the Alliance [website](#).

Below are comments left by respondents about Alliance communications:

Affirmative Feedback:

- “I am very satisfied. The Alliance is very busy, with many plates spinning at the same time. Staff has done a great job of reaching out, providing information, scheduling meetings, re-scheduling meetings, and being very sensitive to its membership.”
- “Have been very impressed with communication with the Alliance, with information shared, updates, timely, etc. Thank you!”
- “New member. But to-date, communication is timely, comprehensive and targeted (with distinction between action items and informational content)”
- “The quality of email content is great, but I receive too many Alliance emails to keep up with them all.”
- “I would prefer fewer emails about Save the Date without the attached calendar invite.”
- “I do not always get calendar invites for meetings.”
- “I think the communication is great, very thorough, informative, and welcoming. And the consistency is a great reminder of just how important the work for suicide prevention is.”

Improvement Feedback:

- “The Alliance should coordinate with the OHA ways that general communication about suicide prevention news, program etc., is communicated and not duplicate efforts. Either the Alliance takes this responsibility or OHA does and they work together to ensure individuals are encouraged to sign up with the YSIPP list serve or if Alliance is taking it on that Alliance has the names from OHA. Email overload is a pretty decent stressor for many of us.”
- “The emails listing all of the upcoming webinars, events and resources is very overwhelming - too much.”
- “I am generally overwhelmed with email, but Alliance emails tend to be long and have lots of attachments. Would be helpful if action items were at the top and announcements or info down below--or some similar structure. I appreciate the

communication--it's needed and wanted, just sometimes hard for me to decipher importance."

- "Too many emails and I get a lot of the same info from other sources."

Survey Respondent Satisfaction with Alliance Quarterly Meetings

Almost all respondents (88.9%) said they were either satisfied or strongly satisfied with Alliance Quarterly Meetings. Most (88.8%) were satisfied or strongly satisfied with topics covered at the Quarterly Meetings and 3.7% were dissatisfied.

Below are comments left by respondents about Alliance Quarterly Meetings:

Affirmative Feedback:

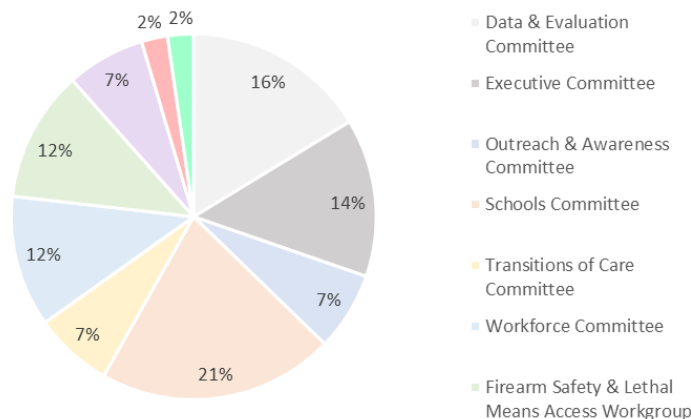
- "Quarterly meetings are well-structured, but not top-down. Time is allocated for questions, comments, input and decision-making. What I appreciate most is that these meetings are not "cheerleading" meetings; rather, they are a process to engage people in preventing suicide. Sometimes this process is a smooth one, other times, it may encounter a few bumps. But it's always ethical, transparent, and engaging. Annette, Jennifer, and Kris do a great job. Each brings different skills to the Alliance, and we are lucky to have each of them."
- "Well organized, and efficient, and goal oriented."
- "I don't attend them anymore because committee time is a more valuable use."
- "Clear agendas/purpose of meetings; appreciate there are multiple opportunities to engage in discussions; feel heard when I contribute."
- "Keep on focusing on engagement and not reports. Doing a good job of encouraging meaningful input."
- "Very impressed with Galli's facilitation skills!"
- "New member. Meetings to-date have comfortable and collaborative tone but also apply rules of order to ensure effectiveness."
- "Great material, glad I am able to record the meetings."
- "The meetings are very safe, welcoming, and encouraging for new members."

