

A RAAPS Public Health (PH) Case Study

Identifying Risk Factors to Prevent School Dropout

The Center for School, Health and Education (CSHE) was established at the American Public Health Association (APHA) in 2010 to advance the vision that all students graduate on-time. Through partnerships, policy change, and advocacy, the CSHE seeks to promote systemic conditions that support health, well-being, and educational success of all children and adolescents.

A core element of the CSHE strategic approach is to assess school-wide, the prevalence of social and environmental factors that put students at risk for poor health, unhealthy behaviors, and problems in school. The instrument used to conduct this assessment is the Rapid Assessment for Adolescent Preventive Services—Public Health (RAAPS-PH).

WHY RAAPS-PH:

RAAPS is a validated risk assessment & counseling system developed at the University of Michigan to help professionals address the risk behaviors impacting health, well-being, and academic success in 9–24 year old youth. RAAPS-PH builds on the core RAAPS assessment, which is tailored to age and screens for exposure to **social risk factors**, such as school violence, abuse, and bullying; **psychosocial responses to stressors**, such as depression and anger, and **risk behaviors**, such as suicide ideation or attempts, alcohol and substance abuse, and sexual activity.

The Public Health (“PH”) version of RAAPS is designed for middle and high school aged youth and includes questions that assess some of the causal risk factors related to poverty that can contribute to the resulting emotional and behavioral responses impacting absenteeism, poor grades and health. Because a key component of the public health paradigm is identifying and preventing the effects of harmful environmental and social factors on population health, this instrument was named RAAPS-PH to emphasize its public health focus.

Chronic exposure to social and environmental stressors (such as hunger, homelessness, teen pregnancy, and school violence) threaten healthy brain, cognitive, and social-emotional development. Youth who live in conditions of poverty are disproportionately likely to face structural and environmental barriers that expose them to persistent social stressors - putting them at disproportionate risk of serious psychological and emotional interferences (e.g., depression, stress, anxiety) and behavioral interferences (e.g., substance abuse, poor health, missing school, not being able to concentrate at school, increased risk of course failure). **Despite the prevalence of these and other risk factors, they are not routinely assessed in schools across the United States.**

RAAPS-PH identifies “causal factors”, assessing if a youth has experienced:

- Homelessness
- Lack of running water where they live
- Lack of electricity where they live
- Hunger
- Missed school because of a need to take care of someone, work, or had problem getting to school
- Missed school because of difficulties related to asthma or asthma symptoms

“We as adults must give youth a voice so we can work in partnership with them to create conditions that keep them healthy and doing well in school. Assessing what’s going on in their lives, including the social and educational aspects of their lives, did not exist before our pilot of RAAPS-PH on a school-wide basis.”

- Terri D. Wright
Director of the CSHE
American Public Health Association

RAAPS-PH also investigates other risk factors including exposure to violence or relationship abuse, discrimination and indicators of academic risk (whether students have experienced difficulty reading and failing to achieve a C or better in all of their classes on their last report card).

By being administered electronically and confidentially, RAAPS-PH provides an opportunity for youth to share some of the deep-rooted issues and challenges they may face at home, with their peers, or in school, in a private, non-judgmental context. It also allows SBHCs to provide interventions for these issues both to individual youth within the clinic, as well as school-wide.

Sustained exposure to the conditions of poverty presents a potent threat to the healthy brain and biopsychosocial development of children and adolescents, and increases the impact and severity of chronic and sometimes toxic stress on health and learning. School dropout is disproportionately prevalent in urban minority communities with high levels of concentrated poverty. **The CSHE’s work is committed to the goal of identifying and mediating the effects of environmental and social stressors that interfere with the healthy development and ability of all children to achieve their full potential.** RAAPS-PH provides an essential tool in making this possible.

RAAPS-PH provides a confidential and reliable questionnaire for identifying risk factors that can derail youths’ health, well-being, and educational success. RAAPS-PH offers the foundation of information needed to engage school personnel and youth in developing corrective strategies for managing the barriers they face and for promoting health and learning for all youth, school-wide.



