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Public Health Nurses' Perceptions of High School Dropout Rates as a Public Health Issue

Maria Wallace
Walden University

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Walden University

College of Health Sciences

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Maria Wallace

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the review committee have been made.

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The Office of the Provost

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Abstract

Public Health Nurses' Perceptions of High School Dropout Rates as a Public Health Issue

by

Maria Wallace

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

November 2019

Abstract

Education is one of the strongest predictors of health, and well-being. Early termination of education can lead to poorer health, shorter lifespans, and increased stress on the healthcare system. Improving overall high school graduation rates has been debated and discussed by the Toronto District School Board (TDSB) and the Ministry of Education, however, there is a paucity of research on increased graduation rates as they relate to public health in the Canadian context. The purpose of this phenomenological qualitative study was to explore the perceptions of liaison public health nurses (PHNs) who worked directly with the TDSB regarding their roles in terms of influencing students in Toronto, Ontario to complete high school. Bronfenbrenner's ecological model was the underlying conceptual framework for the study. Purposive sampling was used to select 10 PHNs who were interviewed regarding their role and involvement in high schools. The data was subjected to triangulation and analyzed to identify commonalities, trends and patterns. Findings from this study indicated that liaison PHNs believe that high school dropout rates are a public health issue and collaboration between the Ministry of Education and Public Health is needed to take action. Recommendations include more Canadian research that explores connections between health and school achievements and the expanded role of PHNs in Canadian high schools. Social change implications for this research include highlighting high school dropout rates as a public health concern in Canadian schools, particularly in communities of lower socioeconomic status. With increased research and resources, the Toronto public health system may work toward making improving graduation rates among their core mandate.

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Dedication

For my beautiful mom Kathleen, who has dedicated her life to the welfare of her children, and who has encouraged me to pursue my dreams, and to persevere to the end. For my four wonderful children, Colin Jr., Jayme, Shanelle and Shalaine who believed in me and who inspired me, and had the ability to make me laugh even on the most challenging days. I love you more than words can say. For my sisters, Merlene and Marcia, family and friends. Thank you for your support and encouragement throughout this long dissertation journey. I could not have done it without you.

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Chapter 1: Introduction of the Study

Introduction

The academic underachievement and dropout rates of high school students in Toronto, Ontario, Canada are a concern among educators, parents, and community members. Youth who drop out of high school are at a higher risk for public health concerns such as smoking, being overweight, and having a low level of physical activity (Allensworth, Lewallen, Stevenson, & Katz, 2011; De Ridder et al., 2013). Early termination of education can also lead to poorer health, shorter lifespans, and increased stress on welfare and healthcare systems (De Ridder et al., 2013). Rahbari, Hajnaghizadeh, Damari, and Adhami (2014) and Leeves and Soyiri (2015) identified dropout as a key public health issue because as poverty increases, so do education and health disparities. Mirowsky (2017) said that education is the foundation of good health because it gives individuals the resources to control and shape their lives and further protect and promote health. Furthermore, educational attainment leads to better economic prosperity (Mirowsky, 2017). Therefore, educating individuals and promoting a healthy environment are crucial for working towards eradicating racial disparities related to economic growth and well-being.

Race/ racism has historically been associated with public health and academic disparities. McDonald et al. (2017), Siddiqi, Shahidi, Ramraj, and Williams (2017), and Tang, Browne, Mussell, Smye, and Rodney (2015) pointed to race/racism as a key determinant of public health disparities while Gast (2018) and Nitardy, Duke, Pettingell, and Borowsky (2015) have also pointed to race/racism as a key determinant of academic

disparities. The correlation between academic performance and socioeconomic status is visible with student performance in Canadian schools that are located in lower socioeconomic regions, and that will be expanded on in Chapter 2.

Although the Toronto District School Board (TDSB) has provided excellent public education, racial minority students are more likely to perform poorly in school and are at a higher risk of dropping out. Students in Toronto who self-identify as Latin American, Black, or mixed have lower graduation rates of 76%, 77%, and 84% respectively, while students with the highest graduation rates identified themselves as East Asian, South Asian, South East Asian, and White with graduation rates of 96%, 92%, 90% and 86.2% respectively in the grade 9 cohort between 2011-2016 (Brown & Tam, 2017). These figures for Toronto students showed improvements following the TDSB's 2007 publication of statistics showing a 40% dropout rate among Black students and disproportionately higher rates of suspensions and expulsions from schools for Black students (Brown & Tam, 2017). These students also have the lowest scores on the Ontario Secondary School Literacy Test, which measures how well students have met provincial expectations in literacy in all subjects in the Ontario curriculum (TDSB, 2019). These statistics may indicate that there is a problem in the educational system with the way Black students are educated or how they internalize educational content in the curriculum. Since the release of this information, the Minister of Education has vowed to address the dropout issue among Black students. The Africentric School was opened in 2009 as a response to community requests in 2007 to address the high school dropout rate and achievement gap affecting Black students. Presently, the TDSB has implemented

various strategies such as anti-racist training and ending academic streaming in an effort to improve graduation rates among Black students. Academic streaming refers to the practice of separating students into instructional groups on the basis of ability (Hallinan, 1994). Although there are significant improvements, disparities continue to exist.

In this chapter, I explored high school dropout rates as a public health issue in Toronto, Ontario. The chapter includes an overview of reasons why Black students are dropping out of school at a faster rate than the rest of the student population, health benefits of high school graduation, and the role of public health in schools. In addition, this chapter includes the background of the study, problem statement, research problem, purpose of this study, research questions, theoretical framework, and nature of the study. The chapter concludes with a discussion of positive social change implications for looking at improving school completion rates as a health priority.

Background

Education is essential for the success of almost any society. Education helps children discover who they are and set goals so that they can take their place in society (Carlson, 2014; Dei, 2015). It is a public investment that improves the economy directly and indirectly, and has the ability to drastically change lives by developing thinking skills and knowledge of individuals (Carlson, 2014; Dei, 2015). Without these skills and knowledge base, high school dropouts are often at a disadvantage in society.

Failure to graduate from high school has adverse health, economic, and financial consequences. According to DeRidder et al. (2013), students who drop out of high school are more likely than their peers to be unemployed, live in poverty or on welfare, or be

incarcerated. In addition, there is a strong correlation between educational attainment and adult health (De Ridder et al., 2013; Lansford, Dodge, Pettit, & Bates, 2016). Rahbari, Hajnaghizadeh, Damari, and Adhami (2014) noted that adults with higher levels of education are less likely to engage in risky behaviors such as smoking and drinking and more likely to engage in healthy behaviors related to diet and exercise. The U.S. Department of Labor (2015) estimated that high school dropouts make \$20,000 less per year than those with high school diploma. Likewise, Uppal (2017) estimated that dropouts make \$23,000 or less per year. The increased volume of high school dropouts, especially Black students, has become a major social problem with detrimental effects. Ontario's overall graduation rate has increased from 67% to 85% from 2006 to 2016 respectively (Brown & Tam, 2017); however, the dropout rates for Black Toronto students are particularly concerning as persistent achievement gaps continue to exist. Black students in Toronto continue to have a dropout rate that is almost twice that of their White peers, and Black students' graduation rate is 15% below their White peers (James & Samaroo, 2017). These findings indicate that academic disparities continue to exist in Toronto schools and will continue without strong advocacy, commitment, and outreach between TDSB marginalized communities.

Working to gain a deeper understanding of diversity within marginalized communities can help educators uncover obstacles that contribute to failure to graduate. There are a variety of reasons for increased high school dropout rates such as suspension, low grades, poor teacher-student relationships, and family obligations (Boylan & Renzulli, 2017; Na, 2016). According to Bjerk (2012), those who drop out due to family

or work obligations fared better than those who drop out for other reasons because the former are more likely to have learned responsibility and follow societal rules, whereas the latter are more likely to lack motivation or be less productive with their time overall. Other obstacles to school completion include chronic illnesses such as asthma, diabetes, substance abuse, and depression, and social determinants of health such as poverty, hunger, homelessness, violence, teen pregnancy, and other forms of distress (Centers for Disease Control and Prevention [CDC], 2012). Many of these risk factors are often interrelated. Accordingly, educators searched for solutions to help address challenges early while students are still a part of the school system.

Student academic support is necessary to improve retention rates among high school students. Public health nurses (PHNs) have increasingly come to understand student health issues such as poverty, mental health and general health issues, homelessness, and social marginality are student retention issues, and have been working closely with the TDSB to address some of these issues. PHNs support public policy changes to modify physical, and social environments that contribute to risks as well as initiate, and participate in health promotion activities in schools in partnership with the broader community (MacDougall, Laforet-Fliesser, & Columbus, 2015). PHNs provide the link between education, health, and the broader community to make health services more accessible for students, parents, and staff. It is clear that the role of the public health nurse has continued to expand and evolve beyond infectious diseases to a more holistic approach to health and education that promotes long-term health, and health literacy.

A positive and healthy school environment supports and fosters growth in students, families, and the Toronto community. The Ontario Ministry of Health Promotion (2010) reported that it had looked at the effectiveness of comprehensive health promotion initiatives and found a link between successful implementation of Comprehensive School Health (CSH) and a reduction of educational and health disparities. CSH refers to an approach that supports the improvement of educational outcomes while addressing healthy living (Dassanayake, Springett, and Shewring, 2017). The aim of comprehensive health promotion in Ontario schools was to engage the entire school community in activities that incorporated the social and physical environment, teaching and learning, school health policies, and community partnership and services in order to foster connections between home, school, and community. These were significant changes to promote healthy schools.

Collaborative interventions between health and education is fundamental to the improvement of school population health. Starting in 2005, the Ontario Ministry of Education and former Ministry of Health Promotion worked together to advance the CSH approach and later jointly released the foundations for a healthy school framework, which further encouraged school boards and public health units to adopt the comprehensive model as a best practice approach. Toronto Public Health (TPH) adopted the foundations for a healthy school in 2006 and has been working with schools to use the framework since it was mandated by Ontario Public Health Standards (OPHS). The framework used a comprehensive health promotion approach when working with schools and school

boards to ensure collaboration and improvement in students' educational outcomes.

(Greenberg, 2017).

A comprehensive plan by the TPH was necessary in addressing the wellbeing of students. The foundations for a healthy school framework was revised in 2014 in response to the Ministry of Education's release of *Achieving Excellence: A Renewed Vision for Education in Ontario*, which was a renewed vision for education that placed a stronger emphasis on wellbeing for students. The framework has five interconnected areas: curriculum, teaching, and learning, school and classroom leadership, student engagement, social and physical environment, and home, school, and community partnerships. TPH staff members address these interconnected areas when they work with schools, school boards, parents, and community partners to create a comprehensive approach to healthy school policies, programs, and initiatives.

TPH works in partnership with four school boards at the governance, executive, management, and staff levels to promote health of students. This work includes engaging boards of education to assist in planning, implementing, and evaluating TPH and school board-led initiatives. Since Toronto schools do not have school nurses, the recommendation was for public health units to establish school health teams to support the coordination of services in schools. In addition, TPH has a school health team of liaison PHNs who liaise with school communities to assess local school health needs and promote health by coordinating the delivery of TPH programs and services. The role of the public health nurse in the TPH school health program is increasingly targeted towards

health education to prevent issues before they occur and encourage students to build the foundation for long-term health.

The preventative activities of TPH nurses will continue to highlight public health's need for proper healthcare for the entire school population. Black Canadians face a number of barriers to good health, such as poverty, difficulty accessing healthcare, discrimination, poor awareness, and cultural perceptions of diseases (Veenstra & Patterson, 2015; Zinga, 2012). To better understand the connection between education and health, I needed to explore (a) the perceptions of liaison PHNs in Toronto regarding high school dropout rates as a public health issue, and (b) the involvement of liaison PHNs as a key component to possible interventions.

Problem Statement

I explored the problem of high school dropout rates in Toronto that are increasingly concentrated among low-income families. Promoting education will benefit the Toronto community by decreasing education disparities and reducing health disparities that will improve population health and save lives.

Although improving overall high school graduation rates have been debated and discussed by the TDSB and the Ministry of Education, there is a paucity of research on how to increase graduation rates as they relate to public health in the Canadian context. Since there are strong associations between education and health, administrators, researchers, and policymakers need to have a better understanding of how public health nurses can help to motivate and encourage students to complete high school.

Historically, school nurses were responsible for educating high school students on matters of public health. As far back as 1907, school nurses were visible in schools and were active in the education process. School nurses were hired to reduce absenteeism by working with students and families regarding healthcare needs associated with communicable diseases (Grypma, 2017). Advantages of having nurses physically present in schools included increased accessibility and improved student outcomes.

Nurses in schools reduced the spread of infections by promoting safe and health-conscious behaviors. Since 1907, PHNs in schools have continued to reduce the risks of infectious disease outbreaks through early identification, investigation, contact tracing, preventive measures, and activities to promote safe behaviors (Registered Nurses Association of Ontario [RNAO], 2016). PHNs also support public policy changes to modify physical and social environments that contribute to risks, as well as initiate and participate in health promotion activities in schools in partnership with the broader community. PHNs also provide the link between education, health, and the broader community to make health services more accessible for students, parents, and staff. PHNs continue to contribute significantly to the health of the Toronto community by acting as a critical link to the healthcare system and promoting health literacy, particularly in underserved communities where young people struggle to access care (Community Health Nurses Initiatives Group School Health Committee [CHNIGSHC], 2015).

Presently, TPH works in partnership with school boards at the governance, executive, management, and staff levels to promote health of students, which includes engaging Boards of Education to assist in planning, implementing and evaluating TPH

and school board-led initiatives (TPH, 2015). Within TPH, there is a school health team of PHNs who liaise with school communities to assess local school health needs and promote health by coordinating the delivery of TPH programs and services for children at higher risk of not achieving growth and development. By addressing the needs of students and promoting a safe, healthy school environment, the liaison nurse fosters health and educational success.

Specifically, liaison PHNs are responsible for promoting the foundations of a healthy school framework, which was one of four goals in Ontario's renewed vision for education. It was designed to help to contribute to a learning environment that promotes and supports child and student well-being (Ministry of Education, 2019). The role of the PHNs was to support schools to integrate this approach into all aspects of planning, implementing, and evaluation of health promotion activities. The liaison PHNs are not located on school premises but are accessed by phone when there is an identified need determined by the school in terms of stress management, mental health and addiction, sexual health, illness and injury prevention, and health promotion (TPH, 2015). These liaison PHNs work in partnership with the schools to improve services and programs that promote health and wellbeing of students. Liaison PHNs use their expertise to establish effective working relationships with school communities to bring about positive change and help schools become health-promoting schools. The TPH school health services provides extensive services to school communities for mental health promotion, chronic disease and injury prevention, substance misuse prevention, sexual health, dental and oral health, immunization, communicable disease control, family health, and environmental

health (CHNIGSHC, 2015). However, addressing issues surrounding absenteeism or high school dropout rates are not a part of TPH's current mandate.

Researches such as Freudenberg and Ruglis (2007), Allensworth, Lewallen, Stevenson, and Katz, (2011), and De Ridder et al., (2013) on the topic of high school dropout rates as a public health issue, focused on students in the United States. Although Canadian schools shared similar experiences related to school dropout issues, one fact emerged from a search of relevant literature is a paucity of Canadian research on high school dropout as it relates to public health. It is this gap in the existing literature that this study seeks to fill.

