



National Association of School Nurses

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STATEMENT FOR HEALTHY PEOPLE 2020 STAKEHOLDERS MEETING National Institutes of Health May 28, 2008

School nurses want to influence the vision, mission, goals, and focus areas of Healthy People 2020 because we work with America's 50 Million school-aged children from birth to 21 in every type of school setting.

When children are guided toward making healthy decisions, healthy people goals for adults will be more readily achieved.

Following are the specific areas we recommend school nursing be considered in the formulation process:

- **Research:** promote studies to establish the connection between health and education and make school health data collection a priority
 - By using a formula-based ratio of nurse:students, derived from the health and economic conditions of each district population, the theory of "healthy children learn better" can be tested.
 - There is a huge deficit/gap in knowing the types and frequency of health services delivered in schools and its impact on the health of children and families. School health services have been referred to as the "Hidden Health Care System" (Lear, 2007). School health data must be captured in national data sets. Presently, education data sets do not measure school health provider intensity or credentials, or capture care that is not reimbursed outside of acute and ambulatory settings. States like Delaware and Pennsylvania collect statewide school health data, but their findings cannot be generalized because their model of providing a school nurse in every school is not nationwide.
 - As supported by the article on "Reframing School Dropout as a Public Health Issue" (Freudenberg & Ruglis, 2007), health has direct and indirect effects on school dropout rates. Evaluation studies are needed to assess the impact of health services on school dropout rates, given the known link between dropouts and poor adult health, social justice, and economics.
- **Wellness:** promote wellness programs to address academic achievement and prevent childhood obesity and chronic diseases
 - Along with colleagues in the school health field, we recognize the goal of students being healthy in every aspect: physically, socially, emotionally, and academically.



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- Due to the established connection between education and health status, we recommend measuring and monitoring academic indicators as correlates of health, such as high school graduation rates. CDC recognizes numerous health interventions that may contribute to improved school completion rates.
- **Safety Net for Most Fragile:** promote mechanisms for school nurses to assist families in locating resources for medical home, health insurance, and case management for chronically ill children
 - The percent of students in federally supported special education program increased from 8% to 14% from 1977 – 2006 (NCES, 2007).
 - Within this group, the rates of children with health conditions have doubled since 2001 (NCES, 2007).
 - As rate of NICU survival has risen, so do the numbers of children with neuro-developmental problems. Among toddlers and infants in this group who show no or mild disability, a significant number of them have moderate – severe disabilities at school age (Marlow, Wolke, & Bracewell, 2005; Hoestra, Ferrara, Coeser, Payne & Connet, 2004).
 - Each year, as these survivors enter early intervention services and Kindergarten, the need for school health services increases. Medically fragile children in school require ventilators, tube feedings, medication, and other complex nursing cares (Clement, Barfield, Ayadi, & Wilber, 2007).
- **Health Services:** promote ways to maintain critical health services in school such as
 - Vision, hearing, lead, and dental screenings
 - Immunizations
 - Risk assessments for obesity, mental health, substance abuse
 - Health and emergency plans for chronic conditions – asthma, seizures, diabetes, anaphylaxis

The predominant **funding** of school health services through education budgets need to be reexamined. School nurses are extensions of the public health system and a vital component of the care of children with disabilities. Investigation of adequate funding models (such as a combination of health and education funding) that do not impinge local education instructional budgets is needed.



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- **Emergency Preparedness:** promote coordinated planning and implementation of emergency procedures for medical epidemics and disasters.
 - School nurses have immediate access to a large portion of the population – school aged children and those who work in schools and are likely to be among the first to recognize an event and respond (NASN,2005).
 - Children are more vulnerable and show symptoms earlier (AAP, 2002)

- **Reducing Health Disparities and Increasing Access to Care:**
 - Children are 25% of the population, but 35% of the population living in poverty (US Census, 2005)
 - 40.9% of the nation's K–12 students are low income and receive free- and reduced price-lunch (National Center for Education Statistics, 2006)
 - Almost 12% of children do not have health insurance, but 19% of children in poverty lack insurance (US Census, 2007)
 - Foreign-born immigrant children are now 5.7% of high school population and 3.3% of the primary school population (National Governors Association, 2008).
 - Over 900,000 children are homeless (National Coalition for the Homeless, 2007)
 - All of these factors affect access to care. The school nurse may be the only health care the children have available.

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