

SCHOOL HEALTH ALERT



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The Impact of the School Nurse Shortage

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Introduction

The value of school nurses cannot be overstated. School nurses serve the nearly 50 million students in approximately 97,000 public elementary and secondary schools (USDE, 2008). But *America's school districts are facing an unprecedented need for school nurses who can provide care to students with a diverse range of cultural and medical needs* (Parker, 2003). The nursing shortage that has plagued the country for more than a decade has impacted many areas of nursing practice and school nursing is not exempt. **25% of US schools have no school nurse at all** (Kossler Dutton/AP, July 2008), and according to the National Association of School Nurses (NASN), **16% of students have a medical condition that needs a skilled professional** (Chicago Tribune, July 2008). The reasons for the school nurse shortage are many - budget cuts, competing priorities, and lack of understanding of the role of the school nurse. The results of the shortage impact teachers who are assuming medical duties as schools reduce nursing staff and school nurses who are being required to work at multiple schools. Ultimately it affects the safety of children.

We've heard about the shortage of school nurses for years. What's the current status? Has any progress been made?

Extent of the Shortage

Lillian Wald's venture to put nurses in schools in New York City in 1902 was so successful that within a year, the expansion of school nurses was ignited and funds provided to hire more school nurses (New York Times, 1903). Lina Rogers, America's first school nurse, reported that in one year, school nurses reduced exclusions in schools from 10,657 to 1,101 (Rogers, 1908). Initially used to decrease absenteeism and address communicable disease, school nursing has found a significant place among nursing fields of practice.

With the advent of the *Individuals with Disability Education Act* (IDEA) (originally passed in 1975), schools began seeing more children with severe disabilities attending public schools where before they were either in institutions or school buildings that were used exclusively for special education students. This increased the demand on schools to provide for these children's health care needs. Additionally, schools began to see increases in the number of children with chronic diseases, asthma, allergies and diabetes in particular. "Due to mainstreaming students with severe physical or chronic conditions into public schools, school nurse duties and responsibilities have grown exponentially during the past two decades, and the ability of the school nurse to care for and monitor students is greatly affected." (NCLS)

The nursing shortage concern has impacted school nursing and as hospital and acute care settings have addressed the shortage by offering signing bonuses, extra incentives, and better salaries, school nursing has felt the competition. Beginning in the late 1980's, news articles began to note the shortage of school nurses. They addressed the job of school nursing becoming "more demanding as students with complex medical situations have entered schools and as society's expectations have changed" (Daniels-Brown, 2000). Bruce Horowitz (USA Today, 2005) did extensive research and published an article on the shortage of school nurses putting children at risk. Kossler Dutton's July 2008 article on the impact of the school nursing shortage on teachers was reported widely across the nation. The good news – the school nursing shortage is receiving attention.

What do the numbers show?

According to the National Sample Survey of Registered Nurses, which is conducted every four years by the Department of Health and Human Services (HRSA), almost 58,000 registered nurses were employed as school nurses as of March 2000. This figure represents a 22 percent increase over the 47,600 school nurses reported in the 1996 survey (Capriccioso, 2003). The 2004 survey (the most recent) shows the number of school nurses at 78,022.

Determining the actual number of schools that have access to school nursing services and the actual nurse to student ratios is a challenge since there is no real authoritative source for this information. Not all states are required to collect this data and what is collected is often an approximation by school administrators and staff. Somewhere between 75% (NASN) to 80% (USDE) of schools have access to a school nurse during the school year at least part-time.

The ratio of school nurse to student is currently an average of one nurse for every 1,151 (Chicago Tribune, July 2008), slightly better than the one for every 1,461 students estimated in 2005 (Horowitz, 2005). CDC reports that 45.1% of all schools had a nurse-to-student ratio of 1:750 or better. (SHPPS, 2006).

Inequity

The real issue is the **inequity of school nursing services**. Staffing of school health service programs across the nation varies tremendously. A recent study by CDC estimates that 35.7% of schools had a full-time school nurse (defined as having an RN or LPN present in the school for at least 30 hours per week during the 30 days preceding the study) and an additional 50.6% had a part-time school nurse (one present less than 30 hours per week) (SHPPS, 2006). That part-time status can be as little as a couple of hours a week. A quarter of America's schools do not have a school nurse assigned even part-time, but is part-time nursing coverage adequate?

