

Rapid Adolescent Prevention Screening (RAAPS)

An Innovation Station Promising Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Michigan	Title V/MCH Block Grant Measures Addressed
Category:	Promising	Bullying; Adolescent Well-Visit; Injury; Physical Activity; Smoking; Child Mortality; Adolescent Mortality, Vehicle Death, and Suicide
Date Submitted:	05/2020	

Practice Description

Recognized by leading health organizations as an effective and time efficient clinical tool, the [Rapid Adolescent Prevention Screening© \(RAAPS\)](#) is a standardized, validated youth risk screening and health education solution developed to support professionals in reducing the risk factors impacting the health, well-being, and academic success of youth 9-24 years. RAAPS overcomes the real-world barriers of professional's time, workflow, knowledge, and skills as well as barriers such as youth honesty and engagement.

Purpose

According to the U.S. Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), nearly 75% of serious injury and premature death in youth is a result of preventable, risky behaviors. RAAPS has been extensively tested and proven to be reliable and valid at assessing risks identified by the CDC as contributing most to preventable morbidity and mortality in youth. RAAPS is the first technology-based risk identification and coaching system that was created specifically for professionals working with youth. RAAPS digitally empathetic technology eliminates the most common real-world barriers to risk screening:

- **Efficiency:** completed by most youth in just 5 minutes. Professionals know key risks before they meet with youth face-to-face.
- **Efficacy:** it has been proven that youth are more honest with a technology interface when disclosing risks than with traditional oral or paper survey methods. With technology more risks are identified and youth lives improved. Plus, youth were involved with every aspect of the RAAPS development – ensuring the questions, technology design, and images are relevant and engaging.

- **Digital Empathy:** RAAPS takes an interactive, cutting-edge approach to technology-based assessment and coaching by dynamically embedding the core principals of digital empathy, such as concern and caring for others expressed through computer-mediated communications, into the user experience. A personalized user experience encourages youth to be more honest allowing professionals to identify those youth in greatest need and provide resources and support for care management.
- **Insight:** real time reporting provides easy access to data (identify trends, track outcomes, tailor programming)
- **Standardization** ensures every youth are asked the same questions, the same way, every time.
- **Evidence-based** tailored risk education is automatically generated for youth when they complete RAAPS, tailored to the risk information they shared, and health literacy features include an audio option for listening to the text as well as reading. The tailored health messages are also available to professionals at-a-glance, and use behavior-change science to help navigate difficult conversations regardless of their level of familiarity or comfort with the topic. Education provided includes ideas for behavior change, statements to increase self-efficacy, and national resources.

Given that brain development changes dramatically between ages 9 to 24, an older child (ages 9-12) needs questions to be framed very differently than a teen (ages 13-18) in order to understand a question and respond appropriately. In addition, risk behaviors change over time – sexual activity, unsafe driving, and binge drinking are examples of risks that tend to be age-related. To help professionals effectively address these changes, RAAPS is tailored for age-specific risks and language, with three distinct tools available in English and Spanish:

- Older Child – for ages 9-12
- Adolescent – for ages 13-18
- Young Adult – for ages 19-24

By offering the versions tailored by age, RAAPS helps ensure all youth screened are able to provide the most accurate answers possible, helping professionals connect them with the care and resources they need.

Practice Foundation

Health Belief Model: In order to adopt health behaviors, an individual's perceptions of risk for health problems and perceived benefits of action must outweigh their perceived barriers to action.

RAAPS tools are reviewed and updated biennially to incorporate the latest in evidence-based guidelines and changing trends in youth risks. The type and prevalence of youth risks change over time. Vaping, texting while driving, and the number of youth struggling with anger management or carrying a weapon for protection are just a few examples of changes to the RAAPS content since its initial development in 2006. In addition, the language youth use to describe these risks changes dramatically and must be updated for relevance and engagement. Each biennial update begins with a comprehensive literature review of peer-reviewed journal publications and youth risk data from the CDC, NIH, and WHO. In addition, over 3500 clinicians and professionals actively using RAAPS are surveyed to gather data on the assessment

questions and youth responses. Updates are then reviewed by a panel of youth in order to ensure accuracy in question comprehension and relevance in language choice.

