



# Breaking Down Silos in Colorado:

## A Shared Risk and Protective Factor Approach to Violence

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State and public health leaders in Colorado took an early lead in applying a larger, more comprehensive lens to their violence prevention strategic planning and decision-making efforts. Since 2006, the [Colorado Department of Public Health and Environment's Violence and Injury Prevention - Mental Health Promotion \(VIP-MHP\) Branch](#) has applied a shared risk and protective factor approach across their violence prevention activities. This shift in thinking has led to:

1. More leveraged funding and resources to address multiple forms of violence at once;
2. A greater focus on community level, upstream violence prevention strategies; and
3. Increased collaboration and support for this work among community organizations and stakeholders.

This change in thinking, however, has not been without its challenges. To learn more about the why, how, and what's been learned from adopting a shared risk and protective factor approach in Colorado, read on.

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### Why did Colorado apply a shared risk & protective factor approach?

In 2006, Colorado received a grant from the Centers for Disease Control and Prevention (CDC) to develop a [state strategic plan](#) to prevent multiple forms of violence affecting children and youth by addressing shared risk and protective factors. The strategic plan focused on youth violence, child abuse and neglect, bullying, and teen dating violence.

Colorado has since built upon this initial funding and the resulting strategic plan to infuse a shared risk and protective factor approach into all their violence prevention work. This approach has become an important philosophy for the VIP-MHP Branch and has enabled them to leverage funding, staffing, and foster a shared vision for addressing injury and violence in ways that are consistent with how injury and violence are experienced in "real world" communities.

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### How did Colorado apply a shared risk & protective factor approach?

- **Strategic Planning:** The VIP-MHP Branch's strategic plan (2016) includes broad-based strategies organized around the following risk and protective factors: connectedness, economic stability, resiliency, behavioral health promotion, and healthy social norms. The strategies will be evaluated for outcomes across intentional and unintentional injury areas.

- For example, prescription drug overdose prevention activities, such as enhancing the state Prescription Drug Monitoring system and healthcare provider education on prescribing practices, will be evaluated for their impact on prescription drug overdose and for their impact on suicide, interpersonal violence, child abuse and neglect, motor vehicle safety, and traumatic brain injury.
- **Staffing:** The VIP-MHP Branch is purposeful in building a workforce that understands and promotes a shared risk and protective factor approach. They hire people who understand and value collaboration and the links among different forms of violence and injury. When possible, they also develop job positions that specifically address shared risk and protective factors. For example, in 2016, they developed a position for an Interpersonal Violence Program Coordinator whose work will be focused on protective factors for multiple forms of violence.
- **Funding:** When new funding opportunities arise, the VIP-MHP Branch incorporates shared risk and protective factors from the start. For example, they are currently braiding funding streams for sexual violence prevention (CDC Rape Prevention Education funding) and youth violence prevention (Tony Grampas Youth Services funding) to implement and evaluate [Sources of Strength](#), a program that promotes connectedness between youth, their school, and caring adults. Although Sources of Strength was developed and evaluated as a youth suicide prevention program, the VIP-MHP Branch was able to leverage sexual violence and youth violence prevention resources to fund this program because it addresses protective factors that are shared across sexual violence, youth violence, and suicide.
- **Evaluation:** The VIP-MHP Branch evaluates the work they do to demonstrate impact on both shared risk and protective factors as well as multiple forms of violence. For example, through the [Sources of Strength](#) program mentioned above, the VIP-MHP Branch will be evaluating the impact of the program on shared protective factors (youths' connectedness to school and to caring adults) as well as the program's impact on multiple forms of violence (sexual violence, youth violence, and suicide).

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## How has a shared risk & protective factor approach improved Colorado's programs?

- **Leveraged resources:** The added approach makes it easier for the VIP-MHP Branch to leverage its resources and allows them to do more with limited funding. For example, when applying for a maternal and child health funding opportunity, the Branch utilized a shared risk and protective factor approach to combine bullying and suicide priorities, with a focus on the shared "life skills" and "school connectedness" protective factors.
- **Cross-training:** This approach encourages learning and integration across the VIP-MHP Branch and the public health department more broadly. By using this approach, the Branch is able to leverage expertise from staff across the organization. For example, VIP-MHP Branch policy staff cross-train other VIP-MHP staff on how to implement systems and environmental change strategies that have the ability to impact multiple injury and violence outcomes.

- **Integration into the community:** The VIP-MHP Branch is also committed to encouraging a shared risk and protective factor approach to violence prevention at the local level. For example, the Branch required local Child Fatality Review teams to use a shared risk and protective factor approach to implement prevention initiatives in their local areas in order to receive state funding. These local teams are also encouraged to evaluate their prevention activities for impacts on multiple forms of violence.

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## What challenges has Colorado experienced & how have they overcome them?

**Challenge:** Convincing funders and decision-makers that a shared risk and protective factor approach is the right approach.

**Solution:** The VIP-MHP Branch helped decision-makers understand this approach by tailoring messages and providing concrete examples of how the approach could benefit them.

**Challenge:** Reassuring community organizations, local agencies, and advocates that their topic area will not get lost in a combined approach.

**Solution:** To address this concern, the VIP-MHP Branch took an upstream prevention approach and built the capacity of its partners to see their work within a shared risk and protective factor context. The Branch is continually working to fine-tune its language to accurately describe shared risk and protective factors as well as evaluation indicators. Collecting the same data on risk and protective factors from multiple grantees helps the VIP-MHP Branch increase its ability to make connections across multiple types of violence. For example, the Branch is leveraging an evaluation contract to gather common indicators from both sexual violence funded grantees and youth violence funded grantees to get a larger sample size and measure broader impact. Partners are still able to collect their topic-specific indicators for long-term outcomes (e.g. suicide, sexual violence, bullying), but are able to see how strategies to decrease common risk factors and increase protective factors impact multiple outcomes.

**Challenge:** Measuring shared risk and protective factors at the community level.

**Solution:** The VIP-MHP Branch strives to find measures of shared risk and protective factors at the community level. A lack of research in this area creates opportunities for the Branch to pilot community-level indicators in a variety of injury and violence prevention strategy evaluations.

## What does Colorado consider to be keys for success when engaging in this work?

- Start adding a shared risk and protective factor approach to work that is under your control (e.g. change hiring practices to cultivate a workforce that values and understands the links between multiple forms of violence).
- Maintain a shared risk and protective factor “lens” when deciding which funding opportunities to prioritize and pursue (e.g. focus on funding opportunities that leave some “wiggle room” to address shared risk and protective factors).
- Add a shared risk and protective factor approach into the overall viewpoint of the injury and violence prevention branch/unit within the health department.
- Communicate shared risk and protective factor messages in a way that is understandable to community organizations, leaders, decision-makers, and those working across different forms of violence, and be clear about how this approach benefits them.
- Provide concrete examples, even if they are still in the beginning stages, to “show” vs. just tell key stakeholders how a shared risk and protective factor approach can increase impact.