Ratios

Exploring the issue in more depth reveals that ratios as benchmarks must be used with caution. The National Association of School Nurses, the American Nurses' Association (ANA), the American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention, and the American School Health Association recommend a minimum ratio of school nurses to students of 1:750 in a regular classroom. The federal government report, Healthy People 2010, suggests a ratio of 1 school nurse to 750 students as well. But NASN, ANA and the AAP take the position that while this ratio is the minimum and only an interim step, school districts should provide "a full-time professionally prepared registered nurse all day, every day in each building" (NASN, 2003).

Pennsylvania's Joint State Government Committee has published a document (July 2004) that summarizes statutes and regulations regarding school nurse staffing. According to this report, thirty-three states have a provision for school nurses, fourteen have established student to school nurse ratios (Taliaferro, 2005). What is clear is that there is no standard for school nursing staffing. It is left to individual states and local school programs.

A 2007 survey by NASN identified thirteen states that had nursing ratios of 1 to 750 or better:

Alaska, Arkansas, Connecticut, Delaware, Kansas, Maine, Massachusetts, New Hampshire, New Jersey, Rhode Island, Vermont, Washington D.C. and Wyoming. Of these thirteen states, only one has a legal mandate to provide a school nurse in every school (DE). Eight require that a district must offer school nursing services (Horowitz, 2005).

State school nurse consultants (SSNC) or state school nurse organization presidents of these thirteen states had this to offer when asked why they have been successful in reaching goals of a school nurse ratio of at least 1:750 or better. Those states that did have specific legislation for mandated school nurse ratios felt the legislation was helpful but noted that the mandate did not necessarily come with mandated funding to support it. Other legislative mandates, especially legislation regarding

medication administration that supported the school nurse role and responsibility for this function, were cited as important reasons that have kept nurses in schools (NH, MA, CT).

Representatives of the thirteen states spoke of the support of parents, communities and school staff. “Our ratios are so good because our principals and superintendents understand that their expertise is not in the medical realm. They want a medical professional to handle the medical issues of their students. Teachers do not want the responsibility or liability of trying to teach and handle a medical emergency.”

A SSNC spoke to the children’s health needs - “the amount of children with special needs has increased and parents have advocated for increased health services. If there is no school nurse, then the responsibilities falls to unlicensed personnel under the direction of a school nurse (which is not popular among teachers, parents or school nurses).”

Delaware is the only state that has a legislative mandate for a nurse in every school and they must be certified. Additionally, their nurse practice act does not allow medication to be delegated. This means the school will require a school nurse. The Massachusetts SSNC mentioned that success could also be attributed to advocacy by school nurses themselves as well as their community partners and school nursing professional organization.

One school nurse organization’s president cautioned that ratios can be skewed. She indicated that the numbers for the ratio are derived by taking the total number of school nurses in the state and dividing it by the number of school children. “I live in a town with a school with 27 children and a school nurse who works 2 hours a week. So that school’s ratio would be 1 school nurse for 27 children. But she is not there full time. I also know of some high schools who have over 1000 students and only 1 school nurse.” Maine’s SSNC agrees saying that despite a law requiring “at least one certified school nurse in the district” and a funding formula that funds a school nurse for every 800 students (regardless of health need) “school nursing should be based not only on numbers but case management, including number of care plans to implement and number of medically fragile children.” The message is that while ratios provide a benchmark to establish progress, they are not the total solution to making sure **adequate nursing coverage is being provided** to students.