RAAPS integrates behavior change science to deliver tailored evidence-based health education to risks identified by each youth. This education was developed using findings from literature reviews of health education that has been shown to be most effective at reducing youth risk. Education provided doesn't focus on the "why" a behavior is unhealthy, blame or shame, but instead includes ideas for behavior change, statements to increase self-efficacy, and national resources directed to youth. Youth review of and involvement in the development of the health education has helped to increase engagement, health-literacy, and age-specific relevance.

Social Determinants of Health/Systems Theory: Improving population health requires addressing underlying social and systemic issues preventing healthy behaviors, such as poverty, lack of affordable housing, discrimination, underemployment, and inequitable access to education.

Developed in partnership with the American Public Health Association (APHA) Center for School, Health and Education (CSHE), RAAPS for Public Health (RAAPS-PH) builds on the core 21-question RAAPS assessment, with 11 additional questions capturing the prevalence of social and environmental conditions that threaten youths' health, well-being and progress toward graduation. RAAPS-PH uncovers chronic exposure to social and environmental stressors (such as hunger, homelessness, teen pregnancy, and discrimination) that threaten healthy brain, cognitive, and social-emotional development. RAAPS-PH was designed to be easily administered in a school or community-based setting - with no clinical background required.

RAAPS-PH identifies SDOH affecting health, wellbeing and graduation rates:

- Missed school due to providing care, work or transportation
- Academic success and difficulty reading
- Asthma
- Basic needs, like food, water and electricity
- Homelessness
- Pregnancy
- Discrimination

A review of RAAPS-PH findings year over year shows how use of RAAPS-PH can provide the opportunity to identify and address risk to make a difference in the lives of youth:

- 69% now receive enough food
- 55% no longer miss school
- 53% resolved feelings of depression
- 33% are now getting a "C" or better in all classes

Core Components

RAAPS is a standardized, validated youth risk screening and health education solution developed to support professionals in reducing the risk factors impacting the health, well-being, and academic success of youth 9-24 years.

RAAPS is used to screen nearly 50,000 youth annually in medical practices, school-based health centers, schools, and other youth serving organizations in over 400 sites across the U.S.

In a survey of individuals using RAAPS, 98% would recommend it to other providers and professionals working with youth.

Since its launch in 2006, RAAPS has also been recognized by several leading health organizations for use as a clinical tool for youth risk assessment:

- US Department of Health and Human Services Office of Adolescent Health (OAH)
- Agency for Healthcare Research and Quality (AHRQ)
- Society of Adolescent Health and Medicine (SAHM)
- National School Based Health Alliance (SBHA)
- American Academy of Pediatrics (AAP)
- Children’s Hospital Association (CHA) - RAAPS-PH

Case studies showcasing successful use of RAAPS with different populations, in various settings and locations are available here: <https://possibilitiesforchange.org/resources/#case-studies>.

The core components of this program included licensing RAAPS from Possibilities for Change, orienting staff on the use of RAAPS, implementing RAAPS into the organization’s workflow, and review of RAAPS individual and population based reports to inform youth care, for case management and to assess population risk trends and efficacy of services and programs.

Practice Activities

Core Component	Activities	Operational Details
Implementing	Licensing and implementing RAAPS	A license is required for use of RAAPS. Implementation into the organization’s workflow is then needed for successful use.
Youth Risk Screening	Screening of youth risk factors	Accurately screens and routinely rescreens the risk factors most impacting youth health and well-being.
Connecting	Follow-up with professionals and referrals and linkages to external community resources as needed	The professional reviews the results of the risk screening and meets with youth to discuss and provide risk reduction coaching. Professionals may also facilitate referrals and linkages to external community partners.

Evidence of Effectiveness (e.g. Evaluation Data)

RAAPS has been validated as an efficient and effective comprehensive youth risk screening tool as well as an effective depression screening tool. The following are abstracts from our peer-reviewed articles:

Note: the long form name of the RAAPS screening tool was updated in 2020 from “Rapid Assessment for Adolescent Preventive Services” to “Rapid Adolescent Prevention Screening.”

Validity and reliability of the rapid assessment for adolescent preventive services adolescent health risk assessment

Salerno J, Marshall VD, & Picken EB. (2012); Journal of Adolescent Health, 50(6):595–599. doi: 10.1016/j.jadohealth.2011.10.015. <https://www.ncbi.nlm.nih.gov/pubmed/22626486>

Purpose: Seventy-five percent of adolescent morbidity and mortality is a result of risky behaviors. The Rapid Assessment for Adolescent Preventive Services (RAAPS) is a 21-question adolescent risk screening tool developed to identify the behaviors contributing most to adolescent morbidity, mortality, and social problems. The aim of this study was to evaluate the validity and reliability of the RAAPS.