Improvement and Recommendation Feedback:

- “Two things - The meetings are lengthy - the topics are meaningful, however I wonder if we can accomplish more in a shorter period of time. Secondly, I would love to see more diversity among members. Hard to know what this really looks like when we are all participating remotely.”
- “We need to ensure we have the time that is really needed. Fewer topics done well is better than lots of rushed topics.”

Survey Respondent Satisfaction with Alliance Monthly Committee, Advisory Group, and Workgroup Meetings

Seventy-five percent of respondents said they were either satisfied or strongly satisfied with the monthly Alliance meetings and 75% felt that their group was making progress on their key goals. Committee, Advisory Group, and Workgroup makeup of survey respondents is noted below:



Below are some comments left by respondents about the monthly committee, advisory group, or workgroup(s) that they attend:

Affirmative Feedback:

- “The committees function well, with each member having the opportunity to contribute, share, critique, and drive the work. I appreciate that this is not a top-down approach.”

- “I've only joined a couple meetings but they seem very well run and focused.”
- “The work has been very meaningful, and the discussions are relevant to the work taken on by the alliance. The committee is productive and doing good work. I find myself being very engaged in these meetings.”

Improvement and Recommendation Feedback:

- “I think the lectures are inspiring. But I would like to participate more in discussions and people repeating themselves would help me follow what they are saying better.”
- “I really appreciated the new member orientation and onboarding at the Quarterly Meeting. I also really admire Annette's ability to connect with individuals one to one. There have been times where the project management aspects have been insufficient. I believe that the orientation process needs to be longer. I feel that there is insufficient time for the breadth of agendas to give in depth feedback and the stakeholder process therefore feels cursory. Following a collective impact model such as FSG's would help.”

Below are some general comments about monthly Alliance committee, advisory group, and workgroup meetings:

- “Again, our facilitators, Annette, Jenn, and Kris, do an amazing job assuring that committee chairs have the information they need to lead the meetings. They also have the skills to assist committee chairs with some of the more delicate, or nuanced, aspects of leading meetings.”
- “I'm newer to the Alliance so I'm still getting a sense but I think they are going well.”

Improvement and Recommendation Feedback:

- “I haven't joined one yet so no strong opinions. Maybe would be helpful to hear updates at quarterly meetings? Or send out via email prior to meetings if there isn't time during meetings? As a new person, updates would be helpful in knowing what committee to join.”
- “Committee and Advisory group effectiveness might improve through better clarity of roles and responsibilities. Some confusion over what is owned by various groups.”

- “The composition of groups seems arbitrary rather than representative in a way that is both inclusive and intentional.”

Action Items from Survey Results

Alliance staff have restructured emails that are sent to the Listserv to better define which items are meant as an update, which ones are an ask of community stakeholders, and which ones are resources. An example of this is noted below in an example of an email sent out to the Alliance Listserv:

“We have some updates from the world of suicide prevention and are excited to share them with you. We also have some asks of everyone. These asks, the business part of this email, are at the beginning of the email so you can see them and respond as applicable. Updates are below our asks. There is also a list of everything included in this email are at the beginning so you can see what will be discussed and reviewed with you. We hope this helps this helps you to navigate our email easily. Thank you so much for your time and dedication to this work.

1. Ask: Alliance Committee Meetings and YSIPP Input
2. Update: National Suicide Prevention Hotline
3. Resource: TF-CBT Training”

Alliance staff are currently working to find a diversity consultant to help us figure out better ways to be anti-racist and radically inclusive in the work that we do. Interviews with potential consultants are happening the week of October 25th with the hope of making a final decision the week of November 8th. This will be a long-term project while we work on this cultural change in the Alliance. This was decided as an important action before the satisfaction survey was sent to Alliance members but was also mentioned as a need from those who completed the survey.

