Donna Mazyck: As defined by the Centers for Disease Control and Prevention, health equity is the concept that every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Health inequities are reflected in differences in the length of life, quality of life, rates of disease, disability, and death, severity of disease, and access to treatment. Advancing student health equity is a process. School nurses advance health equity when addressing social needs and school health services and in the community. And when they work across disciplines and sectors to meet multiple needs and to advocate for policy change. For health equity to be fully achieved, all nurses, regardless of their practice setting, must address the social factors that influence health and provide care that meets people where they are. This year, NASN, through generous support from Kaiser Permanente has been able to provide grants to school nurses and community based organizations who are advancing health equity in their communities specifically by trying to increase COVID-19 vaccine access and vaccine confidence in their communities. Here's what some of our school nurse grantees have to say about health equity.

Lynne Kelly from Washington speaks about addressing health equity by understanding your community uniqueness.

Lynne Kelly: I'm a school nurse in a very small school in Index, Washington, which is the central cascade mountains on the western side, about 50 miles east of Seattle. It's a very rural community, mountainous, not terribly high elevation, but quite rural and remote. The nearest grocery store is about 20 miles away. The only thing we have in town is a historic inn and a teeny tiny general store with a post office window in the back. And our school. Our school got 27 students right now, but what equity means to this area out here in my school is access to healthcare. Even though we are disproportionately white, we have a lot of inequity in terms of access to healthcare because of low income and low education. And several people who ... For instance, a lot of students have working parents who work every day and come home later, like at five or six.

And they see their kids for the first time that day and may find out then that they're not feeling well. They're very unlikely to get back in their car for a long commute back into a town that has a doctor's office. What I plan to do to increase equity is basically go to the people. We have a variety of events over the course of the summer, which because of our short season, there's a lot of celebrating going on. One town has tunnel days and railroad days to celebrate the railroad history. Another town has gold dust days to celebrate gold mining. So it's a big deal and I plan to take my little canopy booth and table and ice chest with popsicles full of my flyers and banners and increase awareness of vaccines. My project is named Know Your Vaccines because I'm pushing information, not the vaccine.

And one of the ways that I'm increasing access to COVID vaccines for children ages five to 12 is not simply providing information about the vaccine, but in doing so, really encouraging the vaccine. I'm careful to not be too pushy and to listen to their concerns and fears because we have a lot of those in this area. But I find that once they've been heard and they've felt heard that you can often change their mind and get them into the doctor or into the vaccine clinic and they feel comfortable enough to get a vaccine. Especially when they learn about things like long COVID and complications in childhood for kids that get COVID. I believe that I'm definitely increasing equity for this area.

Donna Mazyck: Lynne Meadows from Georgia describes how her school district used data to address health equity.

Lynne Meadows: Our school district is the fourth largest school district in the state of Georgia. We serve about 93,000 students in 108 different schools. We also have 10 charter schools that's affiliated with our school district. So we are a very large school district. And then our school districts from our furthest school north, which we call North Fulton, to our furthest school south in South Fulton is about a two hour drive span. So for us, health equity is always something that's on our mind and in our presence because our school district is so diverse. In fact, it's diverse from a standpoint of ethnic groups, obviously, backgrounds, religions, et cetera, et cetera, socioeconomic status, et cetera. So obviously when you think of a school district that diverse, obviously there are going to be disparities, if you will. When the vaccine came around, we wanted to make sure as a school district, we made that available to not only our staff, but to our students as well.

However, as the data start coming in, again, health equity, we saw where there were communities that really had access to the vaccine and that were taking advantage of getting vaccinated versus those communities that were not. Why was that disparity there in terms of who was getting vaccinated and who wasn't? And lots of things played into that. Lack of education. Not really understanding the benefits of the vaccine. And then some of it was just access issues. Others were, "Well, I want my students or my kids to be vaccinated, and I want to get vaccinated myself as a parent, but I don't have time to take off work. I'm a single parent." I'm this, I'm that. And so what we did again, through a robust partnership with our local board of health and our school district, we decided based on the data, we would look at those areas that needed us to come to them versus them coming to us, if you will.