Methods: This study used psychometric methods to establish face-, content-, and criterion-related validity and inter-rater and equivalence reliability. Focus groups with adolescents (n = 21) and health care professionals (n = 7) were facilitated to establish face validity. Adolescent expert review (n = 10) was gathered to establish content validity and reliability. A retrospective chart audit of adolescents (n = 263) who completed both the RAAPS and the Guidelines for Adolescent Preventive Services risk questionnaire was conducted to assess criterion-related validity and equivalence between paired question responses using Cohen kappa measure, percent agreement, and Fisher exact test.

Results: Face validity was established by consensus of focus group. Adolescent expert content validity index scores ranged from 0.825 to 1.0, and inter-rater content agreement ranged from 0.9 to 1.0. Cohen kappa ranged from 0.44 to 0.99; percent agreement ranged from 0.71 to .99; Fisher exact test resulted in all $p > 0.05$ establishing criterion-related validity and equivalence.

Conclusion: Validity and reliability of the RAAPS as a measure of adolescent risk behaviors was established.

Results indicate RAAPS is an acceptable screening tool in identifying adolescent risk behaviors, contributing most to morbidity, mortality, and social problems.

Evaluation of the RAAPS risk screening tool for use in detecting adolescents with depression

Salerno J, & Barnhart S. (2014). Journal of Child and Adolescent Psychiatric Nursing, 27(1): 20-25. doi:10.1111/jcap.12060. <https://onlinelibrary.wiley.com/doi/abs/10.1111/jcap.12060>

Problem: Screening is vital to quality adolescent care, but using multiple surveys to screen depression and interrelated risk behaviors is difficult. The aim of this study was to evaluate RAAPS effectiveness as a screening tool for adolescent depression.

Methods: Cronbach's α , area under the receiver operating characteristic (ROC) curve, sensitivity, specificity, and positive and negative predictive values were assessed.

Findings: Cronbach's α was 0.66 overall. The ROC curve is 0.86. Sensitivity and specificity were 0.86 and 0.71, respectively. The positive predictive value is 0.46 and the negative predictive value is 0.95.

Conclusion: Results indicate RAAPS may be an effective screening tool for identifying adolescent depression.

Additionally, Possibilities for Change released a white paper on RAAPS ROI.

Reducing the Cost of Youth Risk Identification & Intervention: Getting Results With RAAPS

A discussion of public health costs across 6 key adolescent risk factors—and the savings that can be achieved through the utilization of RAAPS, a standardized, validated risk identification and intervention tool.

Our white paper observes and discusses:

- Risk behavior incidence within the RAAPS population
- Comparison with behaviors across the U.S. population
- Risk behavior reduction with RAAPS intervention
- Economic impact on public health

Overview:

Implementing RAAPS can help **lead to substantial public health cost savings and improved patient outcomes**. Just take a look at the potential public health costs and savings—for the 338 sites that used technology based RAAPS in 2019 to support 42,630 adolescents:

RAAPS Potential Public Health Cost Savings in 2019			
RAAPS Risk Category	Potential Annual Public Health Costs for RAAPS Population	% No Longer at Risk after RAAPS intervention ²	Potential Annual Public Health Cost Savings with RAAPS Utilization
Helmets (Non-Use)	- \$795,700	42%	\$334,194
Seatbelts (Non-Use)	- \$943,637	52%	\$490,691
Unprotected Sex (Pregnancy & STIs)	- \$1,892,371	58%	\$1,097,575
Obesity (Diet & Exercise)	- \$28,215,000	48% (average ³⁸)	\$13,543,200
Suicide	- \$17,810	45%	\$8,015
Substance Abuse (Alcohol & Tobacco)	- \$3,503,510	39% (average ³⁹)	\$1,366,369
TOTAL POTENTIAL PUBLIC HEALTH COSTS	- \$35,368,028	TOTAL POTENTIAL SAVINGS WITH RAAPS	\$16,840,044

Due to the nature of youth intervention, annual savings will compound over time, so these numbers are very conservative. [Read more in the full white paper.](#)

Reporting with RAAPS

RAAPS population reports have been used successfully by organizations to showcase need. These reports are continually updated based on professional’s feedback to provide the most robust information to organizations and professionals on their populations. Two newly created reports allow for a deeper understanding of subpopulations at risk and risk changes over time for those youth with identified risks. An easy to use reporting infographic was also developed to assist organizations in presenting their youth data visually.

