



# SHARED RISK AND PROTECTIVE FACTOR FRAMEWORK: A COLLABORATIVE PROCESS FOR UPSTREAM INVESTMENTS

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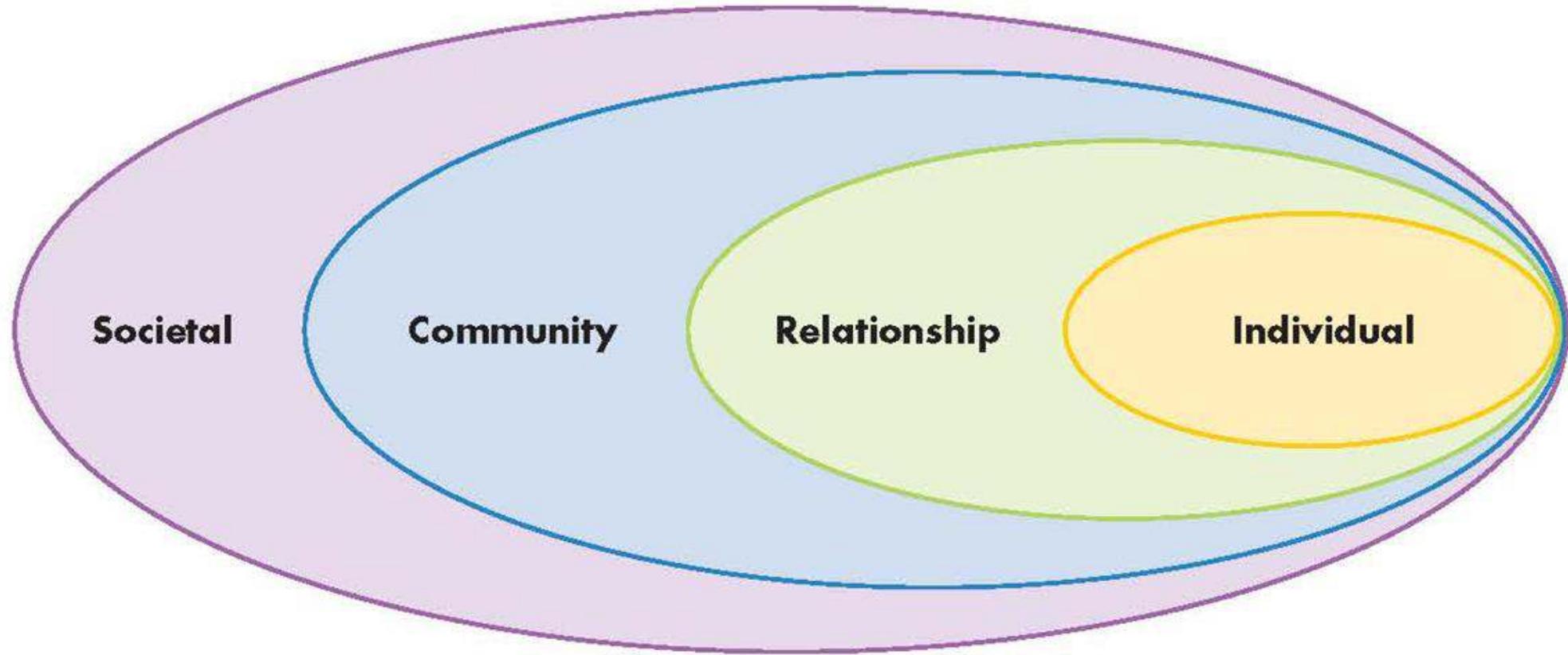
April 2022 Commissioners Meeting

