DEPARTMENT OF HEALTH

Preventing Injury and Violence in Minnesota

A STATE PLAN TO PREVENT INJURY AND VIOLENCE USING A SHARED RISK AND PROTECTIVE FACTOR FRAMEWORK

04/02/2021

Preventing Injury and Violence in Minnesota

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Contents

About this State Plan 1
Method of Development 1
What are Shared Risk and Protective Factors? 1
Spectrum of SRPFs Capacity 2
Beginner 2
Intermediate 3
Advanced 3
Five Major Factors and Suggested Strategies 3
Health Equity 1
Community Connectedness 5
Economic Justice 7
Built Environment 9
Social and Emotional Learning 10
Next Steps 12
Works Cited 14

About this State Plan

Preventing Injury and Violence in Minnesota is a living document that is intended to shift as the needs and priorities of health in Minnesota shift. The experience of COVID-19 reminds us all that we must work to remain in a place that allows our public health systems to be nimble and flexible to meet the needs of communities in times of stability and in times of crisis. This plan uses a shared risk and protective factor (SRPF) framework to address the larger forces that impact multiple health outcomes in collaborative and cooperative ways, emphasizing the importance of connection and partnership. By focusing on SRPF, the Minnesota Department of Health (MDH) aims to strengthen the injury and violence prevention (IVP) community by highlighting shared goals and proposing strategies to meet these goals. Past state plans have provided updates on the status of specific types of injuries including data reports and tailored goals and strategies to that topic area. This plan shifts from viewing injury prevention as distinctly different for each type of injury to viewing injury, and now including violence, as having shared conditions that make a person or community more or less likely to experience that injury or violent event.

The MDH Injury and Violence Prevention Section (IVPS) acknowledges that many organizations have been participating in initiatives that focus on SRPFs for years. The intention of this state plan is to spotlight the work of partners, create opportunity to share wisdom with peers, and draw attention to the importance of this work.

It is the hope of MDH IVPS that the state plan will act as a guide for local public health, community organizations, including both those who are currently funded by MDH and those who may become funded by MDH in the future, and other partners in prevention. While not specifically written for individuals, many of the ideas explored in this document can be used by individuals as they find ways to join in the efforts to prevent injury and violence in Minnesota.

MDH IVPS looks forward to working with partners across the state to ensure this plan reflects each member of the IVP community from local community-based organizations to statewide healthcare institutions. We are one, large, cohesive IVP community and the SRPF framework can guide us to see the intersections of our work and the collective impact our work can have to protect, maintain, and improve the health of all Minnesotans.

Method of development

This plan is based on a process that was led in 2019 by a partnership between the Minnesota Safety Council and MDH. The process focused on an assessment of actions and priorities pertaining to SRPFs identified by members of the Minnesota Injury and Violence Prevention Action Council (MIVPAC). Members were asked to identify SRPFs that their organization currently addresses along with SRPFs that they feel are the most important to address that they may or may not have been addressing at the time. During this time, MDH also contracted with Improve Group to perform a review and summary of existing shared risk and protective factors approaches across the country. Considering the responses from the MIVPAC assessment and findings from the Improve Group's summary, MDH IVPS has drafted a state plan centered on five "major factors" as the foundation for continued growth and collaboration around strategies to impact SRPFs that can include the most partners and have a meaningful effect on health in Minnesota.

What are shared risk and protective factors?

Shared risk factors are conditions that increase the likelihood of injury or violence. Protective factors are conditions that decrease the likelihood of injury or violence. Although risk and protective factors contribute to violent outcomes, they are not direct causes. For example, access to or lack of health care

can either prevent or contribute to health outcomes in the future. This plan aims to highlight the SRPFs that impact multiple injury and violence outcomes and have the most potential for collective change.

The purpose of the SRPF framework is to address upstream prevention strategies and services within the State of Minnesota. We hope that by focusing on these factors, the framework will offer flexibility in future funding streams, increase cross-sector engagement, advance policy changes that can have a broad impact on multiple health outcomes, and ultimately improve health outcomes.

A concentration on SRPFs presents more opportunities to do cross sector work because many sectors are working towards the same goal. For example, an issue area such as the built environment and health equity can be addressed by environmental justice organizations advocating for bike lanes and injury and violence prevention organizations advocating for zero traffic deaths in marginalized communities. Concerted efforts build community assets within the framework.