Report	Description
Risk Over Time	Identifies positive behavior changes over time in youth completing more than one survey.

Subpopulation Risks	Allows you to dig deeper into the risk behaviors for specific subpopulations of youth you identify.
RAAPS Reporting Infographic	A customizable tool that allows you to visually present your organization's data in a user-friendly format.

These reports along with others within the RAAPS technology-based system have led to positive changes in practice, youth programming, and resources or referrals provided to youth.

Replication

RAAPS is used to screen nearly 50,000 youth annually in medical practices, school-based health centers, schools, and other youth serving organizations in over 400 sites across the U.S. In a survey of individuals using RAAPS, 98% would recommend it to other providers and professionals working with youth.

Since its launch in 2006, RAAPS has also been recognized by several leading health organizations for use as a clinical tool for adolescent risk assessment:

- US Department of Health and Human Services Office of Adolescent Health (OAH)
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- National School Based Health Alliance (SBHA)
- American Academy of Pediatrics (AAP)
- Children's Hospital Association (CHA) - RAAPS-PH

Testimonials from RAAPS users include:

- "Since our practice adopted RAAPS, there has been a significant shift... with the knowledge gained through simple, tech savvy screening in a population who notoriously does not talk to adults." DNP, PNP | Federally Qualified Health Center
- "RAAPS gives providers the ability to discuss sensitive subjects... For many youth, RAAPS gives them the ability to ask for help when they are too afraid to ask out loud." FNP | School-Based Health Center
- "We prevented what would have been a tragedy – a student had a plan to commit suicide that very day. With the information we learned in RAAPS, we were able to get the student counseling and admission to in-patient care that they needed." DNP, PNP | School-Based Health Center
- "Sometimes we see patients, address their needs, but don't have a chance to discuss other things. RAAPS assists with starting that conversation." NP | School-Based Health Center
- "RAAPS gives the doctors a starting point of what's important for each teen; it helps them tailor and focus the visit to use their time with the patient more effectively. It has been successful in identifying really important risks and in learning things we wouldn't have before." [NCQA-recognized, patient-centered medical home in Cary, North Carolina](#)
- "It was a little dire to find out what these kids are living with every day – they are just trying to go to school yet they have this heavy burden—but it was so important that we did this. Having this data will help drive all of our work going forward." [School-wide screening across an entire county with the Pender Alliance for Teen Health \(PATH\)](#)

- “Technology and teens go hand in hand. So the on-line screening was great. The teens had a feeling of anonymity and felt that technology offered better confidentiality. Teens might come into the centers multiple times for stomach aches or headaches, but sometimes these ailments can be a manifestation of problems at home, bullying at school, or fighting with a boyfriend or girlfriend. RAAPS helped us more accurately and quickly pinpoint possible reasons for these physical health issues.” Michigan Department of Community Health | [Meeting the Challenges of Risk Screening in Michigan’s School Based Health Centers](#)

We have also completed [case studies on the use of RAAPS](#) by multi-disciplinary professionals in various settings. Below is a summary of a case study demonstrating positive outcomes and impact on youth health and wellness. The Center for School, Health and Education (CSHE) at the American Public Health Association offered strategic assistance to Cincinnati public schools to improve graduation rates by integrating public health prevention and primary care which included school-wide administration of RAAPS-PH.

Empowering Students and Creating Opportunities Despite the Odds: A Public Health Capacity Building Case Study in Cincinnati, Ohio

Summary: Aiken High School launched the Rapid Adolescent Prevention Screening - Public Health (RAAPS-PH) as part of the CSHE program for the identification of both individual and population-level risks. This collection of baseline data was the first step in the screening, planning, and implementation phase of the program. Participating schools received support with administering RAAPS-PH, and follow-up gender and age specific youth discussion groups to guide the development of comprehensive prevention and intervention strategies within their schools.

Results: *“In many cases, the survey confirmed what we had expected. For example, we knew hunger was an issue,”* said the principal of Aiken High School, Lisa Votaw. *“This validated our suspicions with hard data. We found out 10% of our students hadn’t eaten since we fed them last.”*

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.

