NORTH CAROLINA

Nurturing Skills and Knowledge to Grow a Safer State

SHARED RISK AND PROTECTIVE FACTORS (SRPF)

Many injury and violence-related issues are complex, interconnected, and often share the same root causes, such as poverty, inequity, and historical trauma. Understanding the overlapping or shared causes of injuries and violence can help public health professionals better address injuries and violence in all its forms.

A variety of factors can increase or decrease the likelihood of injury and violence. **Risk factors** make it more likely that people will experience injuries and violence. Examples of risk factors include rigid social norms about what is “masculine” and “feminine,” lack of education and job opportunities, and family conflict. **Protective factors** can increase resilience when encountering risk factors and make it less likely that people will experience injuries and violence. Examples of protective factors include connections to caring adults or access to mental health and substance abuse services.

The basic principles behind shared risk and protective factors (SRPF) have long guided North Carolina’s injury prevention work. Five years ago, the NC Injury and Violence Prevention Branch (IVPB) and partners that make up the NC Injury and Violence Prevention State Advisory Council deliberately applied the idea by incorporating the concept into their statewide injury and violence prevention strategic plan. SRPFs have been a priority strategy for the IVPB across multiple funding sources and topic areas. As one IVPB staff member noted: “It’s just [that we have] limited time and expertise, and we want to be as efficient as we can and not [be] disconnected. [We’ve] always been oriented to connecting staff across the branch with suicide, rape prevention and education, [and] opioids.” Fostering connections across programs is achieved by staff sharing ideas about strategies, what is working, and how they are overcoming challenges in their work. These conversations promote identification of links between various programs and encourage collaborative work. North Carolina’s commitment to seeking success for injury and
1. The five state agencies that comprise Prevent Violence NC include: (1) Injury and Violence Prevention Branch (within the NC Division of Public Health); (2) Women’s and Children’s Health Section (within the NC Division of Public Health); (3) NC Coalition Against Domestic Violence; (4) NC Coalition Against Sexual Assault; and (5) Division of Adult Correction and Juvenile Justice (within the NC Department of Public Safety).

1. The five state agencies that comprise Prevent Violence NC include: (1) Injury and Violence Prevention Branch (within the NC Division of Public Health); (2) Women’s and Children’s Health Section (within the NC Division of Public Health); (3) NC Coalition Against Domestic Violence; (4) NC Coalition Against Sexual Assault; and (5) Division of Adult Correction and Juvenile Justice (within the NC Department of Public Safety).

Laying the Groundwork for Shared Risk and Protective Factors

In 2008, when the IVPB was developing their 2009-2014 state plan, they created a violence prevention goal team to focus on all violence-related goals within the plan. As IVPB staff explained, this goal team decided to, “grant special attention to prevention strategies capable of influencing more than one [violence outcome].” In addition to developing the strategic plan, the goal team started Prevent Violence NC, a cooperative effort by five state agencies to encourage coordinated violence prevention initiatives across North Carolina. Representatives from the five state agencies included people working in many areas of violence supported by many different funding streams including: DELTA grantees working on domestic violence, RPE grantees working on sexual violence, and Essentials for Childhood (Essentials) grantees working on child abuse and neglect. In 2015, the collaborative group launched the website www.PreventViolenceNC.org, which made the idea of SRPF more concrete and accessible to a wider audience.

Prevent Violence NC’s website has a similar goal to that of CDC’s Connecting the Dots document: to clarify and communicate the concept of SRPFs for a broad audience. The Prevent Violence NC initiative identified five main protective factors:

- Healthy Social and Emotional Development
- Parent-Child Connectedness
- School Climate and Connectedness
- Community Connectedness
- Economic Stability and Economic Opportunity

With this groundwork in place, the IVPB began working on the next iteration of its statewide strategic plan for injury and violence prevention for 2015-2020, in which SRPFs were explicitly included as a guiding framework.

Nurturing Knowledge and Activating Action for Shared Risk and Protective Factor Approaches

The Injury-Free NC Academy (the Academy) was started in 2012 as a collaboration between the NC IVPB and the University of North Carolina Injury Prevention Research Center (UNC IPRC). The Academy is supported with funding from the CDC’s Core
ADDRESSING OPPRESSION IS VITAL TO SUCCESS IN SRPF

As the Injury-Free NC Academy has evolved, the planning team has come to understand that a focus on SRPF must include attention to oppression and discrimination:

*...the distribution of risk and protective factors is not neutral. There is a disproportionate burden of risk and protective factors [on communities that experience oppression]...if you are not considering all of the power dynamics in our society—racism, heterosexism, ableism, etc, and you are not considering whether your program is actively countering them or not, you are just going to be reproducing them at best, and broadening them at worst... It is important to have an anti-oppression lens. (IVPB staff)*

A team from the Academy is working in southeastern Raleigh, a predominantly African-American neighborhood, to address racism and promote the protective factor of family connectedness. When thinking about barriers to family stability, one factor they consider is the fact that black men are disproportionately incarcerated, often from a non-violent drug conviction. As a result of these disproportionate and inequitable incarcerations, more black families are being torn apart. The concepts of ACEs — i.e., having an incarcerated parent or having a household member who abuses drugs — and the shared protective factor of family stability and connectedness have all come into play as this team develops and implements their action plan.