Attachment 1

Alliance Member and Affiliate Satisfaction Survey Questions

1. What is your age range?

Under 18

18 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65+

Prefer not to answer

2. People have many different ways of identifying their gender. For data purposes it is helpful to have some pre-designated categories. We have agreed to use the following set of data below. We acknowledge that people may have other ways of identifying their gender. Please feel free to select "prefer to self-identify" and tell us how your gender is identified below. (Please check all that apply):

Cisgender Female (your gender identity corresponds with your birth sex)

Cisgender Male (your gender identity corresponds with your birth sex)

Non-Binary

Transgender Female

Transgender Male

Prefer to Self-Identify Below

Prefer Not to Answer

3. If you answered, "Prefer to Self-Identify" and are okay with sharing, please specify below.

4. What is your ethnicity?

American Indian Indigenous or Alaska Native

Are you a member of an Oregon tribe (Burns Paiute Tribe; Confederated Tribes of Coos, Lower Umpqua, and Sisulaw; Confederated Tribes of the Grand Ronde; Confederated Tribes of Siletz; Confederated Tribes of the Umatilla Indian Reservation; Confederated Tribes of Warm Springs Reservation; Coquille Indian Tribe; Cow Creek Band of Umpqua Tribe; Klamath Tribes)

Asian or Asian American

Black or African American

Hispanic or Latino

Native Hawaiian or other Pacific Islander

White or Caucasian

Two or more Ethnicity Identities

Would like to Specify Below

Prefer Not to Answer

5. If you said that you wanted to specify your ethnicity, please do so below.

6. Are you a current student?

Yes, in high school

Yes, in undergraduate college Yes, in graduate school

No

7. Have you lost someone to suicide (loss survivor)?

Yes

No

Prefer not to answer

8. Are you a suicide attempt survivor?

Yes

No

Prefer not to answer

9. What is your role in the Alliance? (Check all that apply.)

Voting Alliance Member (This means you have received a letter from OHA appointing you to the Alliance)

Committee / Advisory Group Member

General Interest / Receive Emails

Other

10. If you selected "Other" above, please specify below

Feedback on Alliance work

The following questions will look at how you feel The Alliance is doing in different areas:

Communication, Meeting Logistics, and Advancing the YSIPP. Satisfaction responses are on either a 1-5 scale or a Strongly Satisfied to Strongly Dissatisfied scale and cumulated responses will be tracked throughout the year to measure progress. There will be spots for you to add comments as well.

11. Do you feel that you are engaged in the work of the Alliance.

1 2 3 4 5

Not engaged Very engaged

12. Satisfaction with Alliance priority areas (Advocating for legislation, working on OARs to support effective implementation of existing suicide prevention legislation, advising on YSIPP 1.0 and contributing to the development of YSIPP 2.0, connecting the field)

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

13. Satisfaction with Alliance Committee structure.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

14. Satisfaction with Alliance governance (By-Laws, voting process, Executive Committee structure)

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

15. Overall satisfaction with communications from The Alliance.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

16. Satisfaction with how often you receive email correspondence from The Alliance.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

17. Satisfaction with the content of emails from The Alliance.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

18. Satisfaction with the Alliance website.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

19. Comments about Alliance communications.

20. Overall satisfaction with Alliance Quarterly Meetings.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

21. Satisfaction with the structure of Alliance Quarterly Meetings.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

22. Satisfaction with Quarterly Meeting topics.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

23. Comments about Alliance Quarterly Meetings.

24. Overall satisfaction with Alliance monthly committee, advisory group, and workgroup meetings.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

25. Which committees, advisory groups, workgroups do you attend? (Check all that apply.)

Data and Evaluation

Executive

Outreach and Awareness

Schools

Transitions of Care

Workforce

Firearm Safety and Lethal Means Access

LGBTQ+

Lived Experience

None

26. Do you feel the committee, advisory group, or workgroup(s) you attend are making progress on their key goals?

1 2 3 4 5

Not at all Making great progress

27. Do you have any specific feedback about the monthly committee, advisory group, or workgroup(s) that you attend?

28. General comments about monthly Alliance committee, advisory group, and workgroup meetings.

29. Additional comments you would like to provide about The Oregon Alliance to Prevent Suicide

30. If you would like to be contacted about a concern you have, please state your concern below along with your name and contact information.