Purpose of Study

The purpose of this phenomenological qualitative study was to explore the perceptions of liaison PHNs in Toronto regarding high school dropout rates as a public health issue and the involvement of liaison PHNs as a key component to possible interventions. This study took place in the Greater Toronto Area (GTA), Canada, where in 2006, students who identified themselves as Latin American, Black, or Mixed graduation rate was 69.9%, 64.5% and 73% respectively. In 2016, the graduation rates increased within the identified population at 76%, 77%, and 84% respectively (Brown & Tam, 2017). Although The Ministry of Education has implemented various educational programs which aim to increase academic skills and graduation rates, absenteeism and the impact on public health was not addressed. In comparison, researchers from Centers of Disease Control and Prevention (CDC) in the United States have called for action to address the high school dropout rate as a public health issue (Freudenberg & Ruglis,

2007; Lansford, Dodge, Pettit & Bates, 2016). The CDC confirmed that health and education are interdependent and can result in better health and education outcome and increased graduation rates, which eventually will lead to healthier children who will become healthier adults (Allensworth et al., 2011). This study sought to understand the perceptions of liaison PHNs who worked directly with Toronto schools regarding school dropout rates as a public health issue.

Research Questions

The following five research questions are basis for my study:

RQ1: What are the perceptions of liaison PHNs regarding barriers and facilitators that contribute to students' ability to complete high school in Toronto, Canada?

RQ2: What are the perceptions of liaison PHNs regarding the role of social networks and online media and their influence on students' ability to complete high school?

RQ3: What are the perceptions of liaison PHNs regarding the connections between public health and high school completion rates?

RQ4: What are the perceptions of liaison PHNs regarding high school dropout rates as a public health issue?

RQ5: What are the perceptions of liaison PHNs regarding their role as a key component in potential interventions to improve graduation rates?

Nature of the Study

This is a qualitative phenomenological study that used standardized open-ended interview questions to facilitate exploration and meaning of a phenomenon. Qualitative

research is used to gain an understanding of participants' behaviors and attitudes regarding a phenomenon and seeks to provide explanations or meanings through intensive dialogue (Munhall, 2012; Polit & Beck, 2014; Toles & Barroso, 2014). Qualitative research does not involve statistical analysis, scientific predictions, numeric descriptions, or predetermined variables, but rather focuses on themes and patterns of interpretation (Munhall, 2012). These themes and patterns enable the researcher to explore the phenomenon from the participants' perspectives.

In this qualitative phenomenological study, I focused on perceptions of liaison PHNs regarding the issue of high school dropout rates and PHNs involvement in supporting and mentoring students. The participants were recruited using the purposive sampling technique. This sampling process allows researchers to select participants based on criteria that is predetermined. This technique was chosen because it allowed researchers flexibility to focus on a particular group of people. PHNs were asked to participate voluntarily in the study. The number of participants that were recruited for this study was 10 as data saturation was reached. A detailed description of the study methodology is in Chapter 3.

Conceptual Framework

The ecological model was used to guide this phenomenological research investigation, as it has relevance to the issues. Bronfenbrenner argued that human development depends on complex reciprocal interactions between persons or objects in the immediate environment (Rosa & Tudge, 2013; Sallis, Owen, & Fisher, 2015). The premise of ecological thinking is that health, behavior and their determinants are

interrelated and are influenced by many factors at multiple social levels (Sallis et al., 2015). Bronfenbrenner suggested that the fit between the individual and the environment can be categorized in four system levels: microsystem, mesosystem, exosystem, and macrosystem. The microsystem refers to the immediate environment in which a person lives and focuses on the individual's interaction between family, peer groups, classroom, neighbourhood, and other areas of close contact (Sallis et al., 2015). The mesosystem refers to the interaction between two of the microsystems and incorporates institutional factors such as peers, family, and school and workplace interrelationships (Sallis et al., 2015). The exosystem refers to aspects of the environment that the individual is not directly involved and includes the influence of communities and social networks that affect the individual indirectly, such as parent's marriage and parent's workplace. Finally, the macrosystem refers to the larger cultural context in which the other systems function and describes the cultural values and norms in the society, such as, laws, values, and customs (Reeves, Corley, & Orpinas, 2012; Rosa & Tudge, 2013; Sallis et al., 2015). All these factors, from the microsystem level to the macrosystem level, can affect high school dropout issues and health behaviors in various ways over one's lifespan. This model indicates that individuals are connected to the environment in which they reside directly or indirectly, and that environmental changes over time will influence an individual's development. The application of the ecological model and how it relates to this study are discussed in more detail in Chapter 2.

Definitions

There were various terms and ideas that were unique to this study. These are defined for the purposes of this study.

Academic Streaming: The practice of assigning students to instructional groups on the basis of ability (Hallinan, 1994).

Anglophone Schools/Education: English-speaking schools in Canada (Fredriksen-Goldsen, Woodford, Luke, & Gutiérrez, 2011).

Blacks/Black-Canadians: People of African and or Caribbean descent or any other individuals who identify themselves as Black or African-Canadian and are seen as minorities in Canadian society (Walker, 2015).

Cyberbullying or Online Bullying: Verbal or written covert, psychological bullying through various electronic mediums such as cell phones, on-line chat rooms, web-logs and web-sites (Shariff & Gouin, 2005).

Francophone Schools Education: Programs that are designed specifically for students whose first language is French. Instructions for all courses are offered in French (Allison, 2015).

High school dropouts: Individuals between the ages of 18 and 25 who fail to graduate from a public high school with their class, do not have a high school diploma, and are not enrolled in school at present (Gilmore, 2010). However, for this study, the term also refers to individuals as young as 14 years old.

Liaison Public Health Nurses (PHNs): PHNs in Toronto who work directly with schools to promote and advocate for healthy schools (TPH, 2019).

Parent: A mother, father, grandparent, stepparent, legal guardian, or any other caregiver who assumes responsibility of a student in the public school system (TDSB, 2012).

Assumptions

Various assumptions were relevant to this study. One assumption was that interview questions would produce appropriate responses from the participants. Another assumption was that data was collected in an ethical manner and would not cause any harm to participants, and validity and reliability standards would be maintained throughout the study. It was assumed that participants answered interview questions openly and truthfully. I ensured thoroughness of the interview process by listening, hearing, seeking clarification, and by working with the participants as partners as suggested by Rubin and Rubin's (2012) responsive interview model for managing assumptions.

Scope and Delimitations

This study explored the perceptions of liaison PHNs in Toronto regarding high school dropout rates as a public health issue, and the involvement of liaison PHNs as a key component to possible interventions. The population chosen for this study was limited to liaison PHNs in the GTA who liaised with English elementary and high schools. There were no restrictions related to age, sex, or ethnicity for the liaison PHNs. Although the results of this qualitative phenomenological study might not be transferable in totality, they might provide data needed to explore high school dropout rates and the involvement of liaison PHNs as a key component to possible interventions.

Limitations

This phenomenological research has some limitations. Purposive sampling was used to collect qualitative data, making generalization of the study limited to only the specific sample population. This study had potential bias issues, as I am also a nurse and was familiar and had experience with Toronto Public Health. To address this bias, participants were recruited outside of my region, and professional and unbiased relationships between participants were established only for the purpose of the study. I kept thorough records with clear, consistent, and transparent interpretations of data and followed all guidelines from Walden University.

Significance

Education is essential for the success of almost any society. Addressing the issue of high school dropout rates is important for academic success of students. Since lack of education impacts overall health, understanding the perceptions of PHNs regarding the long-term health of students and the expanded role of nurses in schools is important. It could also provide teachers with information in terms of how significant the issue of dropout rates is on the overall health of children in the GTA. Furthermore, it may encourage open dialogues between school administrators and PHNs.

Implication for Social Change

This study has the potential to affect positive social change by reorienting and encouraging discussion around the issue of dropping out of high school as a public health concern. This discussion is important because health and education are vital and necessary to build strong, vibrant, and productive communities. Additionally, the results

of this study may help the TDSB, teachers, and liaison PHNs to consider and implement policies that address increased public health issues individuals who do not complete high school are more at risk for, which can be costly to the future wellbeing of the community as a whole. Presently, the issue of high school dropout rates is not a concern of TPH; therefore, this study has the potential to lead to discussion involving looking at improving school completion rates as a health priority. On the individual level of the ecological system, it could facilitate collaboration between PHNs and teachers in terms of planning appropriate health curriculum for schools. This would allow for a more robust curriculum that addresses the needs of high risk students. At the institutional level, it could create positive social change by facilitating dialogue between the Ministry of Health and the TDSB so that favorable policies and healthier behaviors can be promoted. On a national level, this study aimed to increase public awareness regarding the issue of high school dropout rates as a public health issue by empowering public health nurses, teachers, and community members to share their experiences with policy makers and request policy changes to address TDSB's need to improve graduation rates among high risk students.

Summary

This qualitative research study will explore the perceptions of liaison PHNs in Toronto regarding high school dropout rates as a public health issue, and the involvement of liaison PHNs as a key component to possible interventions. The issue of high school dropout rates has long-term health, social, and socioeconomic effects because early termination of education eventually leads to increased crime, poorer health, shorter lifespans, increased stress, and dependency on welfare and the healthcare system

(Allensworth et al., 2011). These underlying issues must be addressed to prevent the cycle and improve community wellbeing.

The negative consequences of dropping out of high school affect the individual student and economy as a whole. People whose income are below the poverty line are more dependent on government healthcare and have higher rates of cardiovascular diseases, diabetes, and other illnesses (Kaestner & Lubotsky, 2016; Maynard et al., 2015). According to the Canadian Council on Learning (2009), in 2009 alone, individuals who did not complete high school annually cost the Canadian healthcare system \$23.8 billion dollars, \$969 million for social assistance, and \$350 million for crime prevention. These findings indicate that preventing school dropout rates is a significant issue that requires exploration.

To address the issue of high school dropout rates among Black youth in Toronto, Canada, I provided a comprehensive review of literature pertaining to high school dropout rates and the long term effects on health in Chapter 2. Specifically, I examined the role of liaison PHNs in students' education and the potential for collaboration between education and public health. I identified gaps in literature and discussed implications for future research. Chapter 2 consists of a literature review and exploration of previous research that was relevant to this study.

Chapter 2: Literature Review

Introduction

Education is one of the strongest predictors of health. Black students are dropping out of school at a faster rate than the rest of the student population. Although health professionals are aware that education improves health disparities, improving the graduation rate is rarely identified as a health priority.

This phenomenological qualitative study explored the perceptions of liaison PHNs in Toronto regarding high school dropout as a public health issue, and the involvement of liaison PHNs as a key component to possible interventions. Preventing individuals dropping out of high school is not solely the responsibility of the education system, as there are other major stakeholders that have the potential to make significant changes. De Ridder et al., (2013) argued that PHNs, parents, and the surrounding community are helpful in supporting and mentoring high school students in order to help them excel and bring about positive changes. Thus, a collaborative approach among partners is necessary to support growth and improve graduation rates in vulnerable students.

Reducing academic disparities is one cost-effective means to improve the long term health of the Canadian community. Historically, Canadian schools have seen students of color achieving less academically than Caucasian students, and students of color continue to be more likely to drop out and not complete high school (Dei, 2015; Heckman & LaFontaine, 2007; Schott Foundation, 2010). This indicates a larger systemic issue involving lack of support, advocacy, and equal opportunities.

Chapter 2 includes an overview of the reasons why students may drop out of high school, the effects of termination of education on the student's health, and the role of liaison PHNs in schools. This chapter concludes with a summary of information and a preview of Chapter 3.

Literature Search Strategies

For this literature review, various strategies were applied which involved an extensive overview of electronic databases. I derived the literature for review by using the databases Google Scholar, ProQuest, SAGE, MEDLINE, CINAHL, PsycINFO, EBSCOHost, ERIC and Academic Search Complete. Information was also accessed through the TDSB's web site, Statistics Canada, TPH, and the Ministry of Education of Ontario. Key search terms used to search and retrieve prior research data included *high school dropouts, dropouts, Black students, high schools, underachievement of Black students, dropouts in Toronto, public health and education, parent involvement in education, education and health, education, health, poor health, public health nurse, school nurse, qualitative research, and cost of dropping out*. The literature review sources included 95 articles from peer-reviewed journals. Articles were published between 2006 and 2019 with the exception of dated landmark studies and articles used for theoretical foundation, as the oldest of which was published in 1970.

Conceptual Framework

The ecological model was used in this study, as it had relevance to issues involving individuals and the environment. Bronfenbrenner introduced the model in 1979, arguing that human development depends on complex reciprocal interactions

between persons or objects in the immediate environment (Rosa & Tudge, 2013; Sallis et al., 2015). The premise of ecological thinking is that health, behavior and their determinants are interrelated and are influenced by many factors at multiple social levels. Sallis et al., 2015). Bronfenbrenner suggested that the fit between the individual and the environment can be categorized in four system levels: microsystem, mesosystem, exosystem, and macrosystem. The microsystem refers to the immediate environment in which a person lives and focuses on the individual's interaction between family, peer groups, classroom, neighborhood, and other areas of close contact (Sallis et al., 2015). The mesosystem refers to the interaction between two of the microsystems and incorporates institutional factors such as peers, family, and school and workplace interrelationships (Sallis et al., 2015). The exosystem refers to aspects of the environment that the individual is not directly involved and includes the influence of communities and social networks that affect the individual indirectly, such as parent's marriage and parent's workplace. Finally, the macrosystem refers to the larger cultural context in which the other systems function and describes the cultural values and norms in the society, such as, laws, values, and customs (Reeves, Corley, & Orpinas, 2012; Rosa & Tudge, 2013; Sallis et al., 2015). All of these factors from the microsystems level to the macrosystem level can affect high school dropout issues and health behaviors in various ways. This model describes the nature of students' developmental journey and educational outcomes. Additionally, it illustrates how individuals are connected to the environment in which they reside directly or indirectly, and environmental changes over time influence an individual's development.

High School Dropout

Canada has one of the best education systems in the world. The public education system provides enormous opportunities for the majority of students, however, the system has failed many students. As Canada's economy transformed from a manufacturing base to a knowledge-based economy, the government recognized that education was essential for Canada to compete in the global market. In 2002, the Canadian government presented the Canada's Innovative Strategy which focused on higher levels of education, and investments in skills and learning (International Labour Organization, 2002). This resulted in increased educational funding, and support for further research in existing barriers to education.

A strong educational foundation from an early age prepares children to face the challenges that await them in the working world. Schneider and Young (2019) stated that high schools are important in helping students develop lifelong foundational skills that are necessary for employment and the successful completion of higher education. While education prepares the student to be a valuable member of society, the issue of high school dropout rates as a public health problem is multifaceted.

In addition, individuals who do not complete high school have limited opportunities to compete in the growing economy (Dei, 2015). Bradley and Renzulli (2011) indicated that Black students have limited opportunities to get accepted in college or any other institution of higher learning, which puts them at further risks for financial and other challenges, which can eventually lead to a strain of economic resources. The

Canadian Council of Learning (2009) said 47% of welfare recipients were high school dropouts.