Spectrum of SRPFs capacity

We understand that this SRPF framework may take time to build capacity within the IVP community, but we also acknowledge that many are already doing this work. Below are some suggested actions for organizations at the beginning, intermediate, and advanced stages of incorporating SRPFs.

Beginner

Many organizations may be learning of SRPFs for the first time or realizing there is a term for the factors that link so much of IVP work together. This is a great time to explore SRPFs and use the many tools and resources that exist to define and expand on SRPFs. Resources that can be helpful to build understanding of SRPFs include:

- Safe States (https://www.safestates.org/page/ConnectionsLab#:~:text=A%20shared%20risk%20and%20protective,quality%2Dof%2Dlife%20outcomes.)
- ASHTO Introduction to the SRPF Framework (https://learn.astho.org/products/introduction-to-the-shared-risk-and-protective-factors-framework?ACSTrackingID=FCP_1_USCDC_2062-DM44706&ACSTrackingLabel=%5BProof%201%5D%20New%20Shared%20Risk%20and%20Protective%20Factor%20Resources%20Available%20&deliveryName=FCP_1_USCDC_2062-DM44706)
- CDC - shared risk and protective factors (https://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html)

After you feel more comfortable with the terms used to describe SRPFs, here are some questions to consider as you think about framing your work around SRPFs:

- What types of work are we doing that address SRPFs?
- How can we start talking about this framework?
- Who can we talk to about this framework?
- Are we already working on projects that are addressing SRPFs? Examples include adverse childhood experiences (ACEs) or projects addressing community cohesion.
- Who will take on the role of starting conversations about SRPFs?

Intermediate

Organizations may understand SRPFs and see the value of acknowledging them in your work. This state plan can guide your efforts to expand the focus on SRPFs and help further support the SRPF framework.

After you review the state plan, here are some questions to consider as you think about strengthening your SRPF framework:

- How do we support and expand champions of the SRPF framework?
- What are some grants for which we can apply that specifically focus on SRPFs or can expand our reach?
- How can we engage our community around SRPFs?
- What are some ways we can start shifting the narrative to include SRPFs as a focus?
- Who are partners with whom we want to start working now that we have a SRPF focus?

Advanced

Organizations may already be fully invested in the SRPF framework and centering programming, advocacy, and research around SRPFs. This state plan can help to increase collaboration with others, highlight the necessity of collaboration and connection, and provide some ideas for measurement and reporting of SRPFs.

Once the state plan is reviewed and processed, here are some questions to consider as you think about strengthening your SRPF framework:

- What data are we gathering that can demonstrate a change in SRPFs and their possible impact on health?
- Do all of our staff members have a shared understanding of SRPFs and their importance to our work?
- What partners are missing in our efforts to frame prevention work through a SRPF framework?
- What projects can be utilized in an integrated way to include the SRPF framework?

Five major factors and suggested strategies

The intention of identifying and defining the following five major factors and strategies is to draw attention to factors that make a difference in the prevention of injury and violence across sectors. The strategies that are listed after the explanation of each major factor aim to provide possible ways that a wide variety of organizations can work to address the major factor. Major factors were identified through a survey of MIVPAC members that asked organizations which SRPFs they felt their organization was addressing (survey implemented in 2019) and which SRPFs they felt should be prioritized. Improve Group, an external evaluation consulting group, supplied MDH with a list of SRPFs that have been shown to be correlated with injury and violence outcomes. MDH then added input as to other correlations that are known through practice, theory, or evidence. When explored all together, both sources of information identified five common themes in which the more frequently identified SRPFs could be included thus highlighting the following five factors as having great potential to impact multiple injury and violence outcomes. Each major factor is defined below with some contextual information as to how it influences health outcomes. Following each major factor is a list of suggested actions that partners can take to address this major factor in their IVP work. It should be noted that health equity is the umbrella

under which all of these factors also live. Addressing each of the major factors can also address health equity. For example, creating more just economic situations for populations will increase health equity and addressing the built environment to create more equitable living and working conditions will increase health equity. We have chosen to intentionally call it out as its own major factor to draw further attention to its importance. The five major factors are:

- Health Equity
- Community Connectedness
- Economic Justice
- Built Environment
- Social and Emotional Learning

Health equity

A SRPF framework and health equity have the same goals to use upstream prevention efforts to reduce injury and violence outcomes. Health equity is the umbrella under which all other major factors and strategies of the SRPF framework live. For example, simply adding a grocery store cannot improve food access if the food is unaffordable or not accessible by public transportation. Taking health equity into account during the planning process calls upon the other major factors of the SRPF framework. Health equity promotes the need for structural level improvements in prevention work.