Specifically, I can tell you, for instance, in an area in one of our schools, 98% of the population of the kids are of Hispanic descent. And so in that area, we had very low, again, by the data that the county was sharing with us, very low uptick in vaccination rates. And so what we did is we partnered with that school. We partnered with the Georgia Latino Fund community organization, which is a local organization here that supports our Latino families. And we held our first vaccination clinic. Well, lo and behold, we vaccinated 100 plus something, if you will, participants. But the majority of those participants in that vaccination clinic were kids that were getting vaccinated for the first time. So for us, health equity is just trying to level the playing field so that everybody has to some extent the same access to services, to education, to all of those things, that again, create a healthy environment for all of us and not for just some.

Donna Mazyck: From Colorado, Marnie McKercher shares how building relationships is essential to improving health equity.

Margaret Marnie...: We are an urban school district with about 39,000 students. And our students can trace their origins to 130 countries and they speak more than 160 languages. One of the other very unique aspects of Aurora is we are also a very healthcare rich environment, which has Children's Hospital Colorado, a university hospital, and the Anschutz Medical Campus of College of Nursing, Medicine, Pharmacy Dental, all within the boundaries of our school district. But the health outcomes for our community are not reflected in those resources. So we have a ton of work to do as we strive for health equity. So when we start striving toward health equity and see it as a societal goal and an ongoing process continuum that we are a part of that doesn't just have a start and an end. But for us, it's truly a process how we care for a portion of the community.

We know social determinants of health and education are just a few of those things that can impact. And while we go to removing health related barriers to education, we are also providing the link between education and health through many different aspects. One of the first ones that I really want to lean on and that makes a huge impact is building relationships with parents and students. I'll extend that to community providers and school leaders and school staff. But really getting in and understanding what families need, and establishing compassionate, trusting, inclusive relationships with families and being there when we say we're going to be there and providing accurate information that they can count on. Those consistent relationships are really what can drive a lot of what we set out to do and that all school nurses across the country are working on. School nurses are always connecting families to meet specific and new medical needs and coordinating care within that case management. You all are conducting standardized screenings, but what we have learned when we're doing hearing, vision, dental screenings, screening is good.

Referrals are even better. Translating referral forms are good, but that is not enough to really shift many times parent action. It's the relationships with the schools and the school nurses that can really move in that continuum for us on linking to health and then that in turn impacts their education and their access to their education and their learning. Many parts of our community were disproportionately impacted by COVID, whether it was work that wasn't able to be done remotely and multiple families living together. So really taking a focus on what does our family need to reduce the impact of COVID. Translating forms was good, again, but working directly with families was the most important. And last year we really worked toward bringing COVID vaccination to our families. We brought about 180 school located vaccine events to our schools. We are lucky recipients of the Champion for School Health vaccine grant.

So when we were the recipients of that grant, it charged us of a huge responsibility to take a look and begin asking more, how can we meet the needs of this community? And we've really been very fortunate to hear from parents and from those who work in the schools beyond school nurses, but with school nurses like family liaisons, to understand what sort of incentives, what sort of education platforms would be best for our community. Can we bring an incentive that is a tangible item? Or is it a food bag? And really hearing then what's in the food bag is important and asking the community, what would that include? So it is a lot of asking and listening so that we can remove the health related barriers and address health equity. There is definitely a connectiveness between educational access and health equity and overall health. Many times families, if they're not addressing the needs of education, they're also not addressing the medical needs they have for their family and their child and school nurses and schools really offer such a beautiful way of linking those. And actually the end result might be breaking a cycle of poverty for families when we can forward education and health together.

Donna Mazyck: Community and public health is one of the five key principles of NASA's framework for 21st century school nursing practice. With health equity and the social determinants of health as two key components of that principle. As school nurses give individual and population based care to students, their assessments of social needs and social determinants of health reveal opportunities to influence policies that can advance health equity for students and families. School nurses collaborate and coordinate with school staff, students and their families, community based organizations and local county and state agencies to advance health equity for students. Today, you heard school nurses address both social needs and advocate for changes in infrastructure that cause the inequities that create the social needs. NASN is proud of the role that these school nurses and all school nurses play in advancing health equity daily.