RHODE ISLAND

Using Shared Risk and Protective Factors to Reach Schools and Communities

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,” a 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 Rhode Island Violence and Injury Prevention Program (RI-VIPP) had been working with partners who worked with a Shared Risk and Protective Factors (SRPFs) framework for some time before they made it a central part of their own approach. Rhode Island’s statewide Coalition Against Domestic Violence focused on community-level factors affecting multiple kinds of injury and violence when they successfully applied for the CDC Domestic Violence Prevention Enhancements and Leadership Through Alliances, Focusing on Outcomes for Communities United with States (DELTA FOCUS) grant which funds intimate partner violence prevention efforts.

In 2014 the RI Department of Health began an initiative called Health Equity Zones (HEZ). HEZs are place-based efforts focused on improving the social determinants of health and health equity in communities across the state. Next, in 2016 the RI-VIPP adopted a SRPF approach in their own work when they responded to the CDC’s Core State Violence and Injury Prevention Program (SVIPP) grant which specifically required a SRPF approach. While the DELTA grant and HEZ initiatives helped shift the conversation around health in Rhode Island toward thinking about underlying determinants of health, it wasn’t till this point that the RI-VIPP started using the language of shared risk
and protection to describe the idea of addressing the underlying factors that influence multiple health outcomes at once.

**RHODE ISLAND ZOOMS IN ON HEALTH EQUITY**

The 2014 Health Equity Zones (HEZ) initiative started by the RI Department of Health comprises an innovative, place-based effort to improve the social determinants of health and health equity in communities across the state. Participating communities conduct a health assessment to identify their top three health topics and then identify the underlying social, economic, or environmental factors that influence those topics. The identified risk or protective factors become the focus of programming in the community. The RI-VIPP collaborates with HEZs and provides technical assistance to the communities that name injury or violence topics among their top three. Another innovative aspect of the HEZs is their emphasis on braided funding, that, as RI-VIPP staff explained are “from several sources, so that communities can work together to achieve shared goals for sustained community health and economic well-being.”

With the HEZs and generally, RI-VIPP has the advantage of RI being a relatively small state where they know and are known by many of the key players in health. In addition to supporting the HEZ, RI-VIPP staff sit on the Governor’s Council on Behavioral Health as well as a new Governor’s Gun Violence Task Force. Staff are able to bring a public health perspective and injury and violence prevention expertise to these topics, as well as have the opportunity to see possible shared connections and partnerships.

When a new staff member joined the RI-VIPP from another area within the DOH, he could see connections between his previous work in oral health and lead poisoning and his current work on injury and violence prevention. For example, children with poor oral health often have low self esteem and are at increased risk for self harm or suicide. Reflecting on this connection, RI-VIPP staff explained, “By focusing on shared risk and protective factors, it allows us to leverage more resources than if we were focused only on risk factors for a specific condition.”
WORKING WITH SCHOOLS THROUGH STUDENT ASSISTANCE COUNSELORS: SUICIDE PREVENTION INITIATIVE

The RI-VIPP has been working on preventing suicide with Rhode Island Student Assistance Services (RISAS) for many years with a focus on gatekeeper trainings in schools. With funding from their SAMHSA Garrett Lee Smith Campus Suicide Prevention Grant, RI-VIPP initiated the Suicide Prevention Initiative (SPI) with RISAS as the primary implementing agency. SPI came out of a desire to reduce the costly use of the emergency department for every student that a school thought might be at risk for suicide. The SPI consists of three main parts:

1) training for all members of the crisis team in each participating school on a suicide referral protocol;
2) standardized suicidality assessment that includes assessments of both suicidal ideation and risk and protective factors for suicide and violence, and
3) a referral protocol based on the severity of the risk.

If a student is determined to be an immediate risk to themselves or others, he or she is transported to an emergency department. However, if a student is in crisis, but not in immediate danger, school personnel call Kids’-Link, a hotline located within the pediatric psychiatric hospital in East Providence. Through Kids’-Link, students are connected to a community mental health facility within 24 to 48 hours. If a student is not determined to be in crisis, they are referred to resources based on the risk factors identified in the initial screening.