Legislation

Nwabuzor states “Although several factors contribute to the shortage of school nurses, the major reason for this shortage can be attributed to a lack of legislation mandating school nursing.” (OJIN, 2007). While legislation would certainly help with the shortage of school nurses, funding must accompany the mandate for staff. Mandates alone without resources to implement them can be futile. In an effort to address this issue, Representatives Carolyn McCarthy (D-NY) and Lois Capps (CA) have introduced the *Student-to-School Nurse Ratio Improvement Bill - H.R. 6201* (April 2008). This bill seeks to amend the Public Health Service Act to authorize an HHS grant program for the purpose of reducing the student-to-school nurse ratio in public schools. The legislation also requires that a report be submitted to Congress that must include an evaluation of the effectiveness of the program in improving the student-to-school nurse ratio, and the impact of any resulting enhanced health of students on learning. If passed, this legislation could move school districts forward in not only increasing school nurse staff, but by collecting data and evaluating the impact of school nursing.

Impact

For a quarter of the nation’s schools, children with health needs are not receiving the benefits of skilled, experienced professional nurses. 20% to 30% of U.S. children and adolescents have chronic health conditions (ANA, 2007). In the other 75% of schools that do have access to school nurses, health resources may not be spread evenly across school districts or among schools within a district (Graham Lear, 2005). This results in schools having school nurses only part-time in many cases.

The Need

CDC reports:

*More than 1 in 5 high school students in the United States are current **smokers**.*

*Every year, more than 830,000 adolescents become **pregnant** and more than 9 million cases of **STDs** occur among young people aged 15–24 years. Nearly 5,000 cases of HIV/AIDS are reported each year among this age group.*

*Young people miss nearly 15 million school days a year because of **asthma**.*

*1 in 5 young people aged 9–17 years have symptoms of **mental health problems** that cause some level of impairment in a given year.*

*In 2006, 4.7 million children 3–17 years of age (8%) had a **learning disability**.*

*4.5 million children 3–17 years of age (7%) had Attention Deficit Hyperactivity Disorder (**ADHD**).*

*In 2006 it was reported that 9.9 million U.S. children under 18 years of age (14%) have ever been diagnosed with **asthma**; and 6.8 million children (9%) still have asthma.*

*Nine percent of U.S. children under 18 years of age suffered from hay fever in the past 12 months, 12% from respiratory allergies and 13% from other **allergies**.*

*In 2006, there were 9.6 million children in the United States (13%) who had a health problem for which **prescription medication** had been taken regularly for at least 3 months.*

*Five percent of children **missed** 11 or more **days of school** in the past 12 months due to illness or injury.*

*In 2006, 4.5 million children aged 2–17 years (7%) had **unmet dental needs** because their families could not afford dental care.*

*10% of children had **no health insurance** coverage, and 5% of children had no usual place of health care. “School nurses are perhaps the first and only consistent source of health services for millions of uninsured and underinsured children.” (NCLS).*

*The number of children with **food allergies** is 3 million. The prevalence of food allergies and associated anaphylaxis is increasing. (Sampson, May 2008).*

*326,000 school children through age 14 have **epilepsy**. (Epilepsy Foundation).*

Parents have reportedly kept their child home from school if the school nurse isn't there. When they do send them, they hope all will be well. Parents' work is interrupted if they are called to the school to handle health concerns because no school nurse is present, jeopardizing employment.

Teachers and other school staff have increased responsibility for which they may or may not have been trained and certainly not trained with the skills of school nurses. They are anxious in many cases and fearful of liability issues. Nwabuzor states “In

an attempt to cut costs, unlicensed assistive personnel (UAP) who are already overwhelmed with assigned duties, are charged with the added responsibility of providing nursing services” (OJNI February, 2007). While commenting on the issue of UAP providing nursing services in schools, Udesky (2005) reported that the results of a 2000 survey by the University of Iowa revealed that “mistakes are more than three times as likely to occur when an unlicensed person and not a school nurse is responsible” for medication administration.

In this time of diminishing resources, many schools, health departments and other agencies providing school nurses have considered cutting school nurse positions. This leaves vacancies unfilled, decreased or eliminated benefits for school nurses, or out sourcing of these services. The impact of reduction in staff or inadequate staffing is the disruption in care of students with health needs, inadequate care for all students, and liability risks for the school system who may not be in compliance with federal and state laws. (Taliaferro 2005). Add to that the fact that many school nurses can not live with the uncertainty of funding. Will they have a job or not? In many instances, school nurses can't afford to “wait it out” and leave for more secure jobs, adding to the shortage issue.

Coping

As funds decrease, school nