Advance Behavioral Health Prevention California

Understanding Risk and Protection: Contributing Factors for Adolescent Substance Use Disorders and Mental Health

Determining prevention strategies impacting multiple risk factors with a shared risk and protective factor approach

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines risk and protective factors as the "conditions in people's lives that make them more or less likely to use alcohol, tobacco, or illicit drugs," [1] and thus, "influence the likelihood that an individual will develop a substance misuse or related mental health problem." [2] By assessing the risk and protective factors that are present within a community, preventionists can determine the most appropriate primary prevention programs, policies, and practices to implement in order to address local problem behaviors that are associated with substance use.

SAMHSA Risk and Protective Factor Definitions

Risk factors are associated with a higher likelihood of developing a problem (e.g., low impulse control, peer substance use).

Protective factors are associated with a lower likelihood of developing a problem (e.g., academic achievement, parental bonding, and family cohesion).

While risk and protective factors play a crucial role in effective substance use disorder (SUD) prevention, the application of a risk and protective factor theory is not unique to the field. The use of risk and protective factors to prevent unwanted behaviors or negative health outcomes, appears across many different prevention fields. Examples include the prevention of mental

health (MH) conditions,[3] Adverse Childhood Experiences (ACEs),[4] suicide prevention,[5] and violence prevention.[6]

From the lens of SUD prevention, this case study explores the intersections of addressing risk and protective factors from multiple behavioral health prevention fields at the same time, also known as a shared risk and protective factor (SRPF) approach. Why is a SRPF approach important? This approach acknowledges that numerous risk and protective factors are simultaneously associated with many health and quality-of-life outcomes.[7] As a result, an appropriately selected SUD primary prevention program, policy, or practice, especially in the context of implementing evidence-based strategies, may not only impact SUD outcomes, but also additional outcomes such as MH, violence prevention, trauma prevention, health equity variables, and more.

Risk and Protective Factors in Preventions: Fundamentals

In prevention, two kinds of factors influence the likelihood an individual will develop a SUD, MH condition, or other behavioral health problem: risk factors and protective factors. Risk factors are associated with a higher likelihood of developing a behavioral health problem or other negative health outcome. Protective factors, sometimes seen as positive conditions that counter risk factors, are associated with a lower likelihood of developing a behavioral health problem or other negative health outcome. Both risk and protective factors are identified via characteristics at the biological, psychological, family, relationship, school, community, and cultural domain levels.[2,8]

For effective outcomes in primary prevention, it is essential to understand risk and protective factors, including how they influence and impact local problem behaviors. This is because preventionists cannot directly change rates of SUD or other behavioral health problems in their communities; they must accomplish this through addressing associated risk and protective factors and the associated implementation of effective strategies. Once a community has identified the priority problem behaviors (e.g., cannabis use, binge drinking, etc.) to address, the risk and protective factors that most significantly influence those priority problem behaviors must be identified. Then, evidence-based programs, policies, and practices that have outcomes associated with reducing the problem behaviors via addressing risk and protective factors, can be implemented.

SAMHSA has further identified four key features of risk and protective factors:[8,9]

- Risk and protective factors exist in multiple contexts. Everyone has unique characteristics that make them vulnerable to and protect them from behavioral health outcomes. Additionally, individuals live and function within relationships, friendships, family dynamics, school and work connections, communities, and cultures. These

relationships further influence the impacts of risk and protective factors. Because no individual exists in isolation, successful prevention approaches must consider multiple domains in the selection of evidence-based prevention strategies, including at the individual, family, relationship, school, peer, and community levels.

- Risk and protective factors are correlated and cumulative. Experiencing a single risk factor leads to the greater likelihood of experiencing another, resulting in a correlation effect. It also results in a decreased likelihood of experiencing protective factors. Similarly, risk and protective factors are cumulative; for example, exposure to multiple risk factors, versus exposure to a single risk factor, increases risk of developing a behavioral health condition. The correlated and cumulative effects of risk and protective factors highlight the importance of primary prevention strategies that address multiple factors from a SRPF approach, rather than just a single factor. This includes prevention approaches such as Brief Intervention under SAMHSA's Center for Substance Abuse Prevention (CSAP) Problem Identification and Referral strategy.
- Risk and protective factors are influential over time. Adverse Childhood Experiences (ACEs),4 Positive Childhood Experiences (PCEs),[10] and other risk and protective factors can impact behavioral health outcomes across the lifespan. For example, exposure to poverty and family conflict during early childhood can impact the likelihood of a SUD outcome during adolescence and young adulthood. This also means that prior exposure to and experience of protective factors can influence the successful prevention of SUD and other behavioral health outcomes, even when exposed to risk factors later in life.
- Individual risk and protective factors can be associated with multiple outcomes. Even though prevention interventions are frequently designed to address a single behavioral health outcome, they can often impact several risk and protective factors that are associated with multiple outcomes. For example, the community domain risk factor of 'low neighborhood attachment and community disorganization' has been associated with substance abuse, school delinquency, and violence.[11] This is a SRPF approach. Prevention programs, policies, and practices that are aimed to address several risk and protective factors that are associated with multiple behavioral health outcomes, such as SUD and MH, have the greatest likelihood of positively impacting behavioral health outcomes across multiple problem behavior areas.

Risk and Protective Factors in Substance Use Disorder (SUD) Prevention

Epidemiological studies have identified an array of risk and protective factors that are specifically associated with SUD and substance misuse across multiple domains.[12] The implementation of substance use prevention programs, policies, and practices, especially those with an evidence-based approach and in line with best practices, are vital during adolescence: research shows that the risk of substance use is especially critical during key life transitions.[13] Not everyone that has been exposed to the risk factors associated with substance use will go on to develop a problem, nor is everyone with exposure to protective factors necessarily safeguarded from a future substance use challenge. Table 1 summarizes risk and protective factors that are associated with adolescent substance use. While not an exhaustive list, these risk and protective factors have been established though research and SUD prevention field best practices, are nationally accepted, and are commonly identified to focus on in the selection of evidence-based prevention strategies.

Table 1: Risk and Protective Factors Associated with Adolescent Substance Use[1, 9, 14]

Domain	Risk Factors	Protective Factors
Individual	• Conduct disorder • Early and persistent antisocial behavior • Early initiation of substance use • Favorable attitudes towards substance abuse • Internalizing behaviors (e.g., anxiety, depression, social withdrawal) • Negative emotional state • Poor coping skills and behaviors • Rebelliousness	• Ability to adapt to change and the belief in one's ability to control what happens • Emotional self-regulation • High self-esteem • Personal engagement in two or more of the following: school, peers, athletics, employment, religion/ spirituality, culture • Positive social orientation (e.g., engaging in health activities, accepting of rules and community values, positive social engagement) • Positive temperament • Strong coping skills (e.g., problem-solving skills, ability to stand up for beliefs and values)

Domain	Risk Factors	Protective Factors
Family and Relationships	• Family conflict • Family experiences of poverty • Family management problems • History of family substance misuse • Lack of adult supervision • Poor attachment with caregivers • Substance use among caregivers	• Attachment between caregivers and youth, including unity, warmth, and attachment • Communication and contact between caregivers and youth • Clear expectations for behaviors and values • Family environment with structure, rules, predictability, and parental supervision • Supportive relationships with family
School, Peer and Community	• Accessibility or availability of substances • Academic failure • Lack of plans or ambitions for the future • Low commitment to school • Norms favorable towards substance use • Peer aggression or violence • Substance use among peers	• Community norms, beliefs, and standards against substance use • Opportunities for prosocial engagement in the school and community • Opportunities for the development of skills and interests • Physical and psychological safety • Presence of mentors and healthy adults for positive emotional support • Positive social norms • Schools and student bodies with strong academic commitment

Like the risk and protective factor theories used in other prevention-based fields, there is no single risk or protective factor, or "causal" influence in SUD prevention that can change outcomes of priority substance use problem behaviors.[12] This means that community-based prevention strategies must aim to address a set of risk and protective factors that are applicable to the specific local conditions.