Racial minority groups, particularly Blacks and Latino students, have higher dropout rates compared to White students, and in areas where there is a large concentration of poor ethnic minorities, the challenge is significant (Maynard, Sales-Wright, & Vaughn, 2015). For the general population, high school dropout rates have been improving significantly, but for young Canadian Blacks, completing high school continues to be a challenge. Rankin, Rushowy, and Brown (2013) said that the dropout rate among Black students in the Toronto public school system had reached 40%. For the school year 2006-2007, suspension rates were highest for Aboriginal students, followed by Black and mixed students and one in every seven Black grade 7 and 8 students reported being suspended at least once compared to one in every 20 White students in similar grades. The survey also revealed that in grades 7 and 8, Black students made up 15% of the schools' population, but represented 37% of all suspensions (Rankin et al., 2013). The statistics were available from a human rights complaint settlement that required the TDSB to collect and analyze race-based suspensions in 2006-2007. Since that time, no other report was made available to the public. When the statistics were revealed, educators, researchers, parents, media, and the public expressed concern. In response to community requests, the TDSB approved the proposition to launch Africentric Alternative School for grades K-5 and has expanded in 2012 to accommodate up to grade 8 students. The hope of the TDSB was that this school would begin to bring about change in the education of Canadian Black children. The curriculum is focused and

aims to address achievement disparities between Whites and minorities, student disengagement, dropout issues, and approaches to empower Black youth. The main outcomes for the TDSB students are high academic achievement, self-pride, and motivation (TDSB, 2013). Various recommendations were implemented in Toronto schools and the TDSC grade 9 cohort fall 2006-11 showed a slight improvement from 40% to 35% dropout rate among Black students. This remains the highest dropout rate among all self-identified racial groups (Brown & Tam, 2017).

High school education might not be enough to gain meaningful employment, but it is a start in the right direction. Countries that are part of the Organization for Economic Co-operation and Development have recognized the high school diploma as the minimum educational requirement that is needed to access the labor market and to pursue lifelong learning (Arriagada, 2015). However, without this minimum requirement, chances to seek meaningful employment and rise out of poverty are small. For these reasons, it is easy to see how significant an academic foundation is to overall survival of the individual.

Livingstone and Weinfeld (2017) mentioned that Black youths continue to have poor performance in schools because of their surroundings and lack of choice. They indicated that richer families have the option to send their children to private schools and also to live in an area where they have better access to education and good role models but the majority of Black youths were from a lower socio-economic background and even if their parents have the intention to seek better education and schooling for their children, they are unable to afford it (Livingstone & Weinfeld 2017). Rankin, Rushowy,

and Brown (2013) also echoed similar sentiments when they mentioned that Black youths are provided with inferior educational systems, which helped to keep these youths at a disadvantage and contributes to dysfunction. Although the underachievement of Black students is well documented, and various strategies have been implemented to address the issue, Black students continue to be at risk for not graduating.

There are multiple factors that are strongly related to underachievement and school dropouts. Some of them are teacher expectations, role models, racial stereotyping, poverty, lack of motivation, suspensions, working while in school, classroom sizes, curriculum relevance, low self-esteem, parental expectations and involvement, level of parents' education and boredom (Dei, 2015; Rankin, Rushowy & Brown 2013). Some of these contributing factors will be addressed more extensively below.

Teacher Expectations

The relationship between high school teachers and students is important for learning. Positive relationships between a teacher and the students along with high teacher expectations has the ability to create a positive experience which is fundamental to raising achievement in grades (Yanisko, 2016). Researchers such as Dei, (2012) and Howard (2013) have also echoed similar sentiments that positive relationships among teachers and students does impact the student's ability to successfully complete high school. However, Livingstone, Celemencki and Calixte (2014) and Yanisko (2016) indicated that some teachers could compromise the relationship by fostering negativity. This is evident when teachers have lower educational expectations of Black students compared to White students and because of this low expectation, Black students are often

streamed or tracked into applied or non-university preparatory education programs. Even though many studies have indicated that Black students are motivated and have aspirations as the White students, this practice continues.

A growing number of researches have indicated that the students' race can sometimes put them at risk of negative outcomes depending on the teachers that they have (Coffey & Farinde-Wu, 2016; Mayfield, 2017). Yanisko (2016) agreed and suggested that teachers teaching low-income students of color often feel the need to administer a lower scripted curriculum that results in these students engaging in low-level tasks far more frequently than teachers that are serving in the affluent, predominantly White populations. Although various researches have indicated that negative experiences and biases have contributed to the underachievement among Black students, it was not until 2008 that the TDSB announced that they would address the issue to cut the Black dropout rate to 15% in five years (TDSB, 2008d).

A reviewed report of academic and achievement-related beliefs of Black high school students in Toronto and Halifax, Canada revealed some interesting beliefs in these major cities. The reviewer mentioned that Black students expressed beliefs that White teachers view them as academically weak, responds to them in a less positive way than white students, discourage their interests and stream them into athletic and vocational programs (Codjoe, 2010). The reviewer also indicated that although these beliefs were well documented, no strategies were put forward to address these issues at an administrative level.

Inequities and ineffective teaching styles have contributed to poor performance in some students. Researchers such as Mayfield (2017) Mitchell, Hinueber and Edwards (2017); Sanders and Rose-Adams (2014) mentioned that inequities in the school systems have caused disengagement and failures, which eventually causes Black students to drop out of school in staggering numbers. The researchers have also agreed that the effectiveness of teachers does influence student performance therefore this needs to be examined more closely in an effort to decrease high school dropouts (Bell, 2010a; Livingston & Weinfeld, 2017). An effective teacher has high expectations and can modify the curriculum or teaching styles to ensure that all students are given a fair chance to succeed (Dei, 2012; Dei, 2015) also, effective teachers not only modify teaching styles but they also collaborate with others to find solutions to classroom challenges (Mahatmya, Lohman, Brown & Conway-Turner, 2016). This means that effective teachers put aside all differences, biases, and discrimination so that the primary benefit can be uncovered, which is simply to improve student's learning.

Role Models

Youth needs direction, leadership, structure, and guidance in order to live up to their full academic potential. According to Rezai-Rashti and Martino (2010) minority students will show improvement and excel if they have teachers who genuinely care about their well being. However, having role models does not necessarily mean that Black youths will gravitate to them and aspire to be as successful as they are. It was also argued that a teacher's race and ethnicity has an insignificant influence on a child's success and that having higher expectation of minority students does not necessarily

translate to better academic achievement (Rezai-Rashti & Martino, 2010). However, Rivera-McCutchen (2012) and Vega, Moore and Miranda (2015) proposed that children who have positive experiences with their teachers have a lower risk of dropping out.

Walters (2016) findings contradicted Rezai-Rashti and Martino (2010) results confirming that individuals who have positive and caring interactions with their role models are more likely to imitate the role model's behavior than those whose relationships were negative and unpleasant. This solidifies the concept that minority students who have positive role models as teachers are more likely to strive and develop intellectual qualities and abilities like those of their role models (Walters, 2016). The aforementioned findings illuminate the importance for teachers and other professionals who have the ability to impact students' lives, exhibit behaviors that are worthy of emulating.

The school nurse is a key member of the educational team. According to CDC (2017), the school nurse provides direct care, leadership and long term management of students with special needs. School nurses serve as positive role models promoting healthy living and providing health education covering topics like nutrition, exercise, smoking prevention and cessation, prevention of sexually transmitted infections and other infectious diseases, oral health, bullying, adolescent pregnancy prevention, suicide prevention plans, stress management, immunization and many others (CDC, 2017). Furthermore, school nurses are a part of a coordinated school health program and contribute to meeting the needs of children by supporting their health and ensuring educational success. School nurses also advocate and coordinate classes that address

chronic tardiness, chronic absenteeism, early dismissal and class absence (CDC, 2017). The Registered Nurses Association of Ontario (RNAO) Best Practice Guidelines (BPGs) concurred that school nurses provide support for students and staff and improve the health of students as well as their school performance (Community Health Nurses' Initiatives Group School Health Committee (2015). Additionally, a study by Larsson, Bjork, Ekebergh and Sundler (2014) elucidates that school nurses are important in schools because they have the knowledge and competence to improve adolescent health and wellbeing (Larsson et al., 2014). This results in increased self-esteem, improved academic achievements, and a decrease in absenteeism.

A student's surroundings, as well as their peers, can also challenge the student to make choices that they would not have made otherwise. For example, Smith et al. (2014) indicated that students, who have a consistent relationship with deviant peers, are more likely to exhibit behavioral problems, and without intervention, these students will be at a greater risk of dropping out. Sanchagrin, Heimer, and Paik (2017) also noted that peers can influence students to break rules and laws by modeling such behaviors or by reinforcing deviance or delinquency by others. Understanding the influence of peers on students who are at risk of dropping out, is crucial for planning strategies for retention.

According to the ecological model that was discussed earlier, an individual does not exist in a vacuum, but is interrelated with members of their community and society as a whole. Therefore, close associates, teachers, parents and peers can affect the individual's performance and outlook on life (Rosa & Tudge, 2013). Researchers have proven that having a teacher of the same race gives Black students a powerful role model

(Brown, 2012; Hornick-Lockard, 2015). Positive Black role models in schools have the potential to not only positively influence young Black students, but they can also influence other high school students to stay in school. This does not necessarily mean that the role models have to be Black teachers.

With the increasing call for more Black male teachers in schools to address the academic underachievement of Black male students, Brown (2012) agreed that this new direction made sense but does not believe that hiring more Black male teachers should be the sole focus. He mentioned that Black male students are often seen as aggressive or unruly and to address these issues, it is expected that Black male teachers assume the role of a disciplinarian. It is assumed that the ability to change these students comes from the fact that the teachers are Black and males (Brown, 2012) but he cautioned that these assumptions and expectations limit the role of Black male teachers. Additionally, he argued that the knowledge and capabilities of Black male teachers are more extensive than being a role model for Black males; instead, they should be seen for their intellectual, mathematical and scholarly capabilities (Brown, 2012). Racial stereotyping is another factor that may influence a student and their decision to remain in school. This factor will be addressed subsequently.

Racial Stereotyping

Negativities related to Black males are not a new phenomenon. Adams-Bass et al. (2014) mentioned that throughout American history, Blacks have been stereotyped as this was a way to keep the slaves subdued and instill inferiority and low self-esteem. Samuel, Burden, Robinson and Bennett (2008) and Welch (2015) concurred that racial

stereotyping is unfortunate in our culture and has impacted the lives of many in our society. Currently, a lot has changed in our society but discrimination and stereotyping remain overt and sometimes subtle.

Racial profiling has been a concern in Canada for years. According to Hayle et al. (2016) some profiling may be partly rooted in inaccurate information and discrimination in high places. The researcher also referred to a research that was done in Canada where 65% of respondents believed that Blacks are crime prone and that Black people commit more crimes than other racial groups. The result of years of negative information that has targeted Blacks, has kept some from progressing and has had a profound impact on the population but many are focused on achieving success.

Students of color face significant barriers to academic success. According to Bradley and Renzulli (2011) barriers facing Black males exists in the economic and educational systems. This idea was echoed in Livingstone and Weinfeld (2017) when he mentioned that society practices a policy of oppression, prejudice and disregard which places Black males in the lower rungs of society which makes it extremely difficult for many to rise above the oppression. Although the challenges are well documented, not all Black high school students might share this experience.

Suspensions

Disproportionate suspensions are a concern in many Toronto schools. In a settlement involving a human's rights complaint, the statistics revealed by the TDSB, (2017) indicated that in Grades 7 and 8, Black students made up 15% of the Toronto school's population yet they had a 37% suspension rate. The statistics revealed that Black

students in grades 7 –12 were nearly three times more likely to be suspended from school than White students (Livingstone & Weinfeld, 2017). As part of the settlement, this statistic had to be made public and it confirmed what was suspected over the years. This disproportionate rate compels the community to question the root causes of this phenomenon and to search for strategies to decrease the rate.

Racial composition of schools does influence disciplinary policies that are implemented. Researchers Welch and Payne (2015) and Skiba (2013) noted that schools with higher proportion of Black students' favor more punitive approaches and are more likely to implement zero tolerance policies which dramatically increased the number of students put out of schools for disciplinary reasons. According to The Ontario Human Rights Commission (OHRC), the Ontario Safe Student Act was passed in June 2000, which was a Code of Conduct for students. This Act was known as the “zero tolerance” policies, which provided principals and teachers the authority to suspend and expel students for inappropriate or bad behaviors. These mandatory suspensions could last as long as 21 days without any support or follow up from the schools. The OHRC found that this Act and school board policies was having a disproportionate impact on racial minority students, particularly Black students and students with disabilities. Based on this information one could assume that frequent suspensions without follow up and support could lead to decreased interest in the educational system and ultimately dropout.

Multiple suspensions could lead to lack of motivation and school dropout. According to Lee et al. (2011) there is a strong correlation between suspension and high school dropout. The authors indicated that the suspension practices might be driven by

characteristics of school demographics. For example, various studies have found that lower income and ethnic minority students are more likely to be suspended and dropout of high school (Livingstone et al., 2014; Mahatmya et al., 2016; Marchbanks et al., 2014; Yanisko, 2016). Suspension rates may vary among schools due to the student population because some of their students might have attitudes that could lead to more aggressive behaviors and also defiance. Several studies have also found that aggressive behaviors such as fighting, assault and other delinquent behaviors are common reasons for school suspension (Lee et al., 2011). The correlation of suspension and high school dropout in the low-income areas are well documented but it is unclear if the community is involved in seeking changes to address this trend.

Gender and Dropout

The face of university education in Canada is becoming increasingly female. According to Smol (2010) women are overtaking men both in school and in the graduation rate. The author suggested that the high school dropout rate for male students have been higher than that of girls for decades, which he feels, is another indication that the education system is failing boys. Reist (2011) echoed the same sentiments when he mentioned that across Canada, academically, boys continue to fall behind girls. Bell (2009b) concluded that gender plays an enormous role in the issue of high school dropout and that female students accept the norm more readily than boys and that schools often promote a sort of feminine values in students. He mentioned that teachers do not understand the distinct learning styles of Black males and suggested that Black males'

performances will significantly improve if the cooperative learning method is used (Bell, 2009b).

Additionally, Rothon et al. (2010) indicated that Black males seemed to be more successful in cooperative groups. Although these researchers have mentioned cooperative learning, it is not widely supported in the literature. The research supports the theory that Black males who have high expectations and have a positive feeling towards education are more likely to be successful in school (Elffers & Oort, 2012). This positive educational outlook can be influenced by relatives or significant others such as friends. Lastly, Black males of lower-socioeconomic background may find it more challenging to have a more positive educational attitude, which eventually lead to school dropout (Elffers & Oort, 2012).

Moreover, Earl et al. (2017) and Fredricks (2014) and Henry et al. (2012) noted that some key indicators such as lack of proficiency in reading and math, poor test scores, failed core academic courses and credits not earned all contribute to negative attitudes and ultimately student disengagement which is sometimes manifested in truancy, absenteeism, misbehavior and general problems in transitioning to the next grade level. It was noted as well that social indicators such as juvenile placements, abuse and neglect, foster care placement, single-parent homes, race, ethnicity and mobility are all major factors that contribute to student disengagement and later student dropout.