> *"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care[1]." – Robert Wood Johnson Foundation*

Visualizing Health Equity – Robert Wood Johnson Foundation (2019)[2]

A health equity approach means tackling the complex combinations of policies, environmental settings, and ways of being that combine to confer disproportionate advantage or harm/exclusion by race, class, disability, gender, or sexual orientation. Interventions that address structural health disparities do not concentrate on one disease or outcome but recognize that structural changes can impact multiple diseases and health outcomes simultaneously. For example, Aqui Para Ti[3], a program of Hennepin Healthcare Systems, is working to decrease injury and violence amongst Latino/a/x (from here forth referred to as Latinx as including all who identify as Latino/a/x) youth through efforts at individual and system levels. Aqui Para Ti strives to reduce the disparities faced by Latinx youth by first providing direct services that promote physical, mental, and social health to address depression and anxiety. At the organizational level, Aqui Para Ti focuses on promoting the delivery of strength-based, trauma-informed and Latinx-friendly services within Hennepin Healthcare. Additionally, Aqui Para Ti is fostering the creation of a network of Latinx parents and the organizations supporting them to build collective power and opportunities to influence community decisions. These initiatives do not directly address injury and violence but address structural barriers to services that are shown to decrease the likelihood of a person experiencing or perpetrating injury or violence.

Health equity in all efforts means health equity must also be present in any discussion or strategy related to the other major factors.

How can my organization promote health equity?

- Understand and use the health equity toolkit [link coming soon] to involve community members and stakeholders with proposed projects.
- Examine the historical and situational context, including current policies and practices, that contribute to health inequities; for example, air pollution or economic opportunities.
- Partner with historically marginalized community leaders, community members, and other organizations that are constituent-led to do prevention work.
- Provide funding and/or support for community-defined needs.
- Support community-led evaluation or assessment initiatives to accurately learn the assets, concerns, and challenges of communities.
- Recognize that equality is not the same as equity and focus on providing more opportunities to communities that are the most disadvantaged.

MDH commits to:

- Using the MDH health equity toolkit or similar tool when planning initiatives. MDH will be ready to share a tool in late 2021 after internal piloting is complete.
- Collecting data on race, ethnicity, sexual orientation, and gender identity to monitor and ensure prevention intervention funding is reaching populations most impacted by health disparities.
- Collecting data on race, ethnicity, sexual orientation, and gender identity of leadership staff, and board members of funded organizations, where available, to assess if funding is being awarded in a representative manner.
- Learning from colleagues about participatory models for determining funding allocations, sharing decision making power directly with community leaders and community members most affected by the health issue being addressed to assess for feasibility of implementation in IVPS.

- Exploring opportunities to include health equity work as an intentional budget line item in grants for which MDH IVPS applies to support internal trainings.
- Piloting initiatives to increase engagement with members of historically marginalized communities such as partnering with community members directly in grant writing and/or determining how grant funds should be administered and distributed.
- Involve the MDH Center for Health Equity on grant applications to ensure the use of a health equity lens.

Community connectedness

The Centers for Disease Control and Prevention (CDC) identifies community support and connectedness as a community-level protective factor that can shield against sexual violence, suicide, youth violence, child abuse and neglect, elder abuse and neglect, and intimate partner violence [4]. Social processes such as social capital, social networks, and social organization are measurements of community connectedness [5] and are also identified as protective factors against violence and injury such as drug overdose [6-8]. In other words, providing opportunities and methods for connection between individuals, between people and community organizations, and between and among community organizations and social institutions can protect people and communities from experiencing many forms of injury and violence.

Connection can take place on the individual, cultural, community, and organization levels.

Connection between individuals, both actual and perceived, has been associated with an increase in one's ability to cope with a stressful event or situation and an increase in physiologic functioning such as cardiovascular, endocrine, and immune systems. Supportive relationships among people may help discourage destructive coping mechanisms such as substance use or suicidal behavior and may encourage healthy coping mechanisms [9].

While less studied, connections between individuals and community organizations such as schools, places of employment, community centers, and religious or spiritual organizations are believed to be protective factors for many health outcomes as well. This may be explained by an increased sense of belonging and worth as well as a wider circle of support resulting from connections to organizations [9].