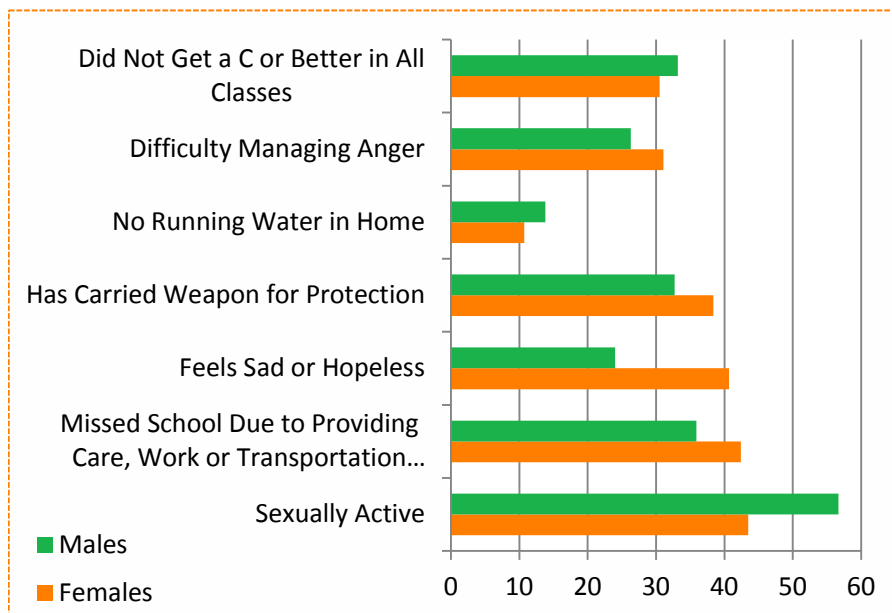
RESULTS OF THE RAAPS-PH SCHOOL-WIDE ASSESSMENT:

RAAPS-PH was recently administered in an urban high school and middle school through a partnership with CSHE and the school-based health center (SBHC). The RAAPS-PH results painted an extensive and disturbing profile of the prevalence of social and environmental conditions that threaten youths' health and progress toward graduation. **Although social challenges and risk behaviors are common among adolescents in general, RAAPS-PH showed the depth and breadth of the threats that urban minority youth face living under persistent conditions of poverty.**

RAAPS-PH found that exposure to risk factors starts early - youth in the middle school and high school report that they face violence and aggression as a part of their everyday lives, have carried a weapon to protect themselves, experience uncontrolled anger and behave in ways that get them in trouble, that they feel sad or down with nothing to look forward to -- the point where one out of every 5 girls at the middle school reports having had thoughts of killing herself, has tried to kill herself, or has otherwise hurt herself.

SELECTED RAAPS-PH FINDINGS:

(High School Data Only)



“The (RAAPS-PH) assessments gave us a better understanding of how to help these students because we had a full view of the issues impacting them, not just the issues we were traditionally accustomed to identifying. It’s one thing to have an assumption; it’s another thing to have actual data—that makes it clearer.”

- Staff member from SBHC

RESULTS OF THE RAAPS-PH SCHOOL-WIDE ASSESSMENT, CONTINUED:

Many youth also reported they had missed school because of responsibilities for caregiving, work, and transportation issues. Roughly one-third report that they did not get a C or better in all of their classes on their last report card, some of whom also report having difficulty reading. Alarming numbers report that they have no adult to turn to for support and have basic unmet needs, including lack of electricity or running water, hunger, and homelessness.

RAAPS-PH also showed that environmental and social risk factors do not tend to occur in isolation of one another. For example, about two-thirds of the middle school students and just over three-quarters of the high school students report experiencing four or more risk responses. Youth living in chronic conditions of poverty face persistent and pervasive structural and social inequities that serve to sustain these problems over time.

YOUTH IN SCHOOLS THROUGHOUT THE COUNTRY CAN BENEFIT FROM USING RAAPS-PH TO PROMOTE HEALTH WELL-BEING, AND EDUCATIONAL SUCCESS FOR ALL STUDENTS:

“RAAPS-PH is an excellent strategy that enables youth to be truthful and clinicians and the school to be responsive. It needs to be done school-wide, every year.”

- Terri D. Wright
Director of the CSHE
American Public Health
Association

SBHCs are well-positioned to serve as a catalyst and coordinating force for utilizing RAAPS-PH and advancing school-wide strategies that respond to prevalent threats to positive development and success. **By being located in schools and staffed by providers experienced in adolescent health and development, SBHCs can play a significant role in promoting healthy behaviors and school success.** SBHCs can, with students and others, identify strategies and services that are grounded in local needs and priorities, informed by students' own experiences, and based on evidence or promising practices. SBHCs can utilize public health principles and strategies, and engage community resources to provide on-site, school-wide prevention efforts coordinated with school leadership, teachers, and staff – thereby institutionalizing the school-wide policies and practices necessary to sustain a healthy, supportive, and stimulating school culture and environment.