April 21, 2022

# What is a Shared Risk and Protective Factors Approach

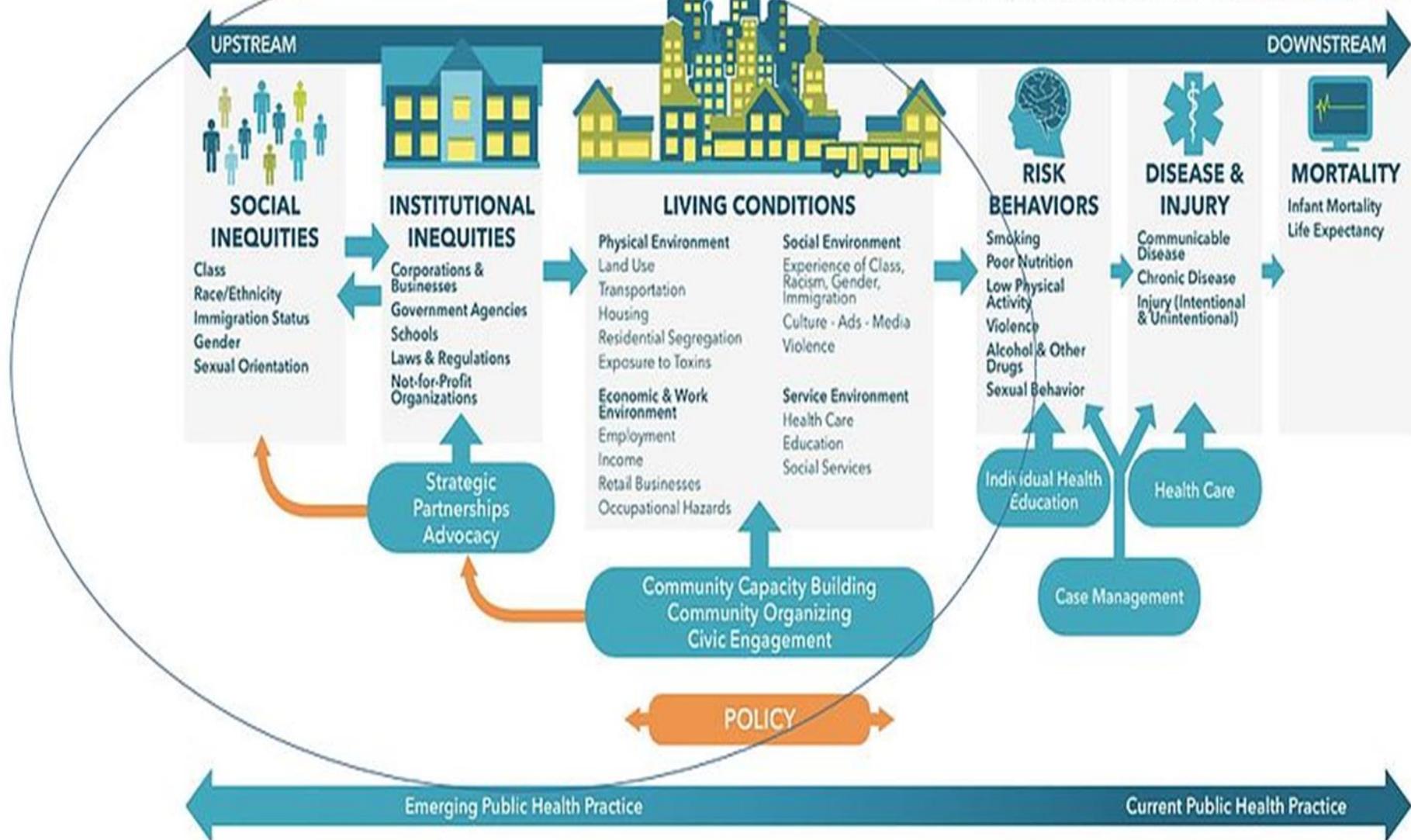
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- A shared risk and protective factor approach refers to prioritizing risk and protective factors linked to multiple forms of injury in prevention planning, partnership, and programmatic efforts (vs focusing on different injury outcomes separately).
- Is directed towards upstream factors driving behaviors and outcomes
- Takes into consideration equity and racism
- Is a collaborative process



Source: *World Report on Violence and Health*, World Health Organization

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES  
 BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



# Beginnings for Washington

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- WPIP regional network meeting – July 2019
- Internal strategic planning with DOH CORE program – 2020
- Workshop training and TA contact with Health Management Associates – 2021
  - 2 workshops with external and internal partners invited
- Washington State SRPF Workgroup initiated – January 2022

# Partner Collaborations

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## **In Washington**

DOH – IVP

DOH – Essentials for Childhood

WTSC

DSHS/ALTSA

Seattle-King County Public Health

Seattle Children’s Hospital

HCA



## **Other States**

Alaska

Colorado

Rhode Island

Michigan

North Carolina

Oregon

Idaho

## Next Steps – Building a theory of change

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- Quarterly workgroup meetings
  - Identify key protective factors
  - Connect additional partners and perspectives
  - Develop Strategies
- Find Alignment and common knowledge with existing strategic plans
- Build and refine a collaborative theory of change

# Washington Department of Health Injury and Violence Prevention SRPF Theory of Change

*Working together with communities and across agencies and programs to prevent injuries and violence and to leverage all our resources to build healthy, safe, and strong communities for all people in Washington State*