Supporting connections to culture, including efforts to build and affirm strong positive cultural identity, practicing traditional values, languages, and spirituality and other ways of recognizing culture as prevention is a documented strategy to support the health and well-being of communities of color, including Native, African American, Asian, and Latino/Latinx peoples [10-13].

Organization-level connectedness is even less studied, but it is presumed that institutions and organizations that are connected to each other can provide more effective services to their clients or members. For example, client referrals from one organization to another can be more impactful if the organizations have a working relationship that allows for the needs of clients to be well-understood, communications lines open to provide context for the referral, and timeliness of response to the referral. In another sense, organizations that have a sense of connection can leverage their combined efforts to project a unified voice to advocate for their needs [9].

How can my organization promote community connectedness?

- Create space for individuals to have shared experiences.
- Promote connection among members of your community.

- Establish mentoring programs between youth and adults and between adults with different skills or experiences.
- Include opportunities for connection during educational or training sessions.
- Assess your attendance or participants – Who is missing? Why? Explore how to expand your attendance.
- Include cultural elders in program leadership and design.
- Explore organizations in your community. Support individuals' involvement in organizations.
- Collaborate with other organizations to work towards shared goals.
- Explore connections and opportunities through established entities such as your local Chamber of Commerce, local inter-faith groups, school boards, and community health boards.
- Ensure activities support cultural conceptions of wellbeing.
- Join a local coalition to bolster your organization's voice.
- Look into being included in referral directories.
- Support the development of culturally-specific programming.

MDH commits to:

- Supporting and enhancing the activities of the Minnesota Injury and Violence Prevention Action Council, a space in which organizations can connect and collaborate.
- Supporting collective educational experiences to broaden the IVP community's understanding and application of initiatives that impact SRPFs.
- Recognizing culture as prevention and culture-affirming and building efforts as violence prevention efforts.
- Providing leadership and guidance on data collection systems and data dissemination.

Economic justice

Research is finding that violence is associated with poverty. Poverty is a cycle based in systems that do not support fair opportunity to avoid debt, acquire jobs that pay livable wages, and create wealth. Experiencing violence associated with poverty has been linked to job insecurity, housing instability, and increased mental health challenges, further highlighting poverty as an issue of public health [15].

Poverty can be viewed as an issue of economic justice. Economic justice is a set of moral and ethical principles for building economic institutions, where the ultimate goal is to create an opportunity for each person to establish a sufficient material foundation upon which they can lead a dignified, productive, and creative life [14]. Economic justice focuses on the need to ensure that everyone has access to the material resources that create opportunities while maintaining safety in pursuit of health (defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" by the WHO [15]). Promoting and achieving economic justice involves thoughtful action by individuals, organizations, and agencies. Many different factors influence a society's ability to work towards and achieve economic justice including but not limited to the factors in Figure 1.

Figure 1. Factors that influence economic justice

The lack of economic justice in a society can result in economic injustice, which is defined by unequal access to opportunity between groups to establish dignified life conditions. Many governmental policies and institutional practices were built on the exploitation and segregation of people of color from opportunities to gain education, own property, and establish wealth through intergenerational attainment of education, property, and savings [16].

Poverty and financial security represent SRPFs that can influence a person's likelihood to experience many kinds of injury or violence. People that have been impacted by economic injustice resulting in persistent poverty, insecure housing, and wage disparities are more likely to experience domestic violence, homicide, suicide, police violence, and substance use than people who do not live in poverty [17]. Economic justice is vitally important to supporting people experiencing domestic violence. A form of domestic violence is economic abuse wherein an abusive partner limits access to money or assets as a form of control [18]. Financial abuse can make it very difficult for someone to leave an abusive relationship as they risk losing their assets. Without financial security, victims can feel like they have no other option but to remain in a violent relationship [19].

Some research has found that poverty and economic injustice are larger influences than race on police violence with law enforcement more likely to use deadly force in poorer neighborhoods [17]. MDH IVPS staff are currently engaged in an epidemiological investigation of violence and deaths experienced during encounters with law enforcement. MDH IVPS recognizes that interactions with law enforcement are complicated; we are committed to understanding these experiences of violence and sharing results of this investigation.

Achieving economic justice requires change primarily at the organizational level, but all individuals have a role to play in creating a just society. Injury and violence prevention organizations can address the shared risk factors of persistent poverty, insecure housing, and wage disparities that lead to greater risk of injury and violence through multiple avenues, one of which is to support fair and safe employment. Job training and apprenticeship, equal opportunity employment, job security, benefits associated with employment, leave policies, hiring policies, and safe working conditions are areas in which organizations can support economic justice.