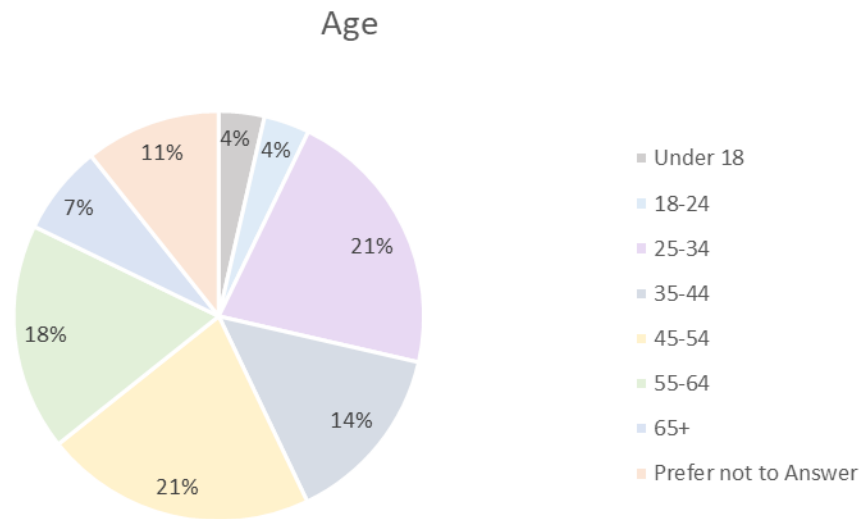
Attachment 2

Survey Respondent Demographics Compared to Overall Alliance Demographics

28 members / affiliates completed the satisfaction survey in October 2020. 54 members / affiliates completed the demographic survey in July 2020.

Age

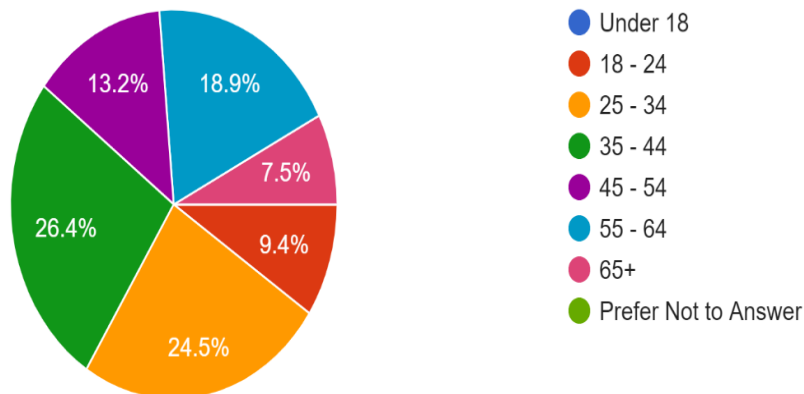
Satisfaction Survey Respondents, October 2020



Demographic Survey Respondents, July 2020

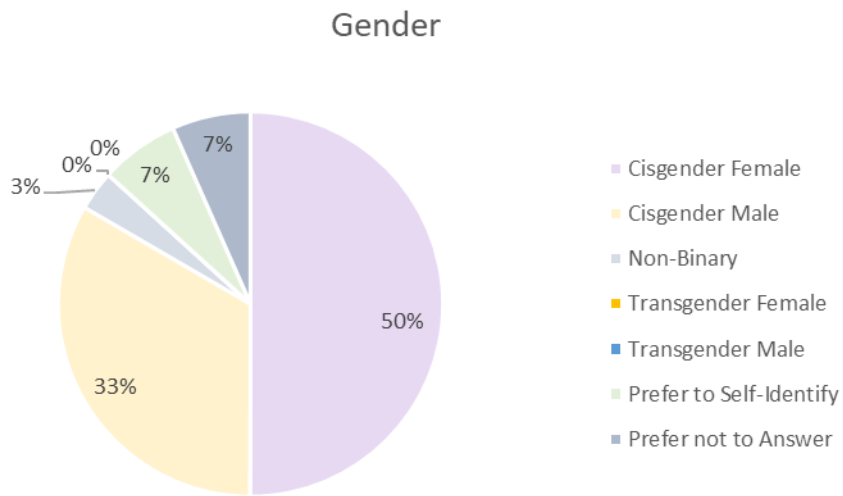
What is your age range?