Parental Involvement

The lack of parental involvement is another factor that can lead to student dropout issues. Hickman and Heinrich (2011) indicated that children can start showing signs of

dropout from junior kindergarten and stressed the important role parental involvement in preventing school dropout. A growing number of other researches have also indicated that parental involvement can result in increased academic performance (Dawson-McClure et al., 2015; De Witte & Rogge, 2013; Marshall & Jackman, 2015; McNeal, 2012). Traditional involvement such as parents working as volunteers, attending parent-teacher meetings, paid classroom aides, home tutoring and homework assistance are all associated with positive behaviors that can foster successful outcomes for students (Marshall & Jackman, 2015; McNeal, 2012). However, with increasing use of technologies parents can be involved in their children's education in a more contemporary manner. The use of the Internet and social media can be used to involve parents and keep them informed of school activities and their children's progress (Marshall & Jackman, 2015). Additionally, the study conducted by Marshall and Jackson (2015) highlighted the need for a greater use of Internet and social media for parent-school interactions. Similar sentiments were echoed by Zieger and Tan (2012) who argued that if parents were given access to grades, timetables and other information through online grade books, most parents would take the opportunity to become more involved. Although many students value the involvement of their parents in their education, Dei, et al, (2010) indicated that most Black students value parental input and see parental involvement as important to their success. The study also indicated that when parents are involved in their educational interests the Black students felt encouraged and empowered (Dei et al., 2010; Marshall & Jackman, 2015; Zieger and Tan, 2012). This

solidifies the theory that the connection between home, school and the community is significant and should be encouraged for positive educational outcomes.

The underrepresentation of minority parents who are actively involved in their child's education is widely noted in the literature. Researchers such as Dei (2010) and Toldson, and Lemmons (2013) have indicated that a number of structural and systemic constraints have contributed to the lack of involvement of minority parents. The authors argued that many of the low-income parents are underrepresented because some work long hours in low paying jobs, which require heavy physical labor. This result in low energy levels by the time they get home to take care of the duties in the home, there is little or no time to attend to their children's school work. Additionally, parental level of education has a great impact on student achievement. The researchers argued that some parents may be embarrassed and shy about their educational abilities and this can be a barrier when dealing with their children's teachers and principals (Toldson, & Lemmons, 2013). Nevertheless, Haynes (2012) and Marshall and Jackson (2015) found that students whose parents are involved in their child's education are more likely to earn higher grades, have better attendance, better social skills, better social behaviors and better adjustments compared to those who have little or no supervision at home. However, he also found that parents of disadvantaged and minority children are able to make positive contributions to their children's education if they receive encouragement and training. Additionally, Haynes (2012) mentioned that African-American parents are playing significant roles in their children's education but need to realize that traditional direct school involvement might not be the best way for urban African-American parents; and

suggested that the day to day communication with their children regarding school and education is just as significant as being involved in their child's school (Haynes, 2012).

Black parents' groups in the Greater Toronto Area have been involved in lobbying for social and policy change with regards to education and as a result, the first Africentric School was opened in Toronto. Although this opening was significant, Dei et al. (2010); Laflamme-Lagoke, and Negura (2014) have indicated that more needs to be done, as the school environment can be alienating and bureaucratic to some minority parents. In addition, Wane (2010) has also indicated that when parents are involved and knowledgeable of the curriculum, evaluation methods, policies and expectations, teachers will be more accountable to the students and parents.

Impact on Health

Education is necessary to build a strong, healthy, and vibrant community. The lack of education impacts the individual and the world around him. According to the Canadian Council on Learning (2009) and Hickman et al. (2016) and Maynard et al. (2015) and Vejar (2010) the cost of dropping out of high school has an enormous cost to the government and the people of the community. The Council asserted that there are evidences to suggest that completing high school can make a person healthier. Gibbons (2006) in his report, also indicated that the health of a high school dropout drastically suffers when compared to those who completed high school. He mentioned that a 45-year-old high school dropout has declining health worse than a 65-year-old graduate, making the life expectancy a decade shorter (Gibbons, 2006). Conroy (2015), Bockerman and Maczulskij (2016) echoed similar sentiments when they indicated that the

termination of education eventually leads to severe consequences such as poorer health, lower standard of living and demand on welfare and the health care system. This indicated that health is not just the absence of disease, but it relates to a person's physical, mental, and overall social wellbeing (Potter, Perry, Ross-Kerr, & Wood, 2015). There are various factors that prevent high school dropouts from achieving wellness in its entirety. Some of these determinants are education, income and employment, neighborhood factors, food and security, gender, race-based discrimination, family, social support network, cultural health and beliefs, and immigration category. All these factors determine whether or not residents are healthy therefore it would be beneficial to the government and to taxpayers if these factors are addressed in order to bring about positive changes that are needed in these communities.

Educating the population regarding health risks can prevent the spread diseases and decrease health care costs. The Canadian Council of Learning (2009) indicated that there is a strong association between education and health that span across a variety of illnesses such as cancers, Alzheimer's disease, diabetes, depression, stress, lung capacity, coronary artery disease, some mental illnesses, obesity and numerous social and behavioral health problems (Maynard, et al., 2015). Brunello, Fort, Schneeweis and Winter-Ebmer (2016); Curea, Popescu and Oancea-Negescu (2014); Kelly and Lewis (2013) and McDaniel and Kuehn (2013) all echoed similar sentiments when they mentioned that failure to graduate will cost the nation in terms of poverty, ill-prepared labor force, incarceration and increased health cost and welfare services.

Additionally, the Canadian Council of Learning (2009) mentioned that 42.7% of welfare recipients are high school dropouts, which cost the government over \$4000 per year to each high school dropout. These are significant figures when they are calculated on a long-term basis and might be an indication that improving high school graduation rate among Black males might be more cost-effective (Maynard et al., 2015). Mikkonen and Raphael (2010) argued that individuals with higher level of education are able to gain a better understanding of the world and how it shapes their health and are able to get more involved and strive for better health. Even though basic health care is free in Canada, the above statements still holds true.

In 2006, the Association for Supervision and Curriculum Development commissioned a panel of public health leaders and educators to develop *The Learning Compact Redefined: A Call to Action*, which would develop new ways to address the issue of high school dropouts. The goal was to develop successful learners that would graduate from high school, being knowledgeable, engaged, prepared, and ready for college or meaningful employment through partnerships with the community, public health and educators. The model focused on the effects of health and education on a student's life (Allensworth et al., 2011). Although the authors recognized that health and education are interdependent and can lead to increased graduation rate and healthier adults, progress is moderate.

Similarly, De Ridder et al. (2013), Freudenberg and Ruglis (2007), and Rahbari, Hajnaghizadeh, Damari, and Adhami, (2014) concurred that education is one of the strongest predictors of health and that increased education is associated with lower death

rates and is the key for a healthier and a more successful economy and society. A growing number of literature points out that there are health benefits associated with high school graduation such as increased life expectancy, less poverty, less risky health behaviors, decrease in illegal drugs abuse, decrease in alcohol consumption, decrease in smoking, increased income, better housing in safer neighborhoods and less burden on health care (Conroy, 2015).

The collaboration between public health and educators might be unusual and challenging but is workable since public health focuses on the overall wellness of the students, which includes their mental, emotional, and physical health status while the educator's focus is academics; both impact student retention. Allensworth et al. (2011); Freudenberg and Ruglis (2007) suggested that high school dropout should be placed on public health's agenda so that they can bring their expertise in to advocate for improving graduation rates in an effort to bring new stakeholders such as parents, public officials, health institutions, youth groups and the community to the table for open discussion (Allensworth et al., 2011; Freudenberg & Ruglis, 2007). If high school dropout problems are seen as significant to community and population health then it is a strong possibility that policy makers and the public might be more attentive to the problem and be more willing to advocate for increased funding, staffing or changes in curriculum.

Community outcry and media coverage of high percentage of Black students who were dropping out of high school initiated government response. After the disclosure, Ontario's education minister Gerard Kennedy vowed that no student would be able to drop out of school before age 18 (Robertson, 2006). The government had promised that

in order for a teen to be eligible for a driver's license, they had to show proof of their high school diploma. The minister expressed that this move would definitely be a motivation to keep students in school. On the surface, this sounded like a great idea but when this plan was dissected one could see that it did not include students from lower socioeconomic status because these children would not be considering to buy cars as this was financially out of reach (Robertson, 2006). Although the Ministry of Education vowed to address the issue of high school dropouts, the plan was generic and did not include the majority of Black youths.

School-based Public Health Nurses

In order to achieve public health outcomes, public health professionals need to reach students. The school setting is the ideal venue for health promotion and prevention teachings that can foster positive health behaviors and outcomes (Abildsnes, Stea, Berntsen, Omfjord & Rohde, 2015). Allensworth et al., 2011 mentioned that evidences suggested that if graduation rates improve it might be the most cost effective effort in reducing health disparities and increase lifespan. School-based health care and wellness centers that were implemented in a few States focused on attendance and discipline referrals, which were correlated with graduation rates. These schools saw improvements after these centers were implemented. Public health nurses in schools provide health screenings, referrals and coordinating and implementation of programs that are evidence based. Public health nurses can provide the link between education, health, and social care and has the ability to make health services more accessible for students, parents and staff (RNAO,2016; TDSB, 2014).

In Toronto, school-based public health nurses work in partnership with the schools to improve services and programs that promotes health and well-being of students. These nurses are referred to as liaison PHNs because they are not located in the schools but are accessed by phone when there is an identified need, which is determined by the school, such as stress management, immunization, dental and oral health, mental health and addiction, sexual health, illness and injury prevention, and health promotion (TPH, 2015). In Toronto, liaison public health nurses work extensively in partnership with the school communities to improve services and programs that promote health and well-being of students. However, addressing issues surrounding high school dropout are not a part of their mandate.

Budget cuts as well as nursing shortage in the 1990s saw many of the school nurses' role shifted to specialists and teachers which decreases the need for school nurse in Toronto schools. Despite these changes, liaison public health nurses remained active in schools in health promotion, interventions and support (Chabot, Godin & Gagnon, 2010). Initiatives to support children and youth with mental health and addiction needs were developed over the past five years. Some of these programs include: Working Together for Kids' Mental Health led by the Ministry of Children and Youth Services, School Mental Health ASSIST led by the Ministry of Education and the Mental Health and Addictions Nurses in District School Board Program which is funded by the Ministry of Health and Long-Term Care. Nurses working in the schools are knowledgeable in community development, health promotion, illness and injury prevention and primary health care. They are able to build a trusting relationship in an effort to address health

needs and is able to approach sensitive issues from a community perspective and not as an individual problem. Other interventions include assessment, counseling, consultation, and coordination with school staff, communication with families, stress management, self-esteem, sexual health, home visits, phone calls and referrals (TDSB, 2014).

Although liaison public health nurses are progressing and are having significant influence on health and education, the various school boards, provinces and territories offer little consistency and less scope for achieving national action on population health in schools. According to the Canadian Nurses Association (2014), Canada has not yet developed a national strategy for public health nursing in schools, and programs that are implemented throughout the country are impeded by insufficient funding, weak legislative and policy support (CNA, 2014). Having a robust national strategy would provide consistency and provide PHNs with a broader scope of practice that could strengthen community health.

Literature Related Research Designs

Various methodological approaches were evident in this literature review. The most common qualitative strategies used in related studies were phenomenological, ethnographic and case studies strategies. Researchers used these strategies for topics that involve an event, group experiences or where the researcher needed to know certain views regarding a specific topic (LoBiondo-Wood & Harber, 2014). The phenomenological approach has been used in similar studies involving the high school dropout issue to understand how the participant's views and experiences regarding the

topic could help researchers understand the depth of the problem and shed light on issues to bring awareness that could affect positive change through dialogue.

Researchers (Flores, & Graham Brown, 2019; Martinez, Vega, & Marquez, 2019; Tabron, & Chambers, 2019; Talan Azizova, & Mendez, 2019) utilized the above approaches to understand the reasons for the high percentage of school dropout among Black and Latino students, parental involvement, teacher expectations and their impact student success. Qualitative studies were used because it allowed the researchers to capture the raw data as experienced by the participants in their natural settings. The qualitative design also enables the researcher to speak with participants face to face, to hear their stories from their perspectives through a variety of methods. The most common methods that were used in this literature review were face-to-face interviews using open-ended questionnaires, observations, and focus group interviews.

Collecting qualitative data by using the focus group interview technique consists of a small group of participants, usually with similar interests, to explore their thoughts, attitudes, feelings, and perceptions about a specific topic. It provides in-depth, rich details, which captures the participant's feelings and impressions in their own words which allows the researcher to understand the phenomenon from the participant's perspectives and is guided by open ended questions (Dilshad & Latif, 2013). Similarly, data collection, using the semi-standardized or semi-structured interview method involves one-to-one interviews which is also guided by open ended questions which permits the participant to tell the story in their own way. According to Ryan, Coughlan and Cronin (2009) it is a more flexible approach which allows the researcher to ask follow up

questions and allows the participants to express feelings and experiences that was not predetermined or anticipated (Ryan, Coughlan & Cronin, 2009).

After careful examination of the data collection methods I decided that the focus group method was a good fit. However, finding appropriate time for the entire group to participate and to meet at a time that is convenient to all might be a challenge. Since time was of the essence in my circumstances, I decided to utilize the one-on-one interview method. The method allows for more flexibility surrounding interview times and location. Accommodating the participants whenever they are available would enable me to complete my data collection in a timely manner.

Qualitative research methods focus' on gathering in-depth understanding the meaning of a phenomenon and often uses a much smaller sample size than that of quantitative studies (Dworkin, 2012). While reviewing the literature, various books and articles offered a wide variety of suggestions for sample size, however, it was noted that sample sizes in the journal articles researching the topic of school dropout varied between 5 and 30 participants which was consistent with Mason (2012) and Dworkin (2012). It was important for this researcher to look at the concept of saturation to be able to decide on sample size. According to Mason (2010) saturation is the point in the data collection process where it becomes counter-productive with no new or relevant data available and is dependent on various factors that is out of the researcher's control. After reviewing the nature and scope of this study, the nature of the topic and the qualitative design of my study, it was determined that 10 participants would be sufficient to offer rich, in-depth insights on my topic.

Summary

In summary, this chapter included a review of the research literature that was relevant to the current issue of the Black student dropout problem in Toronto, Canada. This chapter included a review of literature in relation to teacher expectations, role models and impact on health. An overview of literature was also presented regarding the impact of high school dropout on the individual's health and also the impact on the economy was highlighted. The most common health issues that are evident among high school dropouts were identified and prevention strategies were addressed.

Several major themes emerged while conducting this review of the research literature. One theme was that teacher expectations impacted the involvement and success or failure of Black and Latino students in high school. The literature indicated that Black students were just as motivated as White students but often fall behind from failing grades, lack of acknowledgement and encouragement from teachers.