How can my organization promote economic justice?

- Critically reflect on your hiring requirements: Are they posing barriers to the employment of people of color and women? Barriers could include strict educational background requirements, criminal background checks, rigidity in working hours, and a working environment that is not trauma-informed or responsive to the needs of employees.

- Share transparent salary ranges with job descriptions.
- Develop a plan to increase racial and ethnic diversity in hiring, particularly for leadership positions.
- Investigate potential disparities in salary.
- Explore methods for programs to provide direct financial aid to community members and service recipients.
- Explore opportunities to provide living wages for internships and apprenticeships.
- Create paid training programs to expand the work force.
- Assess opportunities for your organization to collect information on indicators of economic justice.

MDH commits to:

- Critically examining internal MDH hiring practices such as where and how job and internship opportunities are posted.
- Devoting time and resources to improving equity in all hiring policies.
- Considering the impact of economic justice on grantees, proposed grant funded projects, and in requests for proposals including financial templates, requirements, and vendor selection.
- Reflecting on and redesigning requests for proposals and contracts to address barriers that could inhibit smaller organizations led by people of color from applying, such as insurance requirements.
- Evaluating the distribution of funding to minority-owned and led businesses and identifying steps to improve the equity in organizations that receive funding from MDH.
- Exploring how measures of economic justice can be evaluated.

Built environment

The built environment is the man-made or modified structures that provide people with living, working, and recreational spaces. The built environment is tied to public health as the design of our communities contribute to health outcomes. Our zip codes are a better indicator of life expectancy than our socio-economic class. Identified as a community-level protective factor, the built environment can foster social cohesion, physical activity, and community development through different features in a space. Since 80% of North Americans live in towns and spend roughly 90% of their time indoors, the built environment is one of the most important habitats in which humans exist and is intimately linked with health outcomes [20]. Health is connected to all facets of the built environment from housing, transportation, sustainable communities, and community connectedness. For example, environments that encourage safe walking and biking can also prevent traffic related injuries and reduce the motor vehicle exhaust and overall air pollution in a community.

The burdens of bad design in the built environment (such as exposure to toxic pollutants and increased rates of chronic diseases) have had the largest impact on populations with lower-socioeconomic status and minority communities [20]. Acting as a conduit of health, our environments are the physical constructs that affect health outcomes. Although redlining policies are no longer legal and overt, the remnants of segregation continue to show in the built environment – from communities with quality housing stock, accessible grocery stores, and green spaces to communities without amenities due to

poor urban planning and a decades long process of neglect [21]. The built environment affects both population-based (i.e., lower overall life expectancies correlate with exposure to air pollution and poor urban planning) and individual health outcomes (i.e., lower rates of heart disease, stroke, obesity, stress, and depression associated with exposure to green space) [20, 22].

Achieving a healthy Minnesota means investing in our built environment and rebuilding right relationships with the land and water around us. Addressing disparities related to the built environment can facilitate better health outcomes both on the community and individual level.

How can my organization improve our built environment?

- Explore your community's built environment, such as accessibility of green spaces, public transportation, housing justice, and grocery store access.
- Conduct an assessment of the built environment in partnership with community members.
- Consider the built environment when planning programming both as a possible asset and challenge.
- Investigate how the community with whom you work is impacted by climate change to better inform how programming can address environmental stressors and challenges.
- Build relationships with local zoning boards to ensure your community and programming are considered during decision-making.
- Learn about the land on which you conduct business or services and acknowledge from whom the land was taken by reading the Native Governance Center Our Land Acknowledgement Statement (https://nativegov.org/our-story/the-land-we-are-on/); Learn about local campaigns to return land to Tribal Nations such as White Earth Land Recovery Project (https://www.welrp.org/) and Makoce Ikikcupi – A Project of Reparative Justice (https://makoceikikcupi.com/).
- Explore the relationship between urban planning and injury and violence outcomes.
- Join community efforts to improve access to sustainable built environment planning.
- Question how your programming may be impacted by the built environment; what changes could improve your programming or access to your programming?
- Include funds in grants to address built environment barriers to accessing educational or community programs.

MDH commits to:

- Considering the built environment as a factor to accessibility of programs that we fund.
- Emphasizing facets of injury and violence prevention that tackle the intersection with the built environment.
- Exploring how to measure and evaluate indicators of a protective built environment.