53 responses



Gender

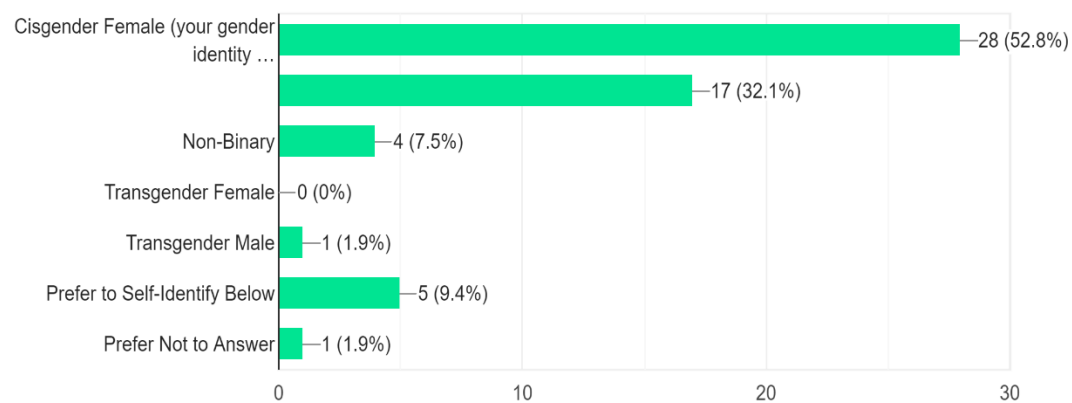
Satisfaction Survey Respondents, October 2020



Demographic Survey Respondents, July 2020

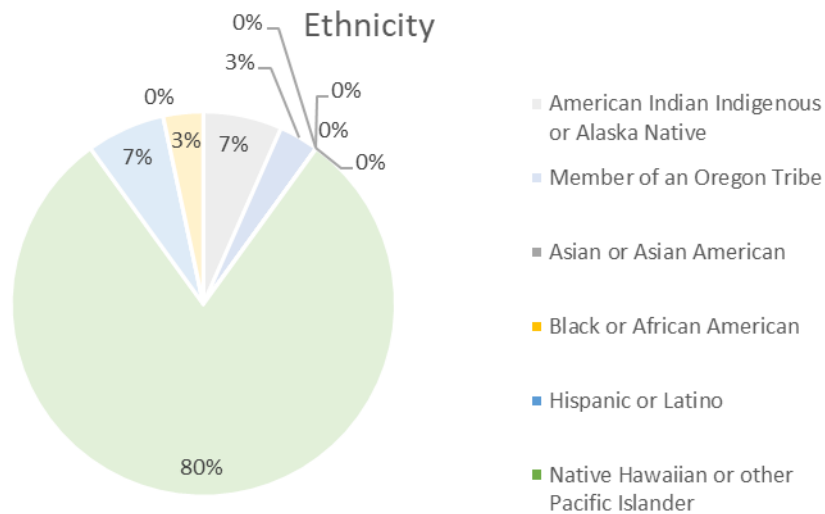
People have many different ways of identifying their gender. For data purposes it is helpful to have some pre-designated categories. We have agreed to ...is identified below. (Please check all that apply)