Another theme that emerged in relation to this literature review was that the termination of education leads to severe consequences. These individuals may suffer from poorer health, standards of living were lower, and they had higher demands for social welfare and healthcare. The reviews reported that the economy have invested in billions of dollars per year to address the health care needs of individuals who are considered high school dropouts many of who are living below the poverty line.

Several gaps also emerged from the literature review. One gap was that although high school dropouts were discussed in Canada, there is a paucity of research literature on this topic in the Canadian Context. The second gap that was noted related to the

involvement of public health in addressing the issue of high school dropout prevention. Although public health was involved in schools, high school dropout was not a part of their platform. The third gap was related to PHNs perspectives. PHNs perspective of school dropout and the impact on health was sparse in the literature. Moreover, Cohen and Syme 2013; Mikkonen and Raphael, 2010 argued that individuals with higher level of education is able to gain a better understanding of the world and how it shapes their health and is able to get more involved and strive for better health therefore the community benefits when population is more educated.

Based on the gaps that were identified, there needs to be a deeper understanding of how the PHNs can address the issue of high school dropouts and learn how the lack of education impacts the health of these individuals. This research is also important to the current body of research on this topic because educators and the community need to understand how to decrease the number of high school dropout in a significant way. Also, because the termination of education eventually leads to overall poorer health, as mentioned by researchers (Leeves & Soyiri, 2015; Mikkonen, Moustgaard, Remes, & Martikainen, 2018); Peguero, Merrin, Hong, & Johnson, 2019) a need exists to examine the perspectives of PHNs concerning the involvement of public health in addressing the issue of dropout prevention and student retention. In the following chapter, I will provide a concise description of the methodology that will be followed to complete this study.

Chapter 3: Research Method

Introduction

The purpose of this qualitative phenomenological study was to explore the perceptions of liaison PHNs in Toronto regarding high school dropout rates as a public health issue and the involvement of liaison PHNs as a key component to possible interventions. Since there are strong associations between education and health, administrators, researchers, and policymakers need to have a better understanding of how PHNs can help motivate and encourage students to complete high school. This chapter includes a detailed description of the research design, research questions and rationale, role of the researcher, methodology, data collection procedures, evidence of trustworthiness, ethical considerations, and a summary.

Research Questions

The design for this study was phenomenological and involved the perceptions of liaison PHNs regarding high school dropout rates as a major health issue in Toronto, Canada and the involvement of liaison PHNs as a possible intervention. The ecological model guided the development of the research questions. The following five research questions were the basis for my study:

RQ1: What are the perceptions of liaison PHNs regarding barriers and facilitators that contribute to students' ability to complete high school in Toronto, Canada?

RQ2: What are the perceptions of liaison PHNs regarding the role of social networks and online media and their influence on students' ability to complete high school?

RQ3: What are the perceptions of liaison PHNs regarding the connections between public health and high school completion rates?

RQ4: What are the perceptions of liaison PHNs regarding high school dropout rates as a public health issue?

RQ5: What are the perceptions of liaison PHNs regarding their role as a key component in potential interventions to improve graduation rates?

Rationale for Research Design

This qualitative study used a phenomenological approach, which focused on understanding the participant's behaviors and attitudes regarding a phenomenon and sought to provide explanations. The liaison PHNs in this study expressed their perceptions regarding high school dropout rates, education, the impact on health, and their views on public health involvement in terms of addressing the issue. The interview questions were open-ended in nature to facilitate exploration and words or actions to explain a phenomenon. Open-ended questions permit the researcher to understand meaning more clearly as experienced by the respondents. It enables the interviewer to capture points of view of the respondents without predetermining them by selected close-ended questionnaires (Bayer, 2015). Qualitative research also involves direct quotations as respondents express their thoughts, emotions, and experiences from their perspectives. It is the responsibility of the qualitative researcher to be thorough and accurate in order to capture and understand the raw data as the respondents present it and one way that this is done effectively is through open-ended questions in the form of intense interviews. According to Munhall (2012) qualitative research is flexible since it encourages the

researcher to be innovative, although some scholars have viewed this research method as unscientific, too personal and full of biases. Nevertheless, qualitative inquiry or research methods continue to contribute to the field of research in a significant way.

In addition, qualitative research does not entail statistical analysis, scientific predictions, numeric descriptions, or predetermined variables, but rather focuses on themes and patterns of interpretation which enable researchers to explore the phenomenon from the participants' perspective (Munhall, 2012). According to Polit and Beck (2014), it provides a framework by which respondents can express their thoughts and points of view more freely, which allows researchers to explore complex sensitive issues from respondents' perspectives, which is difficult and sometimes impossible to accomplish using numerical data.

A quantitative approach was not chosen for this study. A quantitative approach permits the researcher to test or verify a theory using large samples of participants, counting, measuring, and analyzing statistical data (Tashakkori & Teddlie, 2010). Unlike qualitative research, quantitative researchers use more surveys and experiments through methods including close-ended questionnaires. This approach was not suitable for seeking a deeper understanding of participants' experiences and responses; therefore, this method was not chosen.

Mixed methods were considered for this study. Mixed methods are a combination of quantitative and qualitative approaches (Munhall, 2012). This process can be more rigorous and time consuming since collection and analysis of both qualitative and

quantitative data has to be conducted at the same time. I decided not to use the mixed methods approach based on time constraints and the focus of my topic.

Various approaches were investigated to determine the specific design for the study. The ethnography method studies a specific cultural group in their natural setting and was not suitable. Grounded theory, in which researchers collect data and discover theory through analysis, was also considered. Case study research requires the researcher to study individuals or a specific case bounded by time and activities. The narrative approach studies the lives of individuals chronologically through methods such as stories, journals, letters, and field notes (Mihalis, 2019; Mohajan, 2018). The rationale for choosing the phenomenological qualitative method was that this approach allowed the researcher to develop a clear, complete, and accurate understanding of the experiences of the public health nurses that would be difficult to capture quantitatively.

Phenomenological Approach

The phenomenological approach is designed to identify the meaning of human experiences. This method requires that the researcher put aside personal attitudes and beliefs in order to see the phenomenon from the perspectives of the persons who have experienced it. It focuses on describing and understanding the lived experiences of the individuals rather than explaining (Merriam & Grenier, 2019). This method does not focus on specific steps but rather unfolds as the participants share their experiences and various points of view.

This study was done in the GTA region with the highest incidence of high school dropouts, therefore gaining a better understanding of liaison PHNs' perceptions

concerning high school dropout as a public health issue was relevant. My decision to use the phenomenological method was based on the need to understand the lived experiences of the liaison PHNs and the main research questions involving how PHNs can form a better partnership with schools in order to promote better health and education for Black Canadians. Data collection for this qualitative phenomenological study was done through interviews. Intensive interviews are considered the main method of data collection for qualitative study as they allow the participants to fully express their experiences in as much detail as desired, and also allows the researcher to ask probing follow-up questions (Turner, 2010). The participants were liaison PHNs who have worked with Toronto high schools. These liaison PHNs who are assigned to schools are knowledgeable regarding community development, health promotion, illness and injury prevention, and primary healthcare. They are able to build trusting relationships to address health needs and approach sensitive issues from a community perspective and not as an individual problem. Other interventions include assessment, counseling, consultation, and coordination with school staff, communication with families, stress management, self-esteem, sexual health, home visits, phone calls and referrals. They are not always onsite in schools but provide frequent visits and work directly with each school to promote and advocate for Healthy Schools (TPH, 2015).

The Role of the Researcher

As a Registered Nurse with community health experience and employed in academia, I am interested in understanding PHNs' perceptions regarding high school dropout rates and the involvement of public health as a key component to the solution. In

2007 when the media reported that the dropout rate among Black students in the GTA was at a 40% rate, I wondered if public health nurses in the schools could provide the connection between education and health that could lead to improvement in graduation rates. My biases are limited to my experiences with the high school systems as a nurse and as a member of the community.

In-depth face-to-face interviews was used in this study. Face to face semi-structured interviews allowed me to ask open ended questions to participants and add follow up questions when necessary. Follow up questions helps the researcher to ask probing questions, obtain depth, detail and clarification (Turner, 2012). I interpreted the responses and provided analysis of the material so that the study could be replicated. I reduced threats to validity by not sharing my views or opinion regarding high school dropout with the participants. As a nurse my opinions regarding health and wellbeing could influence the way the questions were stated and the way the interviews were conducted, which could lead to threats to validity. However, I minimized threats to validity by refraining from sharing my opinions or experiences and, I sought feedback on my research questions to ensure that the questions were properly worded to reduce biases.

Methodology

The number of liaison PHNs participants who were recruited for this study was 10 or until data saturation occurred. The recommendation for phenomenological studies ranges between 5-10 participants for smaller studies as the data collected from more participants might not shed further light on the investigation at hand (Dworkin, 2012; Marshall, Cardon, Poddar, & Fontenot, 2013). Data saturation was determined when

there was no newer information obtained from the participants during the interview process (Hennin, Kaiser, & Marconi, 2017). Sample size in this qualitative research was smaller than that of quantitative methods because the focus was on seeking depth and understanding instead of making generalizations (Dworkin, 2012; Englander, 2012). The number of participants for this study allowed for acceptable amount of data collection.

The participants were recruited using purposive sampling technique. This sampling process allowed me to select the participants based on criteria that is predetermined (Purposive Sampling, 2012). This technique was chosen because it is less time consuming and less expensive and allowed the researcher flexibility to focus on a particular group of people. All participants responded to flyer by phone number that was provided on the flyer. I obtained informed consent of each participant to ensure that procedures are followed according to the standards of Walden University. Confidentiality and anonymity was be safeguarded. The participants were referred to using numbers and any characteristics that might reveal their identities were altered in a way as not to change the meaning of the experience but maintain confidentiality. Some data that were collected were related to their age, years of service and the general area in which they have worked.

The participants were from the Greater Toronto area, worked as liaison PHNs for at least 1 year and spoke English fluently. Study exclusions consisted of PHNs who were not associated with public schools. Non-English speaking liaison PHNs were also excluded. Informed consent was mandatory for this study and all participants signed the consent willingly.

The data collection instrument that was used for this study was a face-to-face semi-structured individual interview protocol. According to Janesick (2011) and Turner (2010) this form of interview process is generally unstructured and included multiple open-ended questions. My intention was to get participants to open up and express their views and opinions. The information was transcribed and analyzed for deeper understanding.

Data Collection

Data collection was started after approval from the Walden University Institutional Review Board (IRB) {12-28-18-0120664} was received. According to Janesick (2011) the interview is the most rewarding part of a qualitative study therefore preparation and organization are crucial for success. I used McNamara's 2009 implementation of interviews protocol as a guide to ensure structure and consistency. These protocols were: ensure recorder was working if one was being used, ask one question at a time, try to remain as neutral as possible, encourage responses, be careful about appearances when taking notes, provide transition between topics, and be focused and in control of the interview process.

Participants were purposefully selected by distributing research study advertisement flyers, which disclosed information regarding the study (see Appendix D). The research study advertisement was printed in English only and was distributed to PHNs through work email addresses. Participants who responded to the advertisement and who were willing to openly and honestly share their story were contacted by email or phone to make arrangements for the interview. Informed consent forms were signed and

collected by me prior to the start of the interview. All participants were informed that they were under no obligation to complete the interview and could terminate the interview at any time. Liaison PHNs were given dates and times for the interview but were given the option and flexibility to choose other times and location for their convenience.

The data collection instrument is crucial to any research study. According to Chenail (2011), instrumentation is just as crucial in qualitative as in quantitative research. For this study, the questions were organized and structured to elicit responses that expresses the participant's perceptions and feelings therefore clarity in the questions were vital. Open-ended interview questions allowed the participants to expand and contribute more details that are important to the study. It also allowed me the flexibility to ask more probing follow up questions, which are sometimes needed for clarification (Englander, 2012; Munhall, 2012). I ensured that the five research questions and each research question's sub-set of interview questions aligned with the central research question, which were also aligned with the ecological constructs. A nurse manager, a public health nurse manager, a clinical instructor and a PHN validated the interview questions. The interview questions serve as a guide for PHNs and focuses on understanding PHNs' perceptions regarding high school drop out as a public health issue. When using the qualitative approach, the researcher uses questions beginning with the words "how", "what" and "describe" which would elicit a more personal response from the participant. The interview questions are as follows: "(a) In Toronto, what would you consider as some major barriers to completing high school? (b) In your opinion, what do you believe

makes some students successful in high school? (c) In your opinion, how does family play a role in influencing a student's ability to complete high school? (d) In your opinion, how do peers play a role in influencing a student's ability to complete high school? (e) How do you feel regarding the influence of social media and other online media outlets on the ability of students to complete high school? (f) Do you feel that social media has the ability to hinder or enhance learning? (g) What is your opinion on the relationship between education and public health? (h) How do you feel about the current level of involvement of public health nurses in local high schools? What would you like to see change, if anything? (I) Are you aware of any activities or programs that are in place to improve graduation rates? (j) Does failure to complete high school affect the health of the community? If yes, please explain. (see Appendix C).

All interviews were recorded using an iPhone; however, arrangements were made for the researcher to take field notes using an interview guide that has the interview questions with enough space for comments or reflective notes. If participants did not wish to be recorded, responses were written on question sheet where answer spaces were provided. To ensure confidentiality, interview documents were stored in a fireproof file cabinet that was locked and required a code to open and the iPhone was password protected. There was back up storage of information on my personal computer. According to Bird et al. (2016) computers are important to any research project because it allows the researcher to store, edit, search and retrieve information and code the data. Computers and USB drives that were used to store data were password protected to prevent unauthorized access.

Data Analysis Plan

Once the data collection process and management techniques were completed, the data analysis process was started. Qualitative data analysis is a rigorous and challenging process that allows the researcher to explore and gain in-depth meaning and insights into the lived experiences of participants (Smith, 2011). Microsoft Excel spreadsheet was used to assist me in coding and organizing my data in a way that is manageable. A number was assigned to each participant on the spreadsheet and responses to each question inputted under the corresponding number that was assigned. I appropriately categorized and assembled the data by reading through each response and identifying descriptive words, themes or new ideas. Coding can differ from one person to another since qualitative research is somewhat an interpretive process. Taylor and Gibbs (2010) defined coding as the process of combining data for themes, ideas and categories for comparison and analysis. This facilitates data search, comparison as well as enables identification of patterns requiring further investigation or analysis. The major themes throughout the interviews were manually categorized and coded for easier analysis according to Giorgi's stages of analysis.

Giorgi's techniques aimed to uncover the meaning of a phenomenon as it is experienced by participants through identifying essential themes. The five essential steps are: assume the phenomenological attitude, read the entire written account for a sense of the whole, delineate meaning units, transform the meaning units into psychologically sensitive statements of their lived-meanings, and synthesize a general structure of the experience based on the constituents of the experience (Broome, 2011). I utilized these

steps to keep focus and to listen for meaning as they emerge from the whole interview process. I ensured that the phenomenon was not altered to my meanings and interpretations but was presented accurately and with clarity as expressed by the participants. Lastly, I approached the analysis phase with an attitude of openness to the phenomenon and by staying true to the participants meaning.

