The Colorado Department of Public Health and Environment (CDPHE) and the University of Rochester/Education Development Center Injury Control Research Center for Suicide Prevention (ICRC-S) are partnering to create a comprehensive, replicable suicide prevention strategy in the state of Colorado. The guiding body for the work is the Colorado-National Collaborative, which comprises 13 state and national leaders in suicide prevention, including CDPHE, ICRC-S, the American Foundation for Suicide Prevention, and the National Action Alliance for Suicide Prevention. The Collaborative’s main responsibilities are to align with existing Colorado suicide prevention efforts to set priorities, identify implementation strategies focused on high burden populations and parts of the state, and leverage funding partners and opportunities. The Collaborative is also focused on aligning with existing efforts in violence and substance abuse prevention, mental health promotion, resiliency-building, and efforts addressing risk and protective factors across multiple forms of violence and problem behavior.

The Colorado-National Collaborative works closely with the Suicide Prevention Commission of Colorado, which was established through legislation and comprises 26 cross-sector stakeholders. The Commission has been in place in Colorado for 3 years and serves as an advisory council, providing linkages between the Office of the Governor, the Colorado legislature, and the Office of Suicide Prevention at CDPHE. Collaborating with the Commission helps to increase engagement and support from leaders in the state, and ensures that all Colorado suicide prevention efforts are aligned.

To kick off the initiative, CDPHE analyzed all available data on suicide and related outcomes throughout the state, including suicide death rates and data on substance abuse, youth violence, and domestic violence, and created a data dashboard for easy identification of high risk counties to guide planning. In addition, CDPHE, with input from the Suicide Prevention Commission, completed an inventory of local activities related to suicide prevention.

Using the local data and activity inventory, along with community-based participatory research (a research style that incorporates community members and organizations as equal partners with shared decision making throughout the research process), CDPHE and ICRC-S will collaboratively:

1. develop a comprehensive yet concise strategic plan for preventing suicide across the state,
2. present the plan to 3-5 counties with the highest suicide burden, and
3. engage stakeholders from these high-burden communities to refine the strategic plan and learn about what they see as being critical for reducing suicide in their communities.

The final product of the partnership will be a comprehensive, evidence-based suicide reduction framework and process that can be replicated in other states while remaining adaptable to each community’s particular needs.

**WHAT RESEARCH BROUGHT TO THE TABLE**

One of the key benefits that the ICRC-S brings to the table is **credibility with state leadership**. A national presence at the table gives leverage to CDPHE to bring additional state and local leaders into the partnership by demonstrating the importance of the effort. As a national leader in suicide prevention research, the ICRC-S is able to leverage its connections with other national partners to bring a vast wealth of knowledge to the table. Additionally, the ICRC-S lends **broad knowledge of the field at the macro level**, which can facilitate lessons learned across the nation; for example, they can share knowledge around innovative interventions from other states. Simultaneously recognizing that what works in Denver may not work in rural counties, the ICRC-S’s vast experience in community-based participatory research helps facilitate conversations with Colorado’s local practitioners to determine the best implementation strategies.

**WHAT PRACTICE BROUGHT TO THE TABLE**

CDPHE’s previous suicide prevention work and identification of suicide as a priority issue by the governor and legislature demonstrates Colorado’s **readiness to partner with ICRC-S and commitment to ownership of the process**. This ownership is essential for the sustainability of the program, as well as credibility within the community. CDPHE further demonstrates local ownership through their engagement with the cross-sector, community-driven Suicide Prevention Commission of Colorado. Collaboration with the Commission and its associated networks also provides **ready access to local suicide prevention efforts**, an important factor for determining interventions already in place and how the partnership might propose to fill any gaps. Beyond the Commission, CDPHE’s knowledge of their state’s culture, environment, and capacities provides not only context for the researchers’ work, but allows them to involve partners who can lend local insight and relevant, meaningful information about what may work to reduce suicide in their communities.
LESSONS LEARNED

FINDING THE RIGHT PARTNERS

• Ensuring that university/research partners are the right fit for the initiative from the beginning can eliminate many difficulties down the road. For example, state health departments should ensure that research partners have a background in community-based research methods to ensure research and evaluation efforts are geared towards inclusion and partnership with local communities.

• It’s important to find partners that are relevant and appropriate to the project, and with personalities that mesh well. If partners’ personalities conflict, a sense of project ownership may be negatively affected by a lack of enthusiasm. Pre-existing relationships can be very beneficial, as the initial “getting to know you” phase has already taken place. Even if partners do not know each other well, shared knowledge of the topic and the field is helpful to facilitate relationships, as is familiarity with each other’s capacity, goals, and direction. The partnership between ICRC-S and CDPHE was initiated at the 2015 American Association of Suicidology meeting, a clearly shared forum for both partners despite not having directly worked with one another.

FINDING THE RIGHT PARTNERS

• The ICRC-S and CDPHE find that in-person meetings are more productive than meeting at a distance. The distance between Colorado and the ICRC-S (Rochester, New York) presents a challenge to delineation of the work process in a situation where the ICRC-S bolsters the partnership largely from the outside, while Colorado maintains ownership of the process.

• Membership organizations or state chapters of national organizations are valuable partners who can build a strong network, bring resources, and fill gaps in practice. New partners may also lend credibility and help make connections to other potential partners. For example, ICRC-S and CDPHE found that partnering with both health systems and community partners provided a more comprehensive overview of the factors influencing suicide and opportunities for intervening.

• Partners will benefit from building trust and creating a solid foundation on which to begin the partnership’s work. Doing so will enable partners to speak with candor and ask questions to ensure that each is on the same page. Working from the position of authenticity of intention, or the assumption that each partner is operating with sincerity, is crucial to maintaining trust in a research-practice relationship.

• Using the analogy of a chess game, it is important that neither partner feels as if it is a pawn, being manipulated for the means of the other. Therefore, the ICRC-S continually stresses the importance of Colorado “owning” the process.

“The right researchers – who know the research has to be sound and the evaluation has to be sound, but they also think from the practice standpoint – those are the researchers I want to work with.”

Jarrod Hindman, CDPHE

ACKNOWLEDGMENTS

Dr. Eric Caine,
University of Rochester ICRC-S

Jarrod Hindman,
Colorado Department of Public Health and Environment

Dr. Jerry Reed,
Education Development Center

This case study was supported by the Grant or Cooperative Agreement Number 6NU38OT00172-04-03 (CFDA #93.434), funded by the Centers for Disease Control and Prevention through the National Association of County and City Health Officials. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

“We can pull together best evidence, we can convene national expertise, but...any prevention effort has to be based on the ground, in the communities, in the settings where people live.”

– Dr. Eric Caine, UR/ICRC-S