53 responses

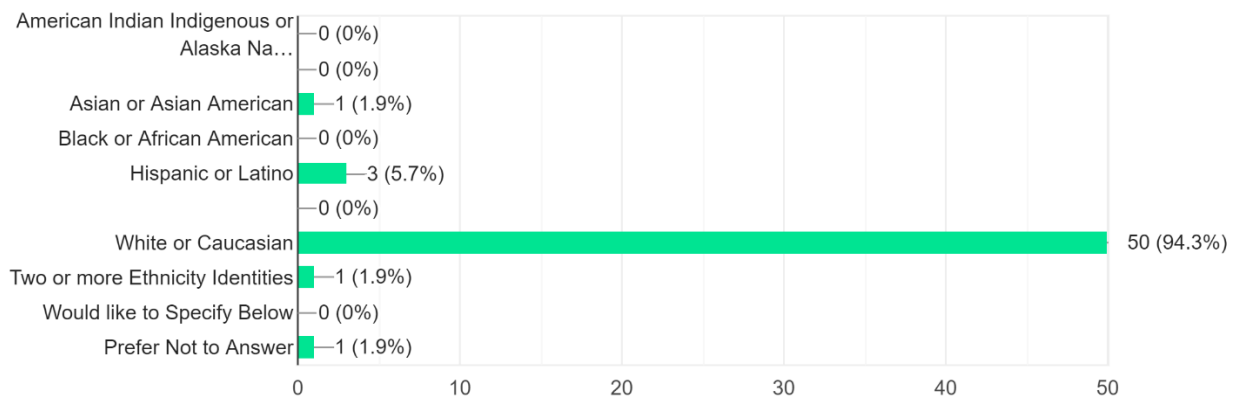


Ethnicity

Satisfaction Survey Respondents, October 2020

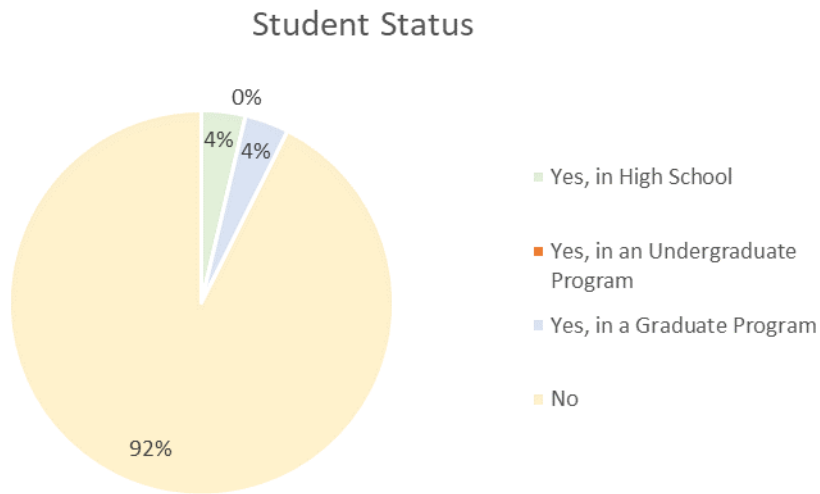


Demographic Survey Respondents, July 2020



Student Status

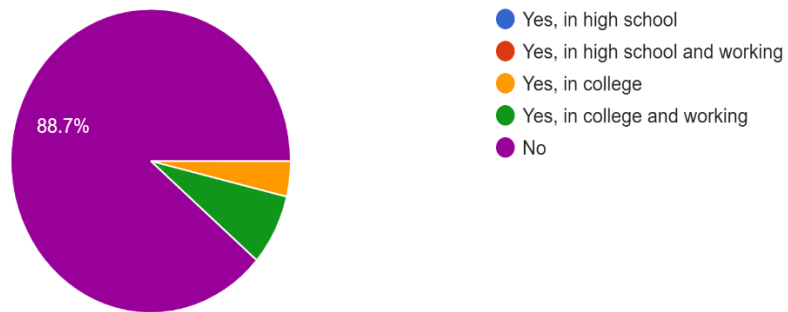
Satisfaction Survey Respondents, October 2020