State Violence and Injury Prevention Program (SVIPP), UNC IPRC, and RPE. Other sources, including DELTA and Essentials for Childhood, provide in-kind support in the form of staff who provide time and expertise. By training local multidisciplinary teams to apply a public health approach to prevent injuries and violence, the Academy builds skills around primary prevention, providing participants with topics around using data, obtaining research-based evidence, program planning, coalition building, using policy approaches, and evaluation.

The Academy is structured to provide an immersive, applied learning experience based on adult learning principles. Participants attend as part of multidisciplinary community teams with the intention of working collaboratively on a specific project for four to six months. Each team attends two in-person sessions spaced three to four months apart. In between sessions, teams work to apply what they’ve learned in their community before coming back together to problem solve, hone their projects, and create a plan for moving forward. In 2018, a third session was added as a one-day workshop opportunity to allow participants to share successes, challenges, and participate in additional topical presentations. Throughout the Academy process, teams have access to subject matter experts, often staff from projects such as RPE, DELTA, or Essentials, who provide guidance and motivation to help them stay on track.

In its first iteration, the Academy focused on a different injury topic each year (i.e. teen driving, child maltreatment, opioids). When the CDC’s SVIPP joined other programs in applying a SRPFs approach, NC decided to adapt the existing Academy model to focus on SRPFs rather than developing an entirely new program. Starting in 2016, the Academy shifted its focus to SRPFs across all types of violence. Based on observations and evaluation data from the first cohort, the Academy planning team adjusted the training model to reflect what is working best for sowing the seeds that will grow into community-based groups using a SRPF approach. The new SRPF Academy has evolved to include information specifically on ACEs, as well as root causes of oppression such as homophobia and racism that impact violence.
AN ACADEMY TEAM SUCCESS STORY: WILMINGTON, NC BLUE RIBBON COMMISSION ON THE PREVENTION OF YOUTH VIOLENCE

The Blue Ribbon Commission (BRC) is a nonprofit in Wilmington, NC with the goal of interrupting, “the cycle of multi-generational poverty in our community by increasing self-sufficiency, social cohesion, collective efficacy and economic stability.”

BRC joined the Academy as part of a team along with several other partners in their community. The BRC Academy team was a successful, first-time partnership between the local hospital and the local health department. Through their Academy project, the BRC team worked to improve economic stability and community and school connectedness, as well as increasing access to health services, coordination of resources, and social support. The team succeeded in reopening a neighborhood school and supporting health education and outreach through the hospital.

With these successes, additional partnerships have emerged that reflect the innovative thinking necessary to work using a shared risk and protective factor approach. Since attending the Academy the BRC has engaged with a local credit union and Habitat for Humanity to provide internships and jobs for youth. BRC also offers parenting support groups that meet at the same time as after-school tutoring for kids at the community center, further responding to the needs of their community and achieving their goal of community connectedness. BRC was able to use the knowledge and expertise gained from the Academy to successfully leverage local funding and support a remarkable array of programs.

2. Domestic Violence Shelter and Services, Communities in Schools Cape Fear, Smart Start New Hanover, and Cape Fear Habitat for Humanity
September 2018

**SUMMARY**

North Carolina began preparing for fruitful shared risk and protective factors work a decade ago when their violence prevention practitioners banded together to address cross-cutting factors that impact all areas of violence. Committing to this approach led to the collaborative development of a new online resource, PreventViolenceNC, that nurtured understanding about SRPFs and ultimately grew into the NC statewide strategic plan for all injury and violence prevention being guided by a SRPF approach. More recently NC has successfully incorporated SRPF into their Injury Free NC Academy, a central pillar in their collaboration with the UNC IPRC, and only possible with contributions of funding and expertise from a variety of violence-related programs. Other states look to NC for leadership in building effective partnerships that can turn the idea of SRPFs into work on the ground at the local level.

**KNOWLEDGE FOR ACTION**

One of the important characteristics of the Academy is that it shows participants the “how to” of public health in addition to the theories and concepts associated with shared risk and protective factors. The design of the training is set up to do this as teams are required to learn elements of a strong program and evaluation plan and then apply that learning to an actual project on the ground. This mix of theory and practice with ongoing support from Academy coaches is vital to the success of the Academy. While the trainers at the Academy have a great deal of expertise and deep knowledge of public health, team members are also equal partners in the learning experience. The trainers give teams the tools to work on upstream, root causes while at the same time allowing flexibility for teams to add in local knowledge and contextual factors that mean interventions are culturally sensitive and locally appropriate. The Academy’s model works because education is accompanied by practical tools for implementation, as well as an open dialogue between coaches and team members.

**SAFE STATES**

September 2018