Evidence of Trustworthiness

Credibility, Dependability, Confirmability and Transferability

I ensured evidence of quality, trustworthiness and credibility by being accurate with my information. This was done by applying the principles of Lincoln and Guba (1985) as cited by Elo et al. (2014) which involved credibility, dependability, confirmability, and transferability. Noble and Smith (2015) indicated that establishing validity and reliability in qualitative research and ensuring trustworthiness included keeping thorough records, acknowledging and accounting for personal biases. They also noted that reporting clear and transparent interpretation of the data and ensuring comparisons of data both similarities and differences in experiences will maintain validity and reliability. They noted that researchers should include rich, thick verbatim descriptions to support findings, demonstrate clarity of thought processes during data analysis and engage with other researchers to reduce biases.

Cope (2014) suggested that a qualitative study is considered credible if the description of the experience is immediately recognized by individuals that share the same experience. He noted that credibility referred to truth of the participants' experiences and the researchers' interpretation and representation of them. To ensure

credibility, participants were given the option to review transcribed data via email. This allowed the participants to acknowledge and review their responses and to make changes or clarify information so that summaries was a true reflection of their views and experiences. Houghton et al. (2013) noted that member checking, which involves participants reading the transcribed interview for accuracy before data analysis occurs, increases authenticity and credibility. There was no change in transcript and no issues identified by the participants.

Triangulation of the data will increase validity of this qualitative research study. Triangulation of the data was achieved by utilizing various types of data collection including each interview audiotapes, transcribed text of the interviews and participants review of the collected data. Crosschecking for accuracy and documenting each step of the research process demonstrated dependability.

Confirmability refers to the degree of neutrality and objectivity of the qualitative data which relates eliminating researcher bias, motivation and interest (Elo et al., 2014). I ensured that the voice of the participants was reflected throughout this study by using a reflective journal to record my assumptions, and thoughts in order to eliminate biases. In order to carry out a research project that captures the participant's story or views without contamination from the researcher, it was important that I followed the guidelines and instructions of a professional researcher.

The final concept that will increase the credibility and trustworthiness of my qualitative study is transferability. I adhered to the research guidelines by documenting the data collection process, sampling strategies and data analysis so that the research

process can be understood and replicated. Clear descriptions of this qualitative study will enable other researchers to make generalizations or be able to transfer research findings to other context or group (Elo et al., 2014). By adhering to the concept of transferability, I was able to increase quality, credibility and trustworthiness of this qualitative research.

Ethical Concerns

To eliminate ethical concerns, I carried out the research project with honesty and integrity according to the direction of the Walden University IRB. The National Institutes of Health (NIH) expressed clearly the principles for successful research projects such as ensuring informed consent, respecting the participant's privacy, respecting the participant's right to change their mind, minimizing risks, and ensuring that the participants are not harmed nor inconvenienced during the research process.

In keeping with these basic principles, confidentiality of information was ensured. All data was kept anonymous and confidential using participant identification numbers instead of individual names and was stored in a locked cabinet. Information stored on the computer was password protected to ensure that I will be the only individual whom will have access to the data. Information was not shared among participants.

IRB approval was required to conduct interviews. IRB approval number obtained for this study is 12-28-18-0120664. Respect was showned to each participant by allowing them to make decisions voluntarily, avoided manipulation of the data by participant verification of the transcribed data and by listening and being nonjudgemental. Participants was be able to discontinue the study at anytime they so desire.

Participants were aware of all the details of the project so that they were able to make an informed decision to participate or not to participate. The informed consent was printed and reviewed with the participants who then signed. It was explained to the participants that they can exit the study at anytime and that they had no obligation to complete the study. Permission was received from participants to return for follow-up interviews should the need arose.

Documentation will be destroyed five years upon completion of this research study as required by Walden University. Protecting any written documents such as field notes and notebooks was important to maintain confidentiality and respect for the participants' information. All audio was saved on password protected iPhone. The participants' involvement was the key to the success for this project therefore it was essential that each participant felt safe and comfortable to share their their thoughts and experiences.

Summary

The methodology and rationale for the study was provided in this section. The role of the researcher, research strategies, and ethical concerns that might arise throughout the investigation were addressed. Measures to address trustworthiness, reliability and validity in my data collection process were elaborated. The main goal of this study was to explore the lived experiences of PHNs with the aim of understanding their perceptions of high school dropout as a public health issue. Data collection methods consisted of interviews with participants, audiotapes, transcription of interviews, journal and field notes. Hard copy of data is stored in locked safe and information stored on

computer was password protected. Methods of research used throughout this study was approved by Walden University's IRB. Parents, teachers and health care providers, especially PHNs could benefit from the findings of this study as they seek to address the issue of reducing the dropout rate and increasing student retention. Chapter 4 outlines results of data analysis.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to explore the perceptions of liaison PHNs in Toronto regarding high school dropout as a public health issue, and the involvement of liaison PHNs as a key component to possible interventions. I explored their experiences with the education system and perceptions of high school dropout rates as a public health issue. I collected data through open-ended interviews which allowed for descriptive analysis of their experiences. The interviews were designed to address the following research questions:

RQ1: What are the perceptions of liaison PHNs regarding barriers and facilitators that contribute to students' ability to complete high school in Toronto, Canada?

RQ2: What are the perceptions of liaison PHNs regarding the role of social networks and online media and their influence on students' ability to complete high school?

RQ3: What are the perceptions of liaison PHNs regarding the connections between public health and high school completion rates?

RQ4: What are the perceptions of liaison PHNs regarding high school dropout rates as a public health issue?

RQ5: What are the perceptions of liaison PHNs regarding their role as a key component in potential interventions to improve graduation rates?

This chapter includes information regarding the participant sample and process that was used in conducting interviews. The constructs of the ecological model facilitated

exploration of the research questions. Further expansion regarding data analysis, evidence of trustworthiness, and a summary complete this chapter. The conclusion includes an introduction to Chapter 5, which focuses on the interpretation of the findings, limitations of the study, recommendations, and implications of the study.

Settings

During the interview process, I conducted 10 face-to-face interviews with participants in a location that I believed would be easily accessible for participants. I chose a conference room at the local public library. The setting was quiet and open to the public, and I could ensure safety and privacy. The first six participants experienced no difficulties locating this venue. The other four interviews were conducted at the local coffee shop at the participants' request. This coffee shop was chosen by the participants because of the central location and convenience, and because there were quiet sitting areas that are often used for small meetings. This location also provided safety and privacy. All participants arrived on time for their scheduled interviews. I scheduled the interviews for 1 hour, with the understanding that the interviews could be longer or shorter. Interviews ranged from 35 to 50 minutes.

Demographics

Through the recruitment process, I obtained a total of 10 individuals who agreed to participate in this research study. After the 10th participant was interviewed, each transcribed interview was reviewed to identify categories and themes until no new themes were obvious. It was not necessary to proceed with conducting further interviews as saturation was reached. Hennink, Kaiser, and Weber (2019) said that when issues become

repetitive and further data becomes redundant, saturation is reached. Therefore, my sample size for this study was sufficient to explore the phenomenon. All participants were PHNs in Toronto who had worked in various settings including with the TDSB as liaison nurses. The nurses were all females. No males responded to the recruitment flyers. Participants were between the ages of 29 and 63. Participants had years of service ranging from 3 years to 24 years and were still actively employed at the time of interview. Six participants had worked in other cities and two worked in other school districts. All participants were willing participants. There were no organizational conditions influencing participants' responses or interpretation of the study results.

Data Collection

After obtaining Walden University IRB approval to conduct the study, I posted recruitment flyers at appropriate locations. After 2 weeks, four participants responded and expressed their willingness to participate in the study. I met with these participants, and after their interviews, I asked if they would be willing to share or refer other participants. I explained that they were not obligated to do so, but I would be thankful if the information regarding the study was shared. As a result, over a period of 4 weeks, another six participants were interviewed for the study. Interviews were scheduled between January 3, 2019 and February 20, 2019.

Upon participants' approval, I recorded the interviews via iPhone. There was one variation in data collection outside of the expected interview process. One participant was unable to meet for the interview but requested to complete the interview questions via email. A copy of the interview questions was forwarded to the participant after the

consent form was signed. The questions were answered and added to the transcribed notes. This deviation from protocol was approved by the IRB. All interviews were transcribed and reviewed by participants for errors. No errors were noted. All participants received an incentive for participation in the form of a \$10 Tim Hortons' gift card which was approved by Walden University's IRB. There were no other unusual circumstances which were encountered during the data collection process.

Data Analysis

In order to analyze the collected data, I listened to recordings of each participant and completed a detailed transcription of each participant's answers within 48 hours of the interview. The transcripts were carefully read while listening to the audio tape to ensure accuracy of the information; then, the transcripts were reread again multiple times to ensure a good understanding of the transcripts. Gibbs (2018) asserted that the researcher should go back to transcript, rereading and recoding to check for interpretations of the transcript, as this might make meaning clearer and even suggest different interpretations. In order to maintain confidentiality, each participant was assigned a number.

I created a detailed Excel spreadsheet with all participants' numbers coded horizontally and all questions listed vertically. I then imputed the transcript information in each column. Once all the detailed transcriptions were imputed, I reviewed all participants answers to each question exclusively. Having the Excel spreadsheet made it easier for me to focus on each participant's response to one question at a time. After all information was imputed in the spreadsheet, I then used the computer highlighting

feature to review each participant's responses, color coding common words, phrases, or general ideas. I conducted further analysis by relating and coordinating the data with the constructs of the ecological model, which facilitated answering the study's research questions.

RQ1: What are the perceptions of liaison PHNs regarding barriers and facilitators that contribute to students' ability to complete high school in Toronto, Canada?

Participants indicated that lack of resources, mental health, not feeling connected, deviant behaviors, hopelessness, stress at home and school, lack of parental involvement, no family support, lack of mentorship, poverty, and social media were some barriers that contributed to their ability to complete high school. Participants indicated that stability, mentorship, decreased stress, family support, and good school environment facilitates school completion. These responses were consistent with Bronfenbrenner's ecological model. The model avoids blaming the individual for dysfunctional behaviors, but rather highlight the complexities of certain behaviors.

RQ2: What are the perceptions of liaison PHNs regarding the role of social networks and online media and their influence on students' ability to complete high school? Improper use of social networks and online media can lead to distraction from schoolwork, increased mental health issues, online bullying, false perception, increased pressure on students to fit into different categories. Participants indicated that social media, if used correctly can enhance learning and improve critical thinking. It is important to note that 9 participants mentioned that social media can influence high school completion, but one respondent did not feel that social media could affect high

school completion. Although the usage of social media is a recent phenomenon, the association with the ecological model was noted as the model identifies that social environmental factors help shape adolescent problem behavior (Driessens, 2015). Analyzing the data with these constructs as a guide allowed for a more in-depth approach when identifying themes that emerged throughout the analysis process.

RQ3: What are the perceptions of liaison PHNs regarding the connections between public health and high school completion rates?

Health education, disease prevention, teenage pregnancy, increased life expectancy, increase access to care, improved well-being of community, better education better health, and decreased stress were themes that emerged during data analysis. These themes relate to the ecological constructs that health, behaviors and their determinants are interrelated. The model maintains that behavior is influenced by various factors at multiple social levels, therefore lack of education can further lead to destructive behaviors and poverty (Driessens, 2015). These factors and directly indirectly influence the health of the community as a whole.

RQ4: What are the perceptions of liaison PHNs regarding high school dropout rates as a public health issue?

Earning power, guns and gangs, poverty, mental health, nutrition, social assistance, education, unhealthy lifestyle, spread of communicable diseases, housing affordability, social services, and employment were themes which emerged during analysis. These themes were aligned with Bronfenbrenner's theory that indicated that instability, unpredictability of family life, and break down of relationships, forces the

child to seek attention in inappropriate places (Trach & Hymel, 2019). The result of these instabilities is evident in the inability to complete high school and poor health choices.

RQ5: What are the perceptions of liaison PHNs regarding their roles as a key component in potential interventions to improve graduation rates? Not enough PHNs, decreased funding, lack of awareness, bureaucracy of school boards and public health, collaboration, partnership, principals' interests, nurses in schools, involvement, change in mandate, and influencing policy makers were themes which emerged during analysis. The ecological model suggested that multiple levels of changes are necessary to address issues of concern since environmental factors have the ability to influence people to engage in unhealthy behaviours despite public health's effort for health promotion.

Discrepant Case

There was only one discrepant case and it occurred with P4. While all of her responses were congruent with the other data that was collected, P4 expressed that she did not view social media as a factor influencing high school completion, but rather as a communication medium. This was in direct contrast of the nine other participants who stated that they felt that social media could influence school completion. When I followed up with P4 for depth of understanding pertaining to her comments regarding social media influencing school completion, P4 stated, "I certainly think that social media platforms can be used as a means for social connection and finding networks of people that you can relate with. It is also a tool that can be used to gain knowledge, thus enhancing learning.". This contrasting data did not affect the results of data analysis and was coded under the

ecological model exosystem level which looks at indirect societal influences on the individual.

Evidence of Trustworthiness

Credibility, Dependability, Confirmability, and Transferability

Quality, trustworthiness, and credibility were obtained through accuracy of my information. I kept thorough records, acknowledging and accounting for personal biases. Member checking was conducted with each participant to ensure accuracy of the transcribed information. This allowed the participants to acknowledge and review their responses and to make changes or clarify information so that summaries is a true reflection of their views and experiences. Houghton et al. (2013) noted that member checking, which involves participants reading the transcribed interview for accuracy before data analysis occurs, increases authenticity and credibility. Upon completion of the review, no changes or concerns were indicated by the participants.

Triangulation of the data increased validity of this qualitative research study. I achieved triangulation of the data by utilizing the various types of data collection that was included in this study. Each interview audiotapes, transcribed text of the interviews and participants review of the collected data increased validity. Crosschecking for accuracy and documenting each step of the research process demonstrated dependability.

Confirmability refers to the degree of neutrality and objectivity of the qualitative data which relates eliminating researcher bias, motivation and interest (Elo et al. (2014). I ensured that the voice of the participants was reflected throughout this study by using a reflective journal to record my assumptions, and thoughts in order to eliminate biases. I

also used the ecological model constructs to guide the development of the research and interview questions. Additionally, I coded the data based on the constructs of the ecological model which further grounded this study in theory, increasing confirmability.

The final concept that increased the credibility and trustworthiness of the study was transferability. I adhered to the research guidelines by documenting the data collection process, sampling strategies and data analysis thoroughly so that the research process can be understood and replicated. Member checks with each participant allowed for verification and accuracy of the data transcription process which increased quality, credibility and trustworthiness of this research process.

Results

I applied the ecological theoretical model to the interview data, coding and thematic analysis of the data. Applying the constructs of the ecological model allowed me to obtain pertinent information from the participants regarding their perspectives on high school dropout as a public health issue. The model states that adolescents' social interactions are not only affected by family, peers and individuals who they are closely connected to but also by their social experiences in other broader settings (Driessens, 2015). This section will outline the findings of each research question individually.

RQ1

The interview questions for RQ1 were: "In Toronto, what would you consider as some major barriers to completing high school?" and "In your opinion, what do you believe makes some students successful in high school?" This relates to the ecological model that asserts that strong parent-adolescent's relationships, supportive family and

positive social interactions leads to positive outcomes in high school students (Driessens, 2015). Similarly, Trach and Hymel's (2019) review extensively outlined the ways in which poverty impacts academic and socioemotional functioning. Participants concurred with the Trach and Hymel's findings.

Perceived Barriers

Ten out of the 10 study participants stated that they believe poverty, mental health, poor role models, lack of parental involvement, lack of school support, defiant behaviors, and hopelessness were some of the main barriers to completing high school. Three of the participants mentioned language barriers and learning disabilities. One participant mentioned immigration status and teachers that might have their own biases and push the students to achieve. P7 explained that, "lack of mentorship in and out of the household, lack of high expectations, household strife, and low-income leads individuals to enter the workforce early to help family with financial needs." P1 explained that social media and culture are sometimes barriers to completing high school. She further explained that, for new immigrants, not knowing how to navigate the Canadian education system can be challenging to families. When addressing the second part of the question, ten out of ten participants believe that students need motivation, support at home, determination, good role models, parental partnership with school, and good teachers to be successful in high school. P4 said:

Having engaging teachers/programs, strong social networks/support both at home and school, feeling connected to the school community, having adequate nutrition, sleep, and physical activity are necessary to

perform well in school. Also having skills to cope with the stress of school and being a teenager, and resiliency are key to completing high school.

Additionally, P7 said, “Social support and mentorship, vision for future, valuing education beyond completing high school level, career goals or vision, in some instances, income support for transportation, food, school supplies are most important.” Moreover, P5 agreed that “Parent involvement and taking interest in their child's success, and strong community support are needed for student success.”

RQ2

The interview questions for RQ2 were: “How do you feel regarding the influence of social media and other online media outlets on the ability of students to complete high school?” “Do you feel that social media has the ability to hinder or enhance learning?” The following themes were evident: Social media has negative impact on self-esteem, instant gratification and cyberbullying. These themes were in close relation to the ecological model which asserts that microsystems such as family, peers, and schools have the ability to directly influence the adolescents’ development, however, some social interchanges can result in disruptive behavioral problems during secondary schools (Driessens, 2015).

Social Media

The results revealed the study participants thought that social media and other online media outlets had the ability to influence students to complete high school. Nine out of 10 participants stated that social media could be positive or negative. P1 explained

“If social media is used properly students can have the ability to get quick information, connect with learning groups and other educational system that can make learning convenient and improve learning needs.”

Additionally, P2 explained, “It could have a negative impact on self-esteem because social media tends to inflate things and students may think that they can do the same things to make make fast money.” P4 also explained, “Social media has glorified instant gratification, and some may choose to not complete high school in hopes of becoming rich/famous through social media platforms (i.e. becoming Instagram models or social media influencers), also social media has been shown to negatively impact student’s mental health as there are constant images of ‘perfect people living these perfect lives’ and students may feel less than adequate.”

P6 explained, “I feel social media could be a distraction to students completing high because some students cannot regulate themselves and spend too much time engaging in online activities.” Four out of 10 participants mentioned that, with the rise of social media, cyberbullying can negatively impact student’s mental health. These participants also mentioned that some students who are affected by cyberbullying might feel unsafe, unwelcomed and afraid which can affect academic performance and lead to school dropout issues. P7 said, “I don’t view social media as a factor influencing high school completion. Social media is a communication medium.” However, when asked about social media hindering or enhancing learning, she explained, “Social media platforms can be used a means for social connection and finding networks of people you can relate with. It is also a tool that can be used to gain knowledge, thus enhancing

learning.” Ten out of 10 study participant stated that social media can hinder or enhance learning. P1 referred to social media as a “double edged sword” but was more concerned about the increase in cyberbullying and mental health issues that were associated with the impact of social media.

RQ3

The interview question for RQ3 was: “What is your opinion on the relationship between education and public health?” The following themes emerged: Lack of education leads to poor health, relationship between public health and education, and access to care. There is scientific evidence that confirms that lack of education leads to poor health and that better educated individuals will have better health outcomes (Leeves & Soyiri, 2015). Similarly, Crosby, Salazar, and DiClemente (2013) argued that sociocultural environments, lack of regulations of various industries, and cultural tradition of lifestyles impacts public health at the macrosystems level and requires a collaborative approach for effective interventions.

Education and Public Health

Ten out of 10 participants expressed that public health has a role in schools. P1 mentioned that if it can be implemented properly, there will be benefits to staff, students and family which will lead to a healthier community. She mentioned that public health nurses can use observation, assessment, care and referral to liaison between students’ family and other health care provider in the community. She added that public health nurses are able to collect data and statistics to improve student wellbeing within the school and broader community. P2 expressed, “Lack of education can lead to poor health,

which leads to a burden on the community. Preventive health education helps prevent or decrease stress, addictions, unwanted pregnancy, loneliness, which can lead to mental health issues.” P4 explained that, the relationship between education and public health is weak and does not translate at the school level. She mentioned that schools are often stretched to capacity, lack resources, and have competing priorities. She expressed that most public health units have dedicated school health teams to go into these school communities and promote the health of staff, students, parents, teachers and administrators but although schools may want to work in partnership with public health, the reality is that public health often do not have the time or resources to execute health promotion initiatives in the schools. Likewise, P6 expressed, “I believe lack of education has a direct impact on public health, this includes the ability to seek out medical advice in a timely manner. It also might affect access to care as well as the ability to fully understand the importance of medication regimes for diseases, which can lead to early death.”

RQ4

The interview question for RQ4 was: Does failure to complete high school affect the health of the community? If yes, please explain. The following themes emerged: higher learning, healthy community, better future, and stress on community. Leeves and Soyiri (2015) asserted that higher income and socioeconomic status were associated with better health and quality of life. The participants argued that failure to complete high school eventually lead to lower paying jobs, poor health choices, increased risks of cognitive impairment and poverty. These findings were consistent with the concepts of

the ecological model which asserts that lack of family support leads to negative outcome in adolescents which later affect the community as a whole. Therefore, lack of education affects the individual first, then move out further to affect family and those in close proximity, then to the broader community. The results revealed that 10 out of 10 participants indicated that failure to complete high school affected the health of the community as a whole.

Lack of Education

P1 explained that education is knowledge and that knowledge leads to higher earning power, which can lead to economic stability. She explained that failure to finish high school can have a negative impact on one's life as low income, unstable employment, poor diet, limited housing, increase mental health issues, limited access to health care and medication will put a stress on the community. P2 stated, "completing high school is the first step for a better future. Students can go onto college/university to further their education and get a job in the community. This will translate to a healthy community." P4 stated, "Absolutely, lack of education affect our community. We have young individuals who are not able to compete for jobs and are making minimum wages. They are usually not happy with their income levels, and the vicious cycle of poverty continues." P5 expressed that completing high school often lead to the path of better paying jobs, and thus less burden on the community for financial support. She feels that having more education often leads to being more informed and thus being able to make better health choices, which improves the health of the community. P10 explained, "Failure to complete high typically leads to lower income, lower socioeconomic status

which could lead to unhealthy lifestyle and eating habits which leads to poor health. These people might now be at risk for certain preventable diseases.” Even though 10 out of 10 participants stated that failure to complete high school affects the community, P9 reflected on the outliers. She explained that there are outliers who values literacy and education, but leaves the school system because of family circumstances, but returns as adults to complete their education.

RQ5

The interview questions for RQ5 were: “How do you feel about the current level of involvement of public health nurses in local high schools?” “What would you like to see change, if anything?” “Are you aware of any activities or programs that are in place to improve graduation rates?” Several themes were identified as appropriately addressing RQ5. Those themes were: public health programs were more geared towards elementary schools, more collaboration, and public health mandates.

There is significant scientific evidence that improving graduation rates is one of the most cost effective ways to improve health of the community and reduce disparities. The evidence suggests that graduation from high school is associated with an increase in average lifespan of 6 to 9 years (Allensworth et al., 2011). Physical health problems as well as mental health issues contributes to absenteeism which can lead to failure to graduate if the issues are not addressed in a timely fashion. The results revealed that 10 out of 10 participants expressed that the level of involvement of public health nurses in local schools could be improved.

PHNs in Schools

Nine out of 10 participants indicated that having public health nurses back in schools and working one on one with students would be beneficial. P3 indicated that she understood that public health nurses currently work with schools but from a program planning perspective or from a larger scale community perspective, she stated that “this is a result of cut backs and trying to reach out to more schools with less resources.” One out of 10 participants expressed frustration at what she considers bureaucracy of School Boards which makes it difficult for some public health department to foster more robust comprehensive programs.

P4 stated, “From my experience, a lot of focus has been shifted to the early years of childhood, and lot of programing is geared towards elementary school students in order for them to get the best start. Often, at the high school level students are not as engaged or interested in the programs that public health has to offer, in addition to the lack of programs public health has.” P7 explained, “The TDSB has good representation of public health nurses in school boards but we could be doing more.”

The study results indicated that eight out of 10 participants stated that they would like to see changes. P3 explained,

I think putting more resources into those critical transition years across the middle school and high school years is important to continue the work that has been started in elementary years. I would like to see fun, engaging, and innovative programs being created in partnership with high school/middle

school students where they are the leaders and key informants in developing programs for the students of their communities.

Similarly, P5 expressed, “I think I would like to see more collaboration with schools and doing more of this at every grade level would be beneficial to students.” P6 mentioned that she feels that public health nurses are accessible to high schools, but they are not utilized as much depending on the local school district. She mentioned, “I would like to see greater involvement especially in high risk school district.” Likewise, P7 explained, “I’d like to see school boards, especially in Toronto be held accountable for reducing red tape and fostering stronger visible partnerships so that local schools and students can benefit from available programs and services.”

When asked if they were aware of any activities or programs that are in place to improve graduation rates, 10 out of 10 participant responded “No.” P9 explained that public health nurses do not have any impact on high school dropout rates or graduation as it is not within their role to do so. She stated, “public health nurses collaborate with schools as partners to facilitate access to Toronto Public Health services and support schools in health and wellness initiatives based on the interest of the school’s principal but schools are not mandated to work with public health.” P3 stated that she did not know of any programs or activities but mentioned that it might be an area to consider for the future.

Summary

Chapter 4 provided a breakdown and evaluation of interview questions and responses of public nurses’ participants in regard to high school dropout as a public

health issue. Each research question was broken down into interview questions which were carefully categorized using the constructs of the ecological model which provided insights into thematic patterns. In total, five research questions were evaluated based on participants' responses to thirteen interview questions. The results indicated that public health nurses perceived that education has an effect on long term health and that more collaboration is necessary between public health and schools. Analysis of the data indicated that all participants believed that the level of involvement of public health nurses in local schools could be improved. However, their partnership and wellness initiatives were limited and based on the interests of the school's principal. Chapter 5 expands on the evaluation of the research findings and data analysis. Limitations of the study are discussed as well as implications for social change in public health and recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to explore the perceptions of liaison PHNs in Toronto regarding high school dropout rates as a public health issue, and the involvement of liaison PHNs as a key component to possible interventions. I explored their experiences with the education system and perceptions of high school dropout rates as a public health issue. Data collection was done through open-ended interviews which allowed for descriptive analysis of their experiences. I interviewed a purposeful sample of 10 liaison PHNs who were all women between the ages of 25 and 64. Interview data were coded and analyzed using the ecological model in order to answer my research questions. This study addressed the following research questions:

RQ1: What are the perceptions of liaison PHNs regarding barriers and facilitators that contribute to students' ability to complete high school in Toronto, Canada?

RQ2: What are the perceptions of liaison PHNs regarding the role of social networks and online media and their influence on students' ability to complete high school?

RQ3: What are the perceptions of liaison PHNs regarding the connections between public health and high school completion rates?

RQ4: What are the perceptions of liaison PHNs regarding high school dropout rates as a public health issue?

RQ5: What are the perceptions of liaison PHNs regarding their role as a key component in potential interventions to improve graduation rates?

Overall, I found that the liaison PHNs believed that they were influencing students positively, but have not expressed any influence on school dropout rate as it is not within their role at this time. However, participants shared their experiences and concerns regarding the impact of lack of education on community health. Lower education or lack of education may lead to poorer health because of higher occupational risks, riskier behavior, unemployment, and lack of economic resources (Andersen et al., 2018). Based on the research, there is a clear need to reduce high school dropout rates by examining how health and wellbeing may contribute to increases in graduation rates. The PHNs that were interviewed for the study believe that they are accessible in high schools, in various wellness initiative that are within their scope of practice, but believe that they are underutilized.

Interpretation of the Findings

The ecological model was used to as a guide throughout this study. The basic premise of the ecological thinking is that health, behavior, and their determinants are interrelated. Bronfenbrenner argued that an individual's behavior is influenced by many factors at multiple complex social levels, and because of these complexities, desired changes requires a multilevel approach (DiClemente, Salazar & Crosby, 2013). The ecological model facilitated exploration of the research questions by allowing for ease of organization of the data, identification of data themes, and ease of data analysis.

RQ1

The first research question involved perceptions of liaison PHNs regarding barriers and facilitators that contribute to students' ability to complete high school in Toronto, Canada. The PHNs who were interviewed believed that some of the major barriers were poverty, stress and home, mental health, defiant behavior, poor grades, pregnancy, bullying, lack of drive, lack of mentorship, no support for students, and lack of parental involvement. Two participants out of 10 mentioned learning disabilities and language barriers. Webber (2018) argued that students who experience challenges such as mental health, parental involvement, and lack of support were at a higher risk of dropping out of school. Participants believed that some of the facilitators that contributed to school completion were parental involvement, strong support from guidance counselors, determination, parents' income, good mentors, strong self-esteem, partnership with school, parent, and child, strong support at home, and strong community support. Participant 4 explained that valuing education beyond high school and personal desires can increase the drive for some students to complete school.

Results were interpreted within the ecological model which provided a broader understanding of social issues that affect students directly and indirectly such as school completion issues. When I examined the data, participants stated that lack of support, lack of resources, social networks, and the students' immediate surrounding have the most influence on choices to complete high school.

RQ2

RQ2 involved the perceptions of liaison PHNs regarding the role of social networks and online media and their influence on students' ability to complete high school. P4 shared that with the rise of social media, cyberbullying can negatively impact students' mental health, which might lead students to feel unsafe and unwelcomed, which can impact academic performance. She expressed that she believes that social media has glorified instant gratification, which might have some students trying to live up to unrealistic ideas with hopes of becoming famous. Eight other participants shared similar sentiments. They argued that social media has its place in terms of enhancing learning opportunities, but if used incorrectly, it can influence students' ability to complete high school. P5 mentioned that images on social media could be exceptionally difficult for students who are living in poverty. This is because they might see elaborate lifestyles and compare their own life with those on social media. This could lead to depressive symptoms, feelings of hopelessness, dropping out of school, and even suicide. P7 chose to view social media positively and shared that it is a tool that can be used to gain knowledge and enhance learning. I discovered that 9 out of 10 participants believed that social networks and online media can influence a student to complete high school.

Eight out of 10 participants mentioned cyberbullying and the negative impact on some students' lives. Byrne et al. (2018) argued that parents, nurses, and educators need to become more aware of the pervasive problem of cyberbullying in order to promote health and safety of youths. Carter and Wilson (2015) asserted that school nurses are sometimes the first to witness the consequences of cyberbullying in student's daily lives,

as sometimes students often approach school nurses or other healthcare settings with psychosocial or physical distress due to experiences with cyberbullying. Participants believed that since they were not in the school system on a fulltime basis, supporting students who are experiencing cyberbullying might be an area to explore as PHNs.

RQ3

RQ3 involved the perceptions of liaison PHNs regarding the connections between public health and high school completion rates. All participants believe that there are strong connections between public health and high school completion rates. There were connections between education and public health. P2 explained that lack of education can lead to poor health, and therefore preventative health education is important for the GTA community. P3 explained that education and public health plays a vital role in educating the public regarding the spread of diseases and health promotion. She expanded to say that although PHNs do not directly affect school completion rates, they are connected indirectly. P4 said that there is a connection between public health and education but agreed that presently, PHNs roles in schools do not address completion rates. She further explained that she feels that there is a disconnect between the Ministry of Health and the Ministry of Education. According to P4, both ministries recognize the value and understands the link between health and education; however, she feels that the relationship could be more robust. P7 said that education promotes wellbeing overall and educated persons are more likely to make better health choices; therefore, she agrees that there is a strong connection between health and education. Garcia et al. (2018) supported this claim and argued that the odds of dropping out of school increase when there are

health and mental health challenges. Although there are various school health programs in the GTA schools, there is not enough funding to study the impact of these programs on school dropout rate. P9 said she believed that lack of education significantly affects health outcomes as it relates to the individual's ability to seek out medical advice in a timely manner. She believed that individuals who have not completed high school might not have the ability to fully understand the importance of medication regimes for certain diseases, which could lead to adverse reactions.

RQ4

RQ4 involved the perceptions of liaison PHNs regarding high school dropout rates as a public health issue. Ten out of 10 participants said that lack of education leads to public health issues. P1 mentioned that “education is knowledge and leads to higher earning power and better health choices.” She further explained that not finishing high school can have a negative impact on one's life and can result in low income, unstable employment, poor diet, limited housing, increased mental health issues and limited access to health care. P2 explained that completing high school is the first step to a better future. She continued to explain that individuals who drop out of high school are at risk for low paying jobs and these individuals sometimes are unable to care for their families which lead to a burden on the community. P3 explained “absolutely, lack of education can lead to low income and individuals becoming dependent on social assistance. Some individuals could turn to crimes in order to make ends meet. P4 also explained that the stress of not earning enough to cope with their obligations could turn some individuals to illegal activities. She mentioned “when enough members of the community

are uneducated this creates a social norm negatively affecting the social determinants of health within that community.” P9 and P10 also spoke about failure to complete high school leads to lower income, lower socioeconomic status which potentially lead to unhealthy lifestyle, poor health and more at risk for certain preventable diseases. My research findings substantiate the findings by Brown, Looman and Garwick (2019), Garcia et al. (2018), and Webber (2018) that education influences public health and that working in partnership is necessary for the success of students.

RQ5

RQ5 involved the perceptions of liaison PHNs regarding their role as a key component in potential interventions to improve graduation rates. Participants all mentioned that although improving graduation rates is not presently within their role, they saw the importance of their involvement since the lack of education can potentially affect health. My research findings substantiate prior research by Lansford, Dodge, Pettit, and Bates (2016) who explained that improving graduation rates was not typically seen as a public health issue but since good health is predicted by good education and health disparities are predicted by educational disparities, then these are public health issues. P1 stated that PHNs need to be more proactive to inform policy makers of the of need to be more involved in the issue of increasing graduation rates. P3 stated “Having PHNs back in schools working one on one with students and being accessible would be helpful”. She further stated that she would like to see more innovative programs created in partnership with schools and public health for the benefit of the community.

Regarding graduation rates, P8 mentioned that she believes that PHNs could be a part of the interventions to improve graduation rates but she feels that much more collaboration is necessary between the Ministry of Education and the Ministry of Health to review researches and literature to see evidences that poor education affects the public health. P6 indicated that she would like to see greater involvement of PHNs especially in school districts that are high risk for school dropout. P7 mentioned that the Toronto District School Board (TDSB) has a good representation of PHNs but the bureaucracy of the school boards made it difficult for some public health departments to foster more robust comprehensive health programs. She mentioned that PHNs play a vital role in address graduation rates, but she would like to see the TDSB be held accountable for reducing red tapes and fostering stronger visible partnerships so that local schools and students can benefit from more available public health programs. P10 believes that there is room for an expanded role but schools need to be mandated to work with public health because presently they are not mandated to do so. She mentioned that PHNs collaborate with schools are partners to facilitate access to health services and support schools in health and wellness initiatives based on the suggestions from the principal therefore there is a need for PHNs to be more vocal about the impact to poor education on the health of the community.

Limitations of the Study

One limitation of this study was that it was comprised of purposeful sampling of Liaison PHNs who were all females. I used the strategy of snowball sampling because the process was time effective and cost efficient. This method limited my study to a small

group of participants that might share similar traits and characteristics which could lead to potential sampling bias. There was potential bias to this study as I am also a nurse and is familiar with the public health program. To address these biases, participants were recruited outside of my region, and a professional and unbiased relationship was established for the purpose of the study. Thorough records were kept with clear, consistent and transparent interpretations of data and followed all the guidelines from the university that helped to eliminate biases. Another limitation of this qualitative phenomenological approach is that the findings of this research study may not be generalizable to other PHNs populations.

Recommendations

Addressing school dropout rates as a public health problem has the potential to improve lives, improve graduation rates, and reduce societal costs. However, there are no empirical studies conducted in Canada that drew correlations in this regard. The research findings have revealed that more Canadian research is needed that explores the connection between health and school achievements.

It is recommended that future qualitative and quantitative research is done focusing on adults who have not completed high school. These studies should look at issues such as involvement in crimes, using illicit drugs and their health status. The research findings of this study revealed that PHNs believe that adults who have not completed high school are at higher risks for being involved in crimes, gun violence welfare and poor health, therefore desire further research in this area. In addition to these

studies, completing studies that addresses improving graduation rates could provide insights to health professionals and educators to improve the lives of young people.

Recommendation for further research into addressing school dropout as a public health issue in Canada is necessary to develop a team approach to address the decrease in graduation rates in areas of lower socioeconomic status. Additionally, these researches will help to educate the public and policy makers regarding the long term benefits of education to the health of the community.

Implications for Social Change

The ecological model was an appropriate choice to guide this research study as Bronfenbrenner (1979) emphasized that human development occurs within various complex interactions not only in the child's immediate setting but indirectly through broader influences of society, cultural norms and governmental policies. The ecological model allowed for exploration and discussion of failure to graduate from high school as a public health concern. Furthermore, the ecological model simplified the discussion of how negative and positive influences shape the individual's future outcome. The implications for social change was viewed through the lens of the ecological model.

In this research study the high school student is the nucleus of the system moving through various levels of interactions to the broader society as a whole. The microsystem such as family, peers, schools, church and health services are where the student have the most interactions which directly influence the development of the student. The participants in this research study have provided insights that concur that positive interactions between the student and the surrounds has direct influences of the student's

development. One implication is that the results of this study provided insights and some understanding of the perceptions of liaison (PHNs) in Toronto regarding high school dropout as a public health issue, and the involvement of liaison PHNs as a key component to possible interventions. The study facilitated social change by giving the PHNs a chance to share their experiences regarding the lack of resources in some areas where there is a disproportionate number of students who fail to graduate. Moreover, the findings provided rich data that can inform public health and school principals regarding the connectedness between the lack of education and health.

The mesosystem identifies interactions between two of the microsystems, therefore, if the school and health services work in collaboration it could lead to positive outcomes. Participants expressed that this collaboration between the school and public health could see students remaining in high schools until completion. Participants believed that education is necessary for a healthy community therefore public health need to have a more active role in high school completion. The findings of this study add to the body of knowledge by addressing the existing gap in literature on high school dropout and a public health concern in Canada since, presently, reviewing graduation rate is not within the scope of public health.

Another implication for social change was that this study illuminated the need for more collaboration between the Ministry of Health and the Ministry of Education which is possible through clear mandates specifically by the Ministry of Education who is not mandated to work with Toronto Public Health. This is related to the exosystem which addressed two of the microsystems working together to benefit the student. As researches

showed that one cost-effective way to reduce health and racial disparities is through improving graduation rates. Therefore, potential social change implications can be significant with the addition of this information as it uncovers the relationship found between lack of education and poor health within the broader contexts.

Further results from this study indicated that PHNs' would like to see changes in the schools' curriculum regarding the safe and proper use of social media. According to Kim et al. (2018) cyberbullying is strongly associated with emotional and behavioral problems. The participants of this research study also acknowledged this concern and expressed the need for PHNs to be proactive in influencing policy makers regarding the PHNs expanded roles in schools to address mental health issues. This macro level potential social change could see more involvement of PHNs in program planning and more involvement in areas that are high risk for school incompleteness.

Over time, more involvement from PHNs in high schools should see an increase in mental health awareness and the need for education as a means of improving population health. This effort cannot be addressed in isolation but the campaign needs to be at the state or national level where law makers can influence policy changes. Freudenberg and Ruglis (2007) emphasized that advocacy by public health experts is necessary in the campaign to make high school dropout a national priority. This research provided insights illuminated by the PHNs that schools cannot work in isolation to address failure to graduate but community effort along with collaboration with public health, is necessary to achieve positive outcomes.

As discussed, a good education is a well-established predictor of future health outcomes around the world. Accordingly, public education is a cost-effective way to improve the health of local communities and the population as a whole. Still, more research is needed to investigate the personal and societal cost of dropping out of school and the impact on one's health, specifically in the Canadian context, as much of the current literature is from international sources, mainly, the United States. If future Canadian studies show a similar link between a lack of education and increased crime rates, welfare and health system usage, and higher taxes to fund increasing costs, it could provide evidence that improving high school graduation rates should be included within the mandate of public health.

The findings from this study could be disseminated to both schools and the public health departments in order to facilitate a dialogue between the two departments, specifically seeking to understand the perspectives of liaison PHNs regarding the interdependent process in which increases in high school graduation rates are linked to improved health outcomes. I am proposing to disseminate the research findings to schools and the local public health department, and by reaching out to community groups and parent-teachers' meetings where educational, evidence-based materials will be shared. Lastly, I would disseminate the findings through platform presentation at conferences or published in peer-reviewed journals.

Conclusion

I explored (a) the perceptions of liaison public health nurses (PHNs) in Toronto regarding high school dropout as a public health issue, and (b) the involvement of liaison

PHNs as a key component to possible interventions. The Bronfenbrenner's ecological model guided the creation of the research questions and the interview data were coded to the constructs of the ecological model. The construct was used to support participants' belief that students were connected to the environment directly or indirectly, and that lack of education, overtime, influences an individual's development and health.

The findings from this qualitative research study utilized a descriptive phenomenological approach which revealed that liaison PHNs believed that there is a strong link between education and health and that promoting health in schools is significant for a healthy community. However, they have highlighted various gaps as well as interventions that could have liaison PHNs more involved in capacities where they would be able to affect policy changes.

Several studies have shown correlation between education and health. The studies have confirmed that students who do not complete high school are more likely to have higher rates of illnesses, have employment problems, die prematurely, engage in high risk behaviors, and are more likely to depend on social assistance programs. The participants have concurred with several studies that improving high school graduation rates could indirectly improve the health of the community and reduce health disparities. Although Ontario has universal health care and homecare, PHNs in schools work in multidisciplinary teams with other community partners, schools and public health departments to address health concerns of students, families and community members. Liaison PHNs have also expressed interest in a more expanded role that would see PHNs in schools on a full time basis consistently supporting mental, physical, social and

emotional health as well as addressing factors that prevents a student from completing high school.

The findings of this study have indicated that, all participants believe that social media can be a positive force in learning but the negative impact in the form of cyberbullying can affect students' ability to learn which and eventually lead to failure to complete high school. The findings substantiate research previously conducted by Espelage and Hong (2017) that students are increasingly exposed to various forms of bullying, specifically cyberbullying which is associated with depression, anxiety, high risk behavior, suicide and other health issues. The findings of this study validate previous findings that identified bullying as a barrier to learning which can lead to absenteeism which can be address by having public health nurses in schools.

Canada has recognized cyberbullying as a social problem which Espelage and Hong (2017) concurred, and added that it is also a public health issue. Liaison PHNs have not only expressed concern regarding this trend but have expressed the need for liaison PHNs to take a more active role in addressing health issues associated with cyberbullying in schools. To be more effective, participants believe that The Ministry of Health need more collaboration with the Ministry of Education to discuss policy changes that would specifically address cyberbullying issues.

Liaison PHNs in Toronto have provided the school community with exceptional care, leadership and service however, having PHNs assigned to every school in Toronto would ensure that counselling, assessment and support of students who are high risk would be addressed in a timely manner. Through expanded roles, PHNs in schools could

help to build therapeutic relationships with students, build trusts and advocate for comprehensive action plans to improve health, and reduce disparities. The findings of this study revealed that liaison PHNs believe that collaboration between health, and education professionals is necessary to address high school dropout as a public health issue. This concerted effort to improve graduation rate will not only benefit students directly, but will have the ability to move beyond high schools and contribute to promoting population health which is a cost-effective means of reducing disparities, and improving individuals' health.

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Appendix A: Confidentiality Agreement

Name of Signer: Maria Wallace

During the course of my activity in collecting data for this research: “Public Health Nurses’ Perception of High School Dropout as a Public Health Issue.” I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement, I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I’m officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature: Maria Wallace

Date: December 1, 2018

Appendix B: Research Study Advertisement

Seeking Liaison Public Health Nurses to participate in study

Reason for Study: This study will explore (a) the perceptions of liaison (PHNs) in Toronto regarding high school dropout as a public health issue, and (b) the involvement of liaison PHNs as a key component to possible interventions.

Topic: Public Health Nurses' Perceptions of High School Dropout as a Public Health Issue

Location: Interviews will be held at a Public Health location that is convenient to you.

Time: Any time convenient to you.

Comments: Each interview will be about 30- 45 minutes

Participants will be compensated with a \$10 Tim Horton's gift card.

Please contact the researcher Maria at 905 999 7078 or email her at maria.wallace@waldenu.edu

If you decide to take part in this study, your name will not be used and your school name will not be made public. You have the right to leave the interview at any time. This study is a partial requirement for my doctoral degree and is approved by Walden University Research Ethics Board.

Appendix C: Interview Questions

1. In Toronto, what would you consider as some major barriers to completing high school?
2. In your opinion, what do you believe makes some students successful in high school?
3. In your opinion, how does family play a role in influencing a student's ability to complete high school?
4. In your opinion, how do peers play a role in influencing a student's ability to complete high school?
5. How do you feel regarding the influence of social media and other online media outlets on the ability of students to complete high school?
6. Do you feel that social media has the ability to hinder or enhance learning?
7. What is your opinion on the relationship between education and public health?
8. How do you feel about the current level of involvement of public health nurses in local high schools? What would you like to see change, if anything?
9. Are you aware of any activities or programs that are in place to improve graduation rates?
10. Does failure to complete high school affect the health of the community? If yes, please explain.