## With these resources....

- + Accurate and accessible information
- + Federal Funds
- + Supporting Data
- + Quality data on disparities
- + Adequate staff
- + Subject matter experts
- + Engaged community partners
- + Passionate staff
- + Communication tools
- + Research on Promising practices and EBO
- + Task Forces and Coalitions
- + Community based organizations
- + Advocates to promote policy changes
- + Non-federal funding
- + A culture that supports health and safety
- + Shared vision
- + Culture of inclusion, openness, and curiosity
- + Public education
- + Injury prevention environmental and injury "vehicle" innovations (better roads, safer cars)
- + Safe systems (thinking about PH issues as systems: transportation – planning for human error)
- + Built environment/wholistic system
- + Policy development

## With these partners....

- + Coalitions and Task Forces
- + People with lived experience
- + Communities – especially historically marginalized
- + State agencies
- + Nonprofits/Social and Human Services
- + Area agencies on aging
- + First Responders
- + Hospitals
- + Policy makers
- + Advocates
- + Businesses
- + Local governments
- + Local health jurisdictions
- + Media – large and small
- + Schools
- + Washingtonians exhibiting healthy behaviors
- + Providers – health care and early learning
- + Long term care
- + Senior housing
- + Skilled nursing
- + Treatment centers
- + Senior centers
- + Child Welfare
- + Indian Health Services
- + Academia and researchers
- + Tribes
- + WA poison center
- + Subject matter experts
- + Feds – NHTSA, CDC, SAMHSA
- + Community service organizations
- + Safe kids

## Using these strategies....

## To ensure all Washingtonians are....

- + Are resilient with:
  - + The ability to use resources to survive and thrive
  - + Access to resilient organizations and resilient communities
- + Are connected to:
  - + Caring support networks
  - + Coordinated resources and services among community organizations and agencies
  - + Built environments that promote connectedness
- + Have access to healthcare including:
  - + Equitable access to healthcare and emergency medical services
  - + Equitable access to mental and behavioral health services
  - + The ability to access care in ways that support current needs (e.g., in-home care)
  - + Access to affordable, equitable, and culturally sensitive services
  - + Knowledge of available health and social services
  - + Access to effectively networked and interconnected systems of care
- + Have high knowledge of child development, including:
  - + Access to skilled and knowledgeable adults in coaching, mentorship, parenting, and caregiving roles
  - + Access to education and resources about traffic safety for children
  - + Strong supports for children and adults with developmental disabilities.
- + Have positive social norms about:
  - + Safety and health, including firearm and medication safety strategies)
  - + Bystander Intervention
  - + Accessing needed social and human services
  - + Harm reduction
  - + Healthy relationships
- + Experience positive behavioral health through:
  - + Policies that facilitate connectedness and resilience
  - + Strong problem-solving skills
  - + Robust prenatal care and family supports
  - + Freedom from toxic stress
  - + Strong supports for families
- + Experience economic stability through:
  - + Access to employment providing a livable wage
  - + Access to quality education including job training and apprenticeships
  - + Strong personal finance skills
  - + Access to reliable and safe transportation
  - + Supports for people unable to work
  - + The elimination of child poverty
  - + Access to reliable healthcare
  - + Access to safe stable housing
- + Have access to affordable, quality education including:
  - + Systems of education that address needs across the life span
  - + Comprehensive health education beginning in early childhood
  - + Comprehensive early learning opportunities
  - + Family and parent engagement
  - + Access to affordable higher education

## To achieve these outcomes for Washingtonians....

- + Reduce motor vehicle crash related morbidity and mortality
- + Reduce suicide deaths and hospitalizations/ED visits
- + Reduce incidences of interpersonal violence (domestic violence and sexual assault)
- + Reduce child maltreatment
- + Reduce traumatic brain injury
- + Reduce fall related morbidity and mortality
- + Reduce opioid misuse and overdose
- + Reduce substance misuse
- + Reduce firearm deaths
- + Reduce poisoning
- + Reduce drowning

# Expected Outcomes

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- Shared Language and Focus across partner agencies – i.e. SRPF aligning with Positive Culture Framework – Changing individual behavior by creating new positive cultural norms
- Ability to look beyond the injuries to People – Community focused strategies, asking new questions, novel surveillance and analysis of data
- Open more opportunities for collaboration and blended funding to address upstream issues
- Inclusion of public health as foundational
- Move from Diversity and Inclusion to Equity and Belonging

Questions?

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# Thank You

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Office of Healthy and Safe Communities  
Injury and Violence Prevention Program



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