Demographic Survey Respondents, July 2020

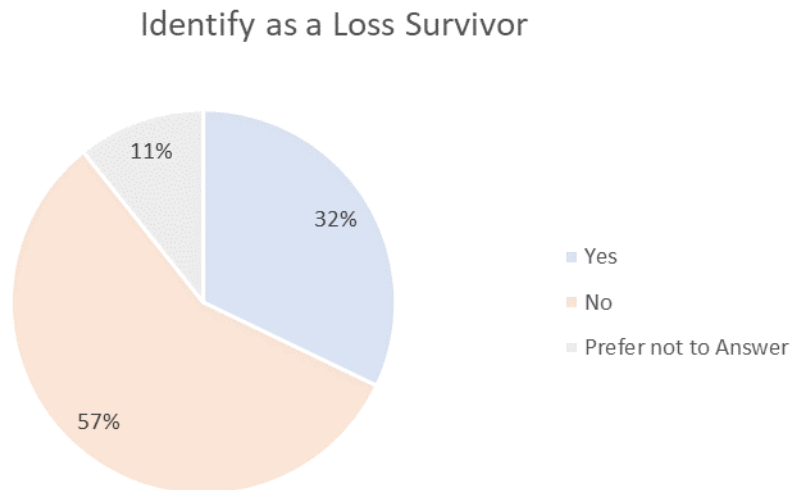
Are you a current student?

53 responses



Identify as a Loss Survivor

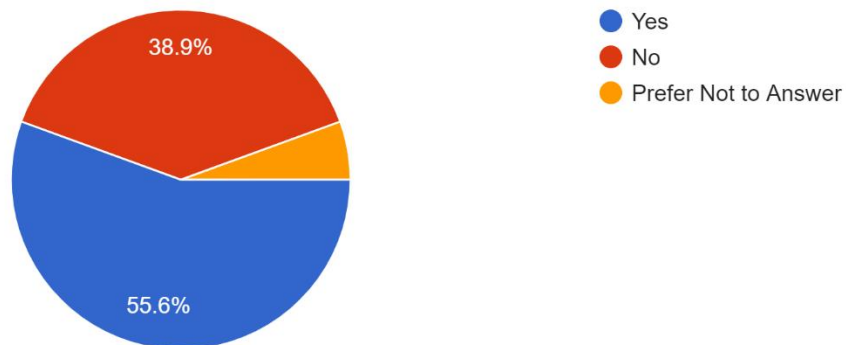
Satisfaction Survey Respondents, October 2020



Demographic Survey Respondents, July 2020

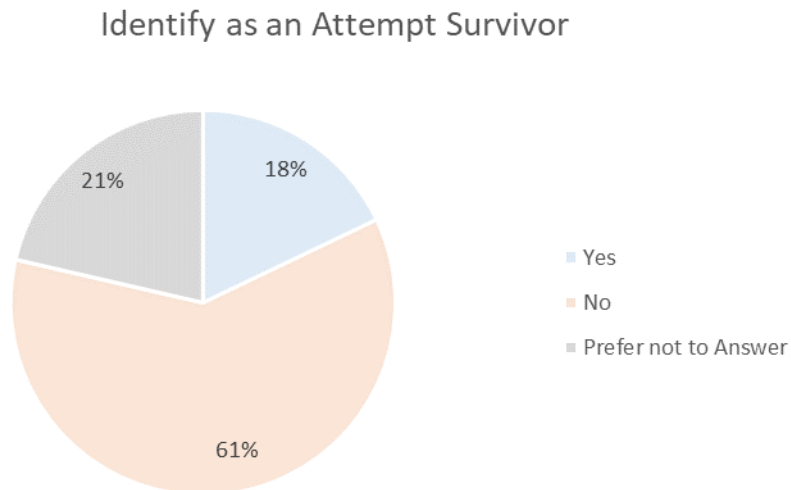
Have you lost someone to suicide (loss survivor)?

54 responses



Identify as an Attempt Survivor

Satisfaction Survey Respondents, October 2020



Demographic Survey Respondents, July 2020

Are you a suicide attempt survivor?

54 responses