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, Medical Director of the Division of School and Adolescent Health at the Cincinnati Health Department, 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 stopped by our office just to say thank you! We’re very thankful that she is on our radar now.”*

Outcomes: With technical assistance from the CSHE team, the results from the RAAPS-PH school-wide assessment were mapped to an action plan, with tailored age and gender-appropriate prevention strategies with a public health focus. The action plan is being used to help to identify critical systems issues, including policies and practices that may need to be changed to support selected strategies. Ideally, these strategies will simultaneously address several identified issues and will align to support the ultimate goal of student success and graduation. Top priorities at Aiken include addressing the unmet needs of access to food and running water and the high percentage of mental health concerns across the student population.

See full case study for more: <https://possibilitiesforchange.org/wp-content/themes/risusagency-child/case-studies/CSHE-School-Wide-Screening.pdf>

Additional case studies showcasing successful use of RAAPS with different populations, in various settings and locations are available here:

<https://possibilitiesforchange.org/resources/#case-studies>

Section II: Practice Implementation

Internal Capacity

Successful implementation of risk screening with RAAPS requires buy-in from organization’s leadership, and a designated site administrator responsible for providing access to the RAAPS screening tools to all organization personnel intending to use them. The position of the site administrator may vary depending on the organization type, but is generally someone who is able to guide the implementation and workflow for other personnel involved. Possibilities for Change provides a robust online training and resources to support onboarding for organizations.

Collaboration/Partners

Our key stakeholders are youth and the professionals that treat and support them. RAAPS was originally developed in 2006 by a team of researchers and multi-disciplinary clinicians at the University of Michigan with strong youth involvement every step of the way. Current literature on youth risk along with U.S. Centers for Disease Control and Prevention (CDC) youth risk behavior and morbidity and mortality data from the Youth Risk Behavior Surveillance System (YRBSS) was reviewed to determine moderate-high risk factors to include in the RAAPS.

Questions were developed and Dr. Salerno and her team worked with youth directly, to gather feedback on comprehension and question wording. This process is repeated biennially with additional stakeholder feedback of over 3500 professionals actively using RAAPS. These professionals are surveyed to gather their experience and feedback on each of the RAAPS questions. These findings are incorporated into the biennial process of updating RAAPS, prior to the review by a panel of youth to ensure accuracy in question comprehension and relevance in language choice.

Additionally, the team at Possibilities for Change is continually assessing feedback and trends to create supplementary materials to support professionals and engage parents in the screening process, helping to ensure a strong and cohesive circle of care. These materials include Motivational Interviewing Training for professionals and Teen Speak parent materials and training support. Additionally, our Teen Speak Training of Educators prepares professionals to equip parents with effective, real-world communication strategies to reduce youth risk factors and build strong family relationships. Trainings can be facilitated in many ways to meet the needs of participants – as workshops, book clubs, lunch and learns, one on one – in person or virtual, organizations choose what works best for them.

Practice Cost

Costs varies depending on organization. Contact info@pos4chg.org to receive a price quote for licensing RAAPS.

Practice Timeline

Timeline for implementation varies depending on the organization size, needs and workflow. Below is a sample of some of the key steps:

Practice Timeline				
Phase	Description of Activity	Date/ Timeframe	# of hours needed to complete/ oversee activity	Person(s) Responsible
Planning/ Pre- implementation	Internal buy-in obtained for licensing RAAPS	--	--	--
	Internet access and device access confirmed	--	--	--
	Finalized license agreement and payment received	--	--	--
Implementation	Site admin complete database customization	--	--	--
	Technology & Workflow call with P4C Rep	--	--	--
	RAAPS technology access given	--	--	--
	Go Live	--	--	--
Sustainability	Annual license renewal	--	--	--

Resources Provided

The materials included when licensing the RAAPS Package include:

