Connecting the dots

Maryland's

Shared Risk & Protective Factor Framework for Violence Prevention

In 2015, Maryland had one of the highest violent crime rates in the nation. This was a call to action for Maryland's Department of Health and Mental Hygiene (DHMH). To address this issue, DHMH and other state agencies conducted a comprehensive statewide environmental scan to:

1. Identify existing violence prevention programs; and
2. Develop ways to include a shared risk and protective factor approach in them.

Although Maryland is still in the early stages of this process, the state has already seen improvements in funding for shared risk and protective factor efforts, including partnership-building and cross-training. To learn more about the why, how, and what's been learned from adopting a shared risk and protective factor approach in Maryland, read on.

Why did Maryland apply a shared risk & protective factor approach?

Timing has been a key factor in Maryland's adoption of the shared risk and protective factor approach. In 2015, Maryland was the 18th healthiest state but ranked 43rd for violent crime in America's Health Rankings. State health rankings are important to public health leadership, and violence in the state was seen as holding Maryland back from ranking higher. At the time, Maryland was also in the national spotlight for several high-profile gun violence cases.

These factors, in addition to CDC's *Connecting the Dots* publication, helped Maryland build a case for a shared risk and protective factor approach.

How did Maryland apply a shared risk & protective factor approach?

Maryland's DHMH and other state agencies developed the Maryland Violence Prevention Framework. The Framework is an environmental scan of existing violence prevention programs and initiatives across the life course and assesses:

- Existing violence prevention initiatives;
- Communities and individuals served by violence prevention initiatives;
- Existing coordination among violence prevention initiatives (e.g. Memorandum of Understanding, braided funding);
- Policies and funds guiding violence prevention initiatives;

- Overlap in shared risk and protective factors addressed across violence prevention initiatives; and
- Ways to align and leverage existing programs.

In May 2016, Maryland held a summit for state partners to determine how local agencies can work together to develop, apply, and sustain a shared risk and protective factor framework for violence prevention. During the meeting, DHMH engaged partners in networking opportunities, knowledge sharing, and identifying existing quantitative and qualitative measures that will allow for tracking changes in risk and protective factors over time. Attendees also looked at ways other organizations talk about and evaluate shared risk and protective factors.

From this summit, Maryland hopes to begin including a shared risk and protective factor approach to violence prevention across the state by laying the groundwork for 1) streamlining funding, 2) developing new partnerships across programs, and 3) identifying existing key indicators to track shared risk and protective factors across the state. The goal is to make this an annual summit that also includes organizations beyond just state-based government agencies.

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

- **Breaking down silos:** Public health staff, who often work independently, are more aware of the linkages between programs and shared risk and protective factors. For example, the environmental scan revealed a number of opportunities for the suicide prevention and the sexual assault prevention programs. Both programs focused on young adults in college and addressed similar risk factors, such as lack of social support, low educational achievement, and witnessing violence. In addition, partners are more aware of the connections between their programs and are more empowered to reach out to each other.

- **Funding:** Maryland has started to write shared risk and protective factors into grants and hopes to apply the Framework through future funding. For example, the suicide prevention and sexual assault prevention programs are currently coordinating partnerships between their networks in order to scale up programming, and writing collaborations into new grant opportunities.

What challenges has Maryland experienced & how have they overcome them?

Challenge: Getting stakeholder buy-in for a shared risk and protective factor approach to violence prevention.

Solution: Overcoming this challenge required building relationships. Maryland spent a lot of face-to-face and phone time explaining the goals of the project to stakeholders. They listened to stakeholder concerns and suggestions. They also engaged local health officers from the start. By getting local health officers' input on the work and the framing of the approach, Maryland was able to get buy-in from other partners.

Challenge: Getting leadership on board with a shared risk and protective factor approach to violence prevention.

Solution: Staff from Maryland's DHMH drafted a white paper that outlined the problem of violence in the state and conducted an environmental scan of the state's existing violence prevention programs and activities. These two products helped make the case to Maryland's Secretary of Health and other key leaders that 1) violence is a major public health issue in Maryland, and 2) there are many activities and programs currently underway in Maryland to address violence that are in need of better coordination. This, in turn, helped the DHMH to gain the support of public health leaders in the state for a more coordinated, shared risk and protective factor approach to violence prevention.

Challenge: Talking about a sensitive topic like violence prevention and introducing the shared risk and protective factor approach.

Solution: To address this challenge, Maryland had many open-ended conversations with stakeholders to understand their perspectives. For example, Maryland had many conversations with stakeholders in preparation for their summit. Talking with stakeholders during the planning phase helped make sure that the summit was respectful and inclusive of multiple perspectives and framed the shared risk and protective factor approach in a way that was relatable and acceptable to all in attendance.

Challenge: Making progress in spite of limited resources for this work, including money and dedicated staff.

Solution: Maryland's emphasis on partnership building and translating the approach into something tangible motivated organizations to collaborate. Organizational motivation, in addition to support from leadership, helped Maryland leverage partner resources to get donated space, supplies, and other resources for their summit.

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

- Use health rankings and other data to demonstrate how violence affects the overall health of the state.
- Leverage current events and emerging priorities (e.g. bring together various groups

  who may not normally work together for homicide prevention after high-profile violent incidents) to build a case for a shared risk and protective factor approach.
- Prepare an elevator speech and clear, tailored messages to communicate the shared risk and protective factor approach to different stakeholders.
- Obtain support from leadership. Leadership buy-in can raise the visibility of the shared risk and protective factor approach.
- Engage stakeholders in the planning, implementation, and evaluation of the approach.
- Have open-ended conversations with partners to learn what they are doing and let these conversations guide the direction of the work.
- Be patient. This work takes longer than you think.