

Empowering Students and Creating Opportunities Despite the Odds

A Public Health Capacity Building Case Study in Cincinnati, Ohio

About Aiken High School

The staff at Aiken High School in Cincinnati, Ohio are always up for a challenge – particularly if it contributes to the success of their students. Aiken is home to an innovative “New Tech Program” – a community of learning for grades 7 to 12, dedicated to teaching the skills students need to thrive in the 21st century. For many Aiken students this mission is particularly relevant.

Cincinnati has a childhood poverty rate twice the national average, and the majority of Aiken’s 645 students live significantly below the poverty line. With 100% of the student body qualifying for the free or reduced lunch program, a chronic absenteeism rate of 19%, and a 53.8% 4-year graduation rate*, the impact of poverty on school success for Aiken students is well-evidenced.

Despite these daunting statistics, Aiken New Tech represents a safe haven and trusted center of learning for the students – as reflected by the high overall attendance rate (95.4%). Led by Principal Lisa Votaw and supported by a collaborative of community partners, Aiken provides students with critical infrastructure to help them successfully overcome barriers and achieve the school’s mission. This framework includes academic support from GE Aviation (through both financial donations and onsite mentoring) and comprehensive healthcare from the onsite, school based health center (SBHC) – a full service Cincinnati Health Department center.

CSHE’s Program to Improve Graduation by Integrating Public Health Prevention and Primary Care in Schools utilizes an ecological framework that views the student within their school and community environment to address social determinants of risk for dropout and poor health. It is comprised of an introductory, professional development phase for increasing capacity to address social barriers to graduation and concludes with assessment, development and implementation of responsive strategies.

The Public Health Opportunity

As medical director of the division of school and adolescent health in Cincinnati’s health department Marilyn Crumpton, M.D., oversees all thirteen of the city’s SBHCs. When the Center for School, Health and Education (CSHE) at the American Public Health Association offered Dr. Crumpton and Cincinnati schools strategic assistance to improve graduation by integrating public health prevention and primary care in schools – it was a perfect fit. With a master’s in public health, Dr. Crumpton appreciates the CSHE’s goal of helping healthcare practitioners with a traditional primary care role to broaden their scope to include public health practices and a vision of how to impact an entire population with preventive strategies.

“The work we are doing in the SBHCs is exciting – to be able to be a resource in the school and community for the students that need us,” shared Dr. Crumpton. “But our goal is to cover the entire population; the CSHE program helps SBHC providers and school leaders collaborate, think more preventively, and see the possibilities beyond what they are currently doing.”

Along with a series of virtual modules and a workshop in managing chronic stress in urban minority youth, the professional development phase of the CSHE program also provides clinic staff with adolescent-specific motivational interviewing strategies to more effectively engage students on difficult subjects. Mental health was of particular concern because of a spike in adolescent suicides within the Cincinnati community. The timing of these tragic events coincided with the Aiken team’s preparation to launch the Rapid Assessment for Adolescent Preventive Services - Public Health (RAAPS-PH), a risk screening system offered as part of the CSHE program for the identification of both individual and population-level risks. This collection of baseline

*Note: the graduation rate is misleading due to transience after entry in the 9th grade.

data is the first step in the assessment, planning, and implementation phase of the program. Participating schools also receive support with administering RAAPS-PH and gender and age specific youth discussion groups to guide the development of comprehensive prevention and intervention strategies.

With all of the program offerings, and its comprehensive focus on the health, social, and environmental factors that impact educational success, the Principal of Aiken High was immediately on board. *“Everyone felt an extra sense of urgency,”* Principal Votaw explained. *“We wanted to give RAAPS-PH right away. But it was equally important to have the right experts standing by when we launched the screening, so we could support at-risk students with immediate intervention.”*

Results: Identifying Individual And Population Risk Data With RAAPS-PH

The schoolwide assessment results crossed a spectrum from expected to enlightening. *“In many cases, the survey confirmed what we had expected – for example, we knew hunger was an issue,”* said Principal Votaw. *“This validated our suspicions with hard data. We found out 10% of our students hadn’t eaten since we fed them last.”*

The RAAPS-PH results also highlighted other basic unmet needs – 19% of the students lived without consistent access to running water, 10% with intermittent electricity, and 8% had unstable housing situations. Having housing however, did not make students safe. 17% had been physically or emotionally abused and 27% reported carrying a weapon for protection. In addition, a surprisingly high number (35%) of students were missing school due to caregiving responsibilities.