Item	Description
Let's RAAP	Overview of RAAPS and the science behind the assessments. This document answers questions about RAAPS history, development, validation, endorsement, health messages, and billing.
Getting Started with RAAPS	<p>Getting Started with RAAPS document provides suggestions for implementation – including process and workflow changes to maximize adoption of RAAPS to ensure a smooth integration with staff, youth, and their families.</p> <p>Risk Screening Infographic provides an overview of risk screening considerations to improve services and outcomes.</p> <p>Health Rights for Teens is an example of a privacy/confidentiality statement that may be shared with youth prior to the start of their visit, service or program.</p> <p>Workflow Infographic provides information on creating clinical workflows to ensure ease of risk screening for youth and staff.</p> <p>Office Posters - Print-ready RAAPS wall posters to let youth and parents know RAAPS is a standard part of services provided within your organization.</p>
RAAPS Assessments	<p>RAAPS assessments in English and Spanish:</p> <p>Older Child – developed for ages 9-12 Standard – developed for ages 13-18 College Age – developed for ages 18-24</p> <p>Each of the above files are provided in a user-friendly PDF</p> <p>The PDF is formatted for ease of use by both youth and professionals. All positive answers are identified in the right column of responses on the document.</p>
Professional Support	<p>Coaching Tips - Support for professionals in discussing risk behaviors, including suggestions for starting the conversation and responding to positively answered RAAPS risk questions.</p> <p>Out and Healthy LGBTQ Support Guide - Additional information and resources for professionals in working with LGBTQ youth and their families.</p>
Youth Health Messages	<p>Risk-specific, evidence-based messages that you can distribute to youth for the specific risks they have identified on RAAPS. These messages utilize behavior change science and include ideas for taking action to be safer and for seeking help when needed. They are organized by category of risk with RAAPS question numbers included to identify which message corresponds with each question.</p>
Parent Resources	<p>Parent Brochure - Information for parents on youth risk screening and why it is important. Includes an introduction to RAAPS and helps to explain the screening process – including the importance of privacy and confidentiality.</p> <p>Parent FAQ – Provides talking points for the most common concerns of parents (confidentiality, privacy, sensitive risk topics). Providers can share directly with parents or use as a reference when addressing parent concerns.</p>

Lessons Learned

Tracking risk behaviors at the population level is the most direct and valuable way to support youth. The thousands of professionals that have integrated RAAPS into their workflow have found that quality of care has substantially improved with the help of real-time data and reporting. With RAAPS reporting, professionals gain valuable insight into population data that can be used to direct programming and services, facilitate continuous quality improvement projects, describe population need, and report organization or project outcomes.

RAAPS Innovative technology collects data to help answer key questions:

- What are the greatest risks in my youth population?
- What risk disparities exist in my youth population?
- Are we seeing improvements in youth risks over time?

RAAPS population reports have been used successfully by organizations to showcase need. These reports are continually updated based on professional's feedback to provide the most robust information to organizations and professionals on their populations. Two newly created reports allow for a deeper understanding of subpopulations at risk and risk changes over time for those youth with identified risks. An easy to use reporting infographic was also developed to assist organizations in presenting their youth data visually: <https://possibilitiesforchange.org/lets-get-visual-presenting-raaps-data/>

Report	Description
Risk Over Time	Identifies positive behavior changes over time in youth completing more than one survey.
Subpopulation Risks	Allows you to dig deeper into the risk factors for specific subpopulations of youth you identify.
RAAPS Reporting Infographic	A customizable tool that allows you to visually present your organization's data in a user-friendly format.
Risk Ranking (Top Ten Risks)	Overview of population risks ranked by prevalence.

These reports along with others within the RAAPS technology-based system have led to positive changes in practice, youth programming, and resources or referrals provided to youth.

Additionally, Possibilities for Change releases annual RAAPS overview data to help exhibit and identify youth health trends and inform interventions. Organizations can use this data to benchmark their youth populations and showcase need and disparities in risk areas in their communities. The RAAPS risk over time report provides a comprehensive review of positive risk changes over time across youth populations, helping to support the case for prevention (which can be difficult to quantify).

Next Steps

RAAPS is updated biennially to incorporate the latest in evidence-based guidelines and changing trends in youth risks. The type and prevalence of youth risks change over time. Vaping, texting while driving, and the number of youth struggling with anger management or carrying a weapon for protection are just a few examples. In addition, the language youth use to describe these risks changes dramatically over time and must be updated for relevance and engagement. Each update begins with a comprehensive literature review of journal publications and youth statistics data from the CDC, NIH, and WHO. In addition, over 3500 clinicians and

professionals actively using RAAPS are surveyed to gather data on the assessment questions and youth responses. These findings are incorporated into the update prior to the final step of the process—a panel of youth and young adults are engaged to review the updates in order to ensure accuracy in question comprehension and relevance in language choice. The current RAAPS in use is Version 8 (2020).

Practice Contact Information

For more information about this practice, please contact:

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