Notably, research has revealed that the use of risk and protective factors in SUD prevention is reliable and valid across ethnicity, gender, and geographic areas.[12] As a result, there is a strong body of peer-reviewed scientific literature supporting that the use of a risk and protective factor approach yields a predictable and desirable outcome in the prevention of substance use problem behaviors. Thus, aligning the use of evidence-based prevention strategies, which have been tested and found effective in addressing identified risk and protective factors and associated problem behaviors,[2] with a dedicated health equity lens and a culturally informed and relevant approach, is considered a best practice in the SUD primary prevention.

Risk and Protective Factors in Mental Health (MH) Promotion

MH is defined by the World Health Organization (WHO) as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships, and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community, and socio-economic development." [15]

Like the SUD prevention field, MH preventionists utilize a research-based risk and protective factor theory framework across multiple domains when determining the most appropriate strategies for primary prevention. The risk and protective factor approach for the prevention of MH conditions can be applied to many different MH outcomes, including anxiety, depression, conduct disorder, schizophrenia, and more.[3] Table 2 depicts risk and protective factors that have been specifically associated with adolescent anxiety and/or depression.

Table 2: Risk and Protective Factors Associated with Adolescent Anxiety and/or Depression[3, 16]

Domain	Risk Factors	Protective Factors
Individual	• Conflicting thoughts around religious/spiritual beliefs • Difficult temperament (e.g., low positive mood, inflexibility, withdrawal) • Exposure to stressful and/or traumatic life situations • Insecure attachment • Low self-esteem • Negative emotional state • Perception of being inherently flawed beyond repair or irredeemable • Poor coping skills and behaviors • Poor nutrition and lack of sleep • Poor social skills (e.g., communication, problem-solving skills) • Shyness	• Achievement motivation • Emotional self-regulation • Healthy diet and development • High self-esteem • Optimism • Personal engagement in two or more of the following: school, peers, athletics, employment, religion/spirituality, culture • Positive physical development • Positive self-regard • Secure attachment style • Strong coping skills (e.g., problem-solving skills, ability to stand up for beliefs and values) • Strong orientation for the future • Subjective sense of self-sufficiency
Family and Relationships	• Caregiver experiences of anxiety and/or depression • Divorce • Experiences of child abuse/maltreatment • Family conflict • Family experiences of poverty • Family history of mental health problems • Family management problems • Substance use among caregivers	• Attachment between caregivers and youth, including unity, warmth, and attachment • Clear expectations for behaviors and values • Economic/financial security • Reliable support and discipline from caregivers • Supportive relationships with family

Domain	Risk Factors	Protective Factors
School, Peer and Community	• Academic failure • Aggression towards peers • Bullying (either a victim or perpetrator) • Community-level poverty • Community-level stressful/ traumatic events or violence • Experiences of discrimination • Having few friends or few healthy friendships • Lack of access to support services • Low commitment to school • Norms favorable towards substance use • Peer rejection • School violence • Substance use among peers	• Ability to make friends and get along well with others • Academic achievement • Clear expectations for behavior • Opportunities for prosocial engagement in the school and community • Physical and psychological safety • Presence of mentors and healthy adults for positive emotional support • Positive social norms • Strong peer relationships

Importantly, MH is not just the absence of a MH condition; it is the acknowledgement that MH wellness and challenges are complex, exist on a continuum, and are experienced differently by each person.15 Preventionists who specialize in MH sometimes focus on “mental health promotion” (MHP) programming efforts to improve overall emotional wellbeing on an ongoing basis as they simultaneously work to prevent the onset of MH conditions.17 This approach results in not only preventing negative outcomes associated with MH or MH conditions, but also proactively encourages overall emotional well-being and associated resiliency.

Adopting a Shared Risk and Protective Factor (SRPF) Approach

A SRPF approach offers many strengths when implementing behavioral health prevention programs, policies, and practices. This is especially important in the context of evidence-based strategies; a difference can only be made if the prevention programs, policies, and practices selected are a good fit for both the priority problem behaviors and the underlying risk and protective factors that influence them.[2] A key first step in selecting an evidence-

based strategy that will be an appropriate fit under a SRPF approach is to understand which risk and protective factors are shared between multiple problem behaviors of concern.