SUBSTANCE ABUSE PREVENTION PARTNERS ARE A NATURAL FIT FOR SRPFs:

The RI-VIPP has a 10-year relationship with the Rhode Island Student Assistance Services (RISAS), a nonprofit that provides student assistance counselors to public schools. These counselors provide substance abuse prevention and early intervention services to middle and high schools in over half of the schools districts in the state. RISAS – which is funded primarily by the Substance Abuse and Mental Health Services Administration (SAMHSA) – has a strong commitment to a SRPF approach due to their understanding that addressing substance abuse can lead to positive outcomes for many other health issues (i.e. violence, sexual health, etc). RISAS has a long-standing infrastructure in and relationships with schools. They also see the value in working with partners on other areas, and take a broad view of everything they do, making partnership with them a natural fit for public health. Many organizations working on substance abuse prevention have a similar approach to RISAS, and are good partners for injury prevention programs seeking to use a SRPFs approach in their work.

Since the risk and protective factors for suicide are shared with many other issues (i.e., substance use, living in a home with violence, bullying, experiencing sexual or physical violence, etc.), the suicide screening becomes a way to identify students who may need a variety of supports and connect them to appropriate resources in hopes of preventing negative health outcomes. Many of these shared risk factors are themselves ACEs which are known to put youth at risk for poor outcomes in a variety of health, educational, and social domains.

The success of and excitement about this program is prompting school administrators to ask about relationships between suicidality and homicidality. Given the national concern about school shootings, there have also been discussions concerning how to use SPI or similar approaches to identify students who might become homicidal. The screening tool and the positive outcomes it has achieved have set the stage for continued partnerships between schools, counselors, and public health in an effort to reach all students in need, and provide a strong foundation of support for positive youth development.

**EMOTIONAL REGULATION PROGRAM**

The RI-VIPP and RISAS are also collaborating on the Emotional Regulation (ER) program. Developed by Dr. Chris Houck, the ER program addresses risky health behaviors and the early initiation of sexual activity in middle school students. The RI-VIPP brought the ER program to RISAS, who then adapted it to address substance use. RISAS piloted the reworked program in two middle schools during the 2017-18 school year. The ER program meets weekly for 12 weeks to teach kids strategies for how to skillfully handle charged situations. Using videos or roleplaying scenarios that discuss emotionally challenging situations, students work together to support each other to address the simulated challenges. Students discuss their emotional responses and determine how to apply the mantra of “Get out, let it out, think it out,” which means getting yourself out of the situation, letting out your frustration by talking to someone, and thinking through how to deal with a similar situation in the future. The RI-VIPP is evaluating this program for a wide array of outcomes, including its impact on students’ experience of physical fights, experience of dating violence, attitudes about violence, experiences of being bullied, self-reported substance use, and ability to regulate their feelings and behaviors. Based on the positive experiences of counselors who ran ER in the two pilot middle schools, RISAS is planning to expand the program to more schools in future years.
SRPFs are not always used as primary prevention, particularly when working with substance abuse prevention organizations. However, there is value in secondary or tertiary prevention – particularly if valuing these approaches can help injury prevention get a seat at the table. As injury prevention programs are often unable to fully implement programs with the funding available, the model of Rhode Island’s SPI is a lesson in how to share the success with a partner who may not, at first glance, have similar goals.

While SPI is primarily a screening and referral program, it successfully applies a SRPFs approach because its screening tool assesses for multiple injury and violence issues. Similarly, the ER program is designed to provide general emotional management skills in an effort to curtail substance use. RI-VIPP and RISAS program staff understand that emotional regulation skills can help students skillfully manage many life circumstances. Being able to regulate their responses to situations and reduce negative impulses can help young people resist dangerous behaviors that involve drug use as well as risky sexual behavior, bullying, assault, and teen driving.

Being open and flexible with partners to achieve shared goals, even if it may seem circuitous at first, is a wise way to expand limited resources and have a much greater impact than any individual agency could have on its own.

SUMMARY

Rhode Island’s VIPP has successfully partnered with numerous organizations and efforts that are looking upstream to address factors underlying multiple injury and violence issues. Whether they are in a supporting role, as is the case with the HEZs, or are taking the lead like with their suicide prevention and emotional regulation work, they are shifting more and more to a SRPF approach. The positive response they are getting, especially in the schools, shows their success in promoting the idea of SRPFs. School administrators want to think about how a program created for suicide prevention can be used to protect against school shootings. The substance abuse prevention agency RISAS is enthusiastic about adopting a sexual health curriculum that addresses both substance abuse and violence outcomes. All of these initiatives are promising for addressing the underlying causes of many injury and violence issues. The RI-VIPP plans to use evaluation findings to better understand the ways different interventions impact various outcomes, as well as extend a SRPFs approach into future endeavors.