Perhaps not so surprisingly, these unmet needs, barriers, and caregiving burdens contributed to a significantly high cluster of mental health related issues:

- 49.31% made choices that got them into trouble when angry
- 40% felt like they had nothing to look forward to
- 27% felt sad, unsafe or afraid
- 12% had suicidal thoughts or behaviors

The onsite counseling team and the medical team rapidly assessed all students who flagged positive for risk of self-harm; among this group, 10 students were sent to the hospital and several were immediately admitted. Many more students were connected with mental health providers for ongoing care. Dr. Crumpton pointed out a critical gap that was closed with the RAAPS-PH findings: *“We had students accessing mental health services with the provider in the SBHC or with an outside community provider. But we discovered that only 5 of the students who had answered ‘yes’ to having suicidal thoughts had previously been connected to behavioral health resources. The number of mental health providers located in the SBHC has doubled as a very important part of the response.”*

Principal Votaw shared a similar story, *“We had this one young woman who was a poster child of a perfect student. We never would have guessed that she was depressed – but we discovered through this process that she had gone through some very heavy stuff at home. Afterwards she actually stopped by our office just to say thank you! Of course, we’re very thankful that she is on our radar now.”*

RAAPS-PH is a standardized screening and counseling system developed especially for youth impacted by conditions of poverty identify the inter-related factors contributing most to school dropout. Created in collaboration between the CSHE and Possibilities for Change (the parent company of the original RAAPS system), RAAPS-PH was designed with specific features for use in school-based settings:

- An assessment that can be completed on any internet-enabled device – particularly appealing to tech-savvy adolescents and easy for schools to administer
- Immediate, real-time access to results at both the individual student-level (enabling immediate intervention on critical risks) and at the population-level providing a foundation of information for professionals developing risk-prevention strategies

Outcomes: Creating A Comprehensive Prevention Strategy

With technical assistance from the CSHE team, the results from the RAAPS-PH school-wide assessment are being mapped to an action plan, with tailored age and gender-appropriate prevention strategies with a public health approach. The action plan helps to identify critical systems issues – including policies and practices that may need to be changed to support selected strategies. Ideally, these strategies can simultaneously address several identified issues – and all align to support the ultimate goal of student success and graduation.

Top priorities at Aiken include strategies to address the unmet needs of access to food and running water, and the high percentage of mental health issues across the student population. Examples of interventions which are in progress or in the pipeline for implementation include:

- A food pantry where (in alignment with the school’s mission of teaching life skills necessary for success and providing benevolent acts) students can help to run the pantry and deliver food to families in need. The pantry also increases engagement by bringing families into the school, reinforcing the role of the school as a resource hub for the community.
- Snacks and dinners for students who stay for after school activities such as tutoring or sports activities – addressing not only hunger, but also helping with school performance and ensuring students have a safer place to be after school hours.
- Laundry services and shower access are discreetly provided for students as needed. A dirty uniform is never a cause for punishment; students can simply drop off their uniform in the morning and pick it up clean at night. And a thrift closet has been set up, including a surplus of uniform pants, underwear, socks, etc., where students can “shop” if they have need.
- A dedicated “chill room” or calming room has been set up in the SBHC complete with bean bag chair, music, student painted murals, and aromatherapy where youth can decompress or remove themselves from a conflict. A set of rules and processes was created to ensure students would be able to check out of a class room and use the space without fear of punishment, and also without abusing the privilege.
- In addition, peer mediation training is being established to help students learn problem resolution while helping their fellow classmates; and bereavement and witness support groups are being created to help students navigate stressful issues, while understanding that they are not alone.

For the Aiken community these strategies are just the beginning. When asked if she would recommend this program, Principal Votaw responded, *“I would highly recommend this process to other schools. It provided us with hard data to write grants...to ask for resources...to provide statistics to our district. We were able to quantify impressions, prove what we know, and meaningfully impact risks that impede not just graduation, but the lifelong success of our students and their ability to contribute within society.”*

Dr. Crumpton shared a similar view: *“This process provides the opportunity to intervene with the individual while simultaneously impacting an entire population. Any school can benefit from this process – but especially those in underserved communities. No one has enough resources to address all of the needs of a student body, but getting the actual risk data of your school enables you to prioritize those scarce resources to the greatest good.”*

“Principal Votaw and Dr. Crumpton have captured the very reasons we developed the initiative,” Dr. Terri Wright, Director of the CSHE, explained. *“The goal of school wide risk assessment is to identify the issues derailing academic success and student wellbeing – without missing the opportunity for individual intervention as needed. We can help schools navigate the data and develop the policies and practices necessary to support tailored strategies with public health principles at the core.”*

To learn more about RAAPS innovative approach for risk screening & counseling visit PossibilitiesforChange.com

To learn more about utilizing RAAP-PH for integrating public health with primary care please contact cshe@apha.org