Social and emotional learning

Social and emotional learning is the process through which all people continuously learn, practice, and adapt the knowledge, skills, and attitudes to develop positive identities, manage emotions, and establish and maintain healthy relationships [23]. Social and emotional learning advances interpersonal and community connection and is especially crucial for childhood development through fostering safe,

trusting, supportive relationships that provide a sense of security. Components of social emotional learning include:

- Self-awareness
- Self-management
- Responsible decision-making
- Social awareness
- Relationship skills

Most social and emotional learning happens in childhood and adolescence, primarily in families and then schools (see Figure 2). Role modeling of social and emotional skills coupled with explicit education on these skills in both the family and school environment can promote positive outcomes in children such as reduced stress and anxiety, improved emotional regulation, and increased academic performance. Children that receive social and emotional learning education early in their life are less likely as adolescents and adults to use substances, be involved with police, spend time in a detention facility, or live in poverty [24].

Protective factors that social and emotional learning can promote include:

- Strong relationships with parents, teachers, and other positive role models
- Participation in school and community activities
- Strong feelings of self-identity, belongingness, and resilience

Figure 2. Social and emotional learning diagram [23]

Source: Collaborative for Academic, Social, and Emotional Learning (2021)

Although developing social and emotional skills is important, this type of skill learning is a lifelong process. Adults that were raised in unstable or unhealthy homes may struggle with a lack of social and emotional skills which can have adverse health outcomes. Children and adults who were unable to learn

social and emotional skills may struggle with mental health, substance use, and unstable personal relationships [24]. Adults without social and emotional skills are unlikely to be able to role model these skills for their children, thus perpetuating the cycle of people without these skills. It is important to note that the lack of social and emotional skills is never the fault of a child as these skills must be taught and learned; people are born with the capacity to learn but are not necessarily born with these skills. Compassion and trauma-informed care for adults lacking social and emotional skills are necessary to help them build these skills and improve their sense of self, emotional regulation, and relationships that can then be modeled for children [25].

How can my organization promote social and emotional learning?

- Educate yourself and your staff on what social and emotional learning includes and how it impacts your work.
- Create spaces for conversations in your organization about how staff can model healthy communication and emotional regulation for each other, clients, and the community.
- Assess how programming is strengths-based and reflective, creating opportunities for people to self-identify positive protective factors.
- Identify opportunities in programming to discuss the impact of early childhood experiences on adult health.
- Incorporate the five components of social and emotional learning into all assessments, professional development plans, and organizational strategic planning.
- Include opportunities to teach skills that address the five components of social and emotional learning during your programming initiatives.
- Explore trainings on social and emotional learning skills and support staff attending trainings.

MDH commits to:

- Improving systems to better investigate the implementation of social and emotional learning and its association with health outcomes.
- Including social and emotional learning models in supported projects.

Next steps

We hope that this state plan provides guidance, inspires questions, and presents ideas to the wide range of organizations and topics that comprise the injury and violence prevention community of Minnesota. MDH commits to using this state plan as a guide to future work.

MDH IVPS encourages our partners in the IVP community to look introspectively at what is already being done and what could be done in the future. How can we work together to meet our common goals? How can SRPFs provide a framework to increase collaboration and improve the health of all Minnesotans?

Along with the commitments listed throughout the state plan, MDH will:

- Facilitate a work group with partners to strengthen this framework within injury and violence prevention work throughout the state. If interested in joining the group, please fill out this form to receive more information: MDH Shared Risk and Protective Factors Framework Group (https://forms.office.com/pages/responsepage.aspx?id=RrAU68QkGUWPJricIVmCjAIlXQ_1lh9Pj

scY2WxoEKVUREhVVERGTUVPTTUxNkwxOFZXQjBTMjY0Vy4u&wdLOR=cDC41E785-2FA3-41B8-B2F3-02F97DD58098).

- Expand the statewide collection of SRPFs and create ways to share the data with partners and stakeholders.
- Regularly assess this state plan in collaboration with the work group to make amendments as opportunities arrive and new challenges are exposed.
- Evaluate progress towards commitments expressed in this state plan.

We invite our partners in injury and violence prevention to develop goals and strategies as MDH has in this state plan. Please continue the conversation with MDH and let's learn together how to work collaboratively to decrease shared risk factors and increase shared protective factors.

Let's increase our collective ability to find shared space and purpose to realize common pathways to achieve multiple goals – all of which lead to a healthier Minnesota!

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