As noted above, there are many risk and protective factors that are associated with both SUD and MH prevention. It's not possible to effectively address all risk and protective factors at the same time, and it's also not necessary. Following the Strategic Prevention Framework (SPF), the best way to begin preparing for a SRPF approach is with Assessment and Capacity Building. These key considerations will help preventionists begin to plan for the successful implementation a SRPF approach,[2] Key questions for consideration include:

- In the greater context of the community, how important are the particular risk and protective factors that are being considered for prevention? This isn't to say that other risk and protective factors are not important. Rather, this process determines how much the selected risk and protective factors are directly contributing to identified priority problems (e.g., underage drinking) and how much it is associated with other harmful behavioral health problems (e.g., sensation seeking and favorable attitudes toward substance use) within the community. It is important to identify local prevention needs and priority problem behaviors based on data and available information regarding local conditions.
- *Are these risk and protective factors possible to address and change?* Community prevention programs, policies, and practices are more likely to experience success if they address risk and protective factors that can realistically be influenced and changed. Considerations around local resources, capacity, community readiness, subject matter knowledge, and reasonable timelines are all important to consider when assessing the changeability of risk and protective factors.

Following these steps, it is possible to begin the Planning phase of the SPF. When looking to implement a SRPF approach, this involves understanding the common risk and protective factors that are found across multiple problem behaviors.[9] For example, Table 3 compiles the shared risk and protective factors between the substance use risk and protective factors from Table 1, and the anxiety/depression risk and protective factors from Table 2.

Table 3: Adolescent SUD and Adolescent Anxiety/Depression: Shared Risk and Protective Factors

Domain	Risk Factors	Protective Factors
Individual	• Negative emotional state • Poor coping skills and behaviors	• Emotional self-regulation • High self-esteem • Personal engagement in two or more of the following: school, peers, athletics, employment, religion/ spirituality, culture • Strong coping skills (e.g., problem-solving skills, ability to stand up for beliefs and values)
Family and Relationships	• Family conflict • Family experiences of poverty • Family management problems • Substance use among caregivers	• Attachment between caregivers and youth, including unity, warmth, and attachment • Clear expectations for behaviors and values • Supportive relationships with family
School, Peer and Community	• Academic failure • Low commitment to school • Norms favorable towards substance use • Not being college bound • Substance use among peers	• Clear expectations for behavior • Opportunities for prosocial engagement in the school and community • Physical and psychological safety • Presence of mentors and healthy adults for positive emotional support • Positive social norms

The SRPF approach offers many benefits.[18] Because SRPF approaches can address multiple problem behaviors simultaneously, they can work to change and improve several problem behaviors at the same time. As a result, a community implementing a prevention program, policy, or practice, aimed to address both SUD prevention and MH prevention, might experience improvements in both outcomes. This streamlined approach not only aligns prevention field efforts, but also maximizes local capacity and reach in prevention efforts and addresses multiple prevention priorities with a cost savings, when comparted to addressing the problem behaviors separately.

Opportunities for collaboration across different prevention fields are also possible with a SRPF approach. Preventionists focusing on SUD, MH, violence, suicide, trauma, and other fields related to behavioral health can unite their efforts in a community-based setting. This approach could also include the involvement of community sectors who support local primary prevention efforts from disciplines other than SUD prevention. Community sector representatives can be involved and offer local support and capacity. This involvement might include knowledge and subject matter expertise representation from schools, youth, caregivers, healthcare providers, media, local governments, Tribal communities, first responders, local businesses, those with lived experience, and more. These collaborative efforts might also provide the opportunity to braid funding from multiple prevention disciplines, when prevention partners with various and diverse funding sources decide to work together, as well as opportunities to increase sustainability in overall community primary prevention efforts.

Addressing the Social Drivers of Health (SDOH) and Equitable Access to Prevention

The social drivers of health (SDOH) are an identified priority area of Healthy People 203019 and have been subcategorized into five domains: (1) economic stability, (2) education access and quality, (3) health care access and quality, (4) neighborhood and built environment, and (5) social and community context. A deeper dive into the SDOH domains reveals an important observation: the impacts of SDOH conditions frequently align with known behavioral health risk and protective factors.

This association occurs because the root causes of risk and protective factors can be traced back to SDOH.20 By approaching prevention with a SRPF approach, as well as building associated local capacity for primary prevention practices, SDOH is also addressed. This results in not only focusing on the five SDOH domains as a part of primary prevention efforts, but also expanding representation of community voices and knowledge in the implementation of prevention programming and policies.

Case Study Example 1: Universal Meals Program

Health People 2030[19] identified two objectives related to nutrition and healthy eating under the SDOH condition of "Economic Stability:" (1) reduce household food insecurity and hunger,[24] and (2) eliminate very low food security in children.[25] How is California leading the nation in addressing this SDOH condition and the associated Healthy People 2030 objectives?

During the 2022-2023 school year, California began a statewide Universal Meals Program for all school-aged children attending public school districts, county offices of education, and charter schools.[26] As a result, all students can access breakfast and lunch every day at school, regardless of their ability to pay, whether they quality for free and reduced-price meals, and despite any current economic circumstances their families and/or caregivers might be facing.

California's Universal Meal Program makes it one of six states in the nation to guarantee school-aged children have guaranteed access to two meals a day while attending school. This legislation directly addresses the two nutrition objectives identified by Healthy People 2030, indirectly addressing household food insecurity and hunger as well as supporting an improvement in food security for children, thus addressing the SDOC "Economic Stability" condition in a mainstreamed, equitable and sustainable manner.

Health equity, another critical consideration in a SRPF approach, is defined by the Centers for Disease Control and Prevention (CDC), as "the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to: (1) address historical and contemporary injustices; (2) overcome economic, social, and other obstacles to health and health care; and (3) eliminate preventable health disparities." The CDC notes that this can only be accomplished by changing both systems and policies that have caused generational injustices.21 Health disparities impact many populations, including BIPOC (Black, Indigenous, People of Color) populations, (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, etc.) LGBTQI+ communities, women, those living with disabilities, people with limited English proficiency, persons who live in rural areas, members of religious minorities, and others.21, 22 Importantly, health disparities and inequities are preventable and directly related to the SDOH.

This means that SAMHSA additionally identifies some high-risk populations as "vulnerable populations," aiming to address and resolve health inequalities that specifically result in behavioral health disparities. Specific populations of focus include American Indian/Alaska Native (AI/AN); Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI); Black/African American, Hispanic/Latino, and LGBTQI+.2, 28 Within the SPF, Cultural Competence is an integral component that requires preventionists to proactively consider SDOH, health disparities, and systemic inequities that impact vulnerable populations in behavioral health.

SAMHSA Cultural Competence Action Steps:[2]

- Include a focus population in all aspects of prevention planning.
- Use a population-based definition of community (i.e., let the community define itself).
- Stress the importance of relevant, culturally appropriate prevention practices.
- Employ culturally competent evaluators.
- Culturally promote competence among program staff, reflecting the communities they serve.

It's important to note that including is not the same thing as not excluding. This distinction denotes that effective prevention must be accomplished in a way that centers community voices, especially those who represent high-risk and/or vulnerable populations. It is not sufficient to implement prevention programs, policies, and practices that simply focus on vulnerable populations; rather, preventionists must remember the "nothing about us without us" principle, ensuring that the communities and populations most affected by identified priority problem behaviors are included and engaged throughout the entire SPF process.

Implementing a Shared Risk and Protective Factor (SRPF) Approach in Substance Use Disorder (SUD) Primary Prevention Strategies

The Implementation phase of the SPF can begin as soon as a prevention program, policy, or practice that fits properly with local priority problem behaviors and associated risk and protective factors has been identified. Preventionists can most readily and appropriately identify primary prevention strategies via the selection of an evidence-based practice.29 By using a SRPF approach, a prevention program, policy, or practice that addresses both SUD risk and protective factors, as well as other behavioral health-related risk and protective factors of concern, can be determined. Preventionists can then be confident

that the subsequent implementation of the selected primary prevention strategy has been tested and found effective in addressing the identified local priority problem behaviors. To sufficiently consider the Cultural Competence component of the SPF, preventionists must also include community voices in the Implementation phase, proactively assessing local needs for diversity, equity, inclusion, and belonging (DEIB), while implementing the evidence-based practice with fidelity.

Case Study Example 2: Selecting an Evidence-Based Program: City of Preventionship

Preventionship has noticed an increased use of alcohol among middle schoolers in their suburban city. Compared to California suburban cities with a similar demographic profile, young adolescents in Preventionship are engaging in above average alcohol use. Additionally, their most recent state survey results revealed continued high rates of self-reported anxiety and a significant increase in self-reported depression during the past two years. Preventionship school staff and parents are urgently wanting to address substance use and mental health concerns. Can they address both using a shared risk and protective factor approach?

1. What prevention problem behaviors has Preventionship identified as a priority among young (age 12-12) adolescents?
    - » Above average alcohol use, high rates of self-reported anxiety, increasing incidence of self-reported depression.
2. What associated risk and protective factors are present in Preventionship?
    - » **Risk Factors**: academic failure, low commitment to school, substance use among peers.
    - » **Protective Factors**: problem solving skills, attachment between caregivers and youth.

3. What evidence-based program did Preventionship identify to address the prioritized problem behaviors and associated risk and protective factors?
    - » Positive Action.
    - » Learn more about Positive Action, including how it is a school-based evidence-based prevention strategy with outcomes in young adolescent alcohol use, anxiety and depression, as well as how it addressed the risk and protective factors identified by Preventionship: Blueprints Programs - Positive Action.

Case Study Example 3: Selecting an Evidence-Based Program: Town of Resiliencyville

The town of Resiliencyville has experienced an increase in high school substance use, especially among 9th and 10th graders. A family-oriented and tightknit town, Resiliencyville is a predominantly black community located in a rural geographic region. Parents and community members are highly engaged in the education and welfare of the town's youth, actively support neighborhood events, and are sure to attend and participate in local coalition meetings. However, there are high rates of family management problems in Resiliencyville and caregivers have expressed a need for support. While substance use and depression is a concern for older adolescents, the protective factors in Resiliencyville are also abundant, especially in the family domain: most youth report close connections with their caregivers and feel supported by their families, despite the family management challenges.

1. What prevention problem behaviors has Resiliencyville identified as a priority among older (age 15-18) adolescents?
    - » Alcohol use, including above average binge drinking, cannabis use, and high rates of self-reported depression.
2. What associated risk and protective factors are present in Resiliencyville?
    - » **Risk Factors**: family management problems.
    - » **Protective Factors**: attachment between caregivers and youth, and supportive relationships with family.

3. What evidence-based program did Resiliencyville identify to address the prioritized problem behaviors and associated risk and protective factors?
    - » Strong African American Families - Teen.
    - » This evidence-based community program is specifically designed to be culturally relevant for African American teens and families who live in rural communities. Check out the outcomes of this prevention program, including how families build protective factors and address risk factors in order to effectively prevent depression, alcohol use, and cannabis use among older adolescents: Blueprint - Strong African American Families - Teen

References:

1. Substance Abuse and Mental Health Services Administration (SAMHSA). Focus on Prevention: Strategies and Programs to Prevention Substance Use. HHS Publication No. (SMA) 10-4120. Rockville, MD, revised 2020.
2. Substance Abuse and Mental Health Services Administration (SAMHSA). A Guide to SAMHSA's Strategic Prevention Framework. HHS Publication. Rockville, MD, 2019.
3. Youth.gov. Risk and Protective Factors for Youth. Available at: https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth. Accessed April 17, 2023.
4. Centers for Disease Control and Prevention (CDC). Risk and Protective Factors. Available at: https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html. Accessed May 2, 2023.
5. Centers for Disease Control and Prevention (CDC). Risk and Protective Factors. Available at: https://www.cdc.gov/suicide/factors/index.html. Accessed May 2, 2023.
6. Youth.gov. Risk and Protective Factors. Available at: https://youth.gov/youth-topics/violence-prevention/risk-and-protective-factors. Accessed May 2, 2023.
7. Safe States: Connections Lab. The Value of Shared Risk & Protective Factor (SRPF) Approaches. Accessed April 17, 2023.
8. Substance Abuse and Mental Health Services Administration (SAMHSA). Risk and Protective Factors. Available at: https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf. Accessed March 31, 2023.
9. Substance Abuse and Mental Health Services Administration (SAMHSA). Evidence-Based Resource Guide Series: Substance Misuse Prevention for Young Adults. Publication No. PEP19-PL-Guide-1. Rockville, MD, 2019.
10. Centers for Disease Control and Prevention (CDC). Creating Positive Childhood Experiences. Available at: https://www.cdc.gov/injury/features/prevent-child-abuse/index.html. Accessed May 2, 2023.
11. Hawkins JD, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. Psychol Bull. 1992 Jul;112(1):64-105. doi: 10.1037/0033-2909.112.1.64.
12. Haggerty KP & Shapiro VB. Science-Based Prevention Through Communities That Care: A Model of Social Work Practice for Public Health. Soc Work Public Health. 2013 May; 28(0): 349–365. doi: 10.1080/19371918.2013.774812.
13. Renstrom M, Ferri M, Mandil A. Substance use prevention: evidence-based intervention. East Mediterranean Health J. 2017 May 1;23(3):198-205. doi: 10.26719/2017.23.3.198.
14. Youth.gov. Risk and Protective Factors. Available at: https://youth.gov/youth-topics/risk-and-protective-factors. Accessed April 5, 2023.

15. World Health Organization (WHO). Mental health. Available at: https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response. Accessed April 17, 2023.

16. American Mental Wellness Association. Risk and Protective Factors. Available at: https://www.americanmentalwellness.org/prevention/risk-and-protective-factors/. Accessed April 17, 2023.

17. World Health Organization (WHO). Promoting mental health. Available at: https://www.who.int/westernpacific/activities/promoting-mental-health. Accessed April 17, 2023.

18. Safe States: Connections Lab. Defining the Shared Risk & Protective Factor (SRPF) Approach. Available at: https://www.safestates.org/page/ConnectionsLabDefiningSRPFApproach. Accessed 25, 2023.

19. Healthy People 2030. Social Determinants of Health. Available at: https://health.gov/healthypeople/priority-areas/social-determinants-health. Accessed April 25, 2023.

20. Safe States. The benefits of using a shared risk and protective factor approach for prevention. Available at: https://cdn.ymaws.com/www.safestates.org/resource/resmgr/srpf_resources/benefits_of_srpf_final.pdf. Accessed April 17, 2023.

21. Centers for Disease Control and Prevention (CDC). What is Health Equity? Available at: https://www.cdc.gov/healthequity/whatis/index.html. Accessed April 25, 2023.

22. Kaiser Family Foundation (KFF). Disparities in Health and Health Care: 5 Key Questions and Answers. Available at: https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/. Accessed April 25, 2023.

23. Social Determinants of Health and Health Equity. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Flaubert JL, Le Menestrel S, Williams DR, et al., editors. Washington, DC: National Academies Press (US); 2021.

24. Healthy People 2030. Reduce household food insecurity and hunger – NWS-01. Available at: https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity. Accessed April 25, 2023.

25. Healthy People 2030. Eliminate very low food security in children – NWS-02. Available at: https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/eliminate-very-low-food-security-children-nws-02. Accessed April 25, 2023.

26. California Department of Education. Universal Meals Frequently Asked Questions. Available at: https://www.cde.ca.gov/ls/nu/univmealsfaq.asp. Accessed April 25, 2023.

27. Food Research & Action Center (FRAC). School Meals Legislation and Funding by State. Available at: https://frac.org/wp-content/uploads/School-Meals-State-Legislation-Chart.pdf. Accessed April 25, 2023.

28. Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral health equity. Available at: https://www.samhsa.gov/behavioral-health-equity. Accessed: April 25, 2023.

29. Substance Abuse and Mental Health Services Administration (SAMHSA). Evidence-Based Practice Resource Center. Available at: https://www.samhsa.gov/resource-search/ebp. Accessed: April 30, 2023.

30. Blueprints for Healthy Youth Development. Positive Action. Available at: https://www.blueprintsprograms.org/programs/182999999/positive-action/. Accessed April 20, 2023.

31. Blueprints for Healthy Youth Development. Strong African American Families – Teen. Available at: https://www.blueprintsprograms.org/programs/1036999999/strong-african-american-families-teen/. Accessed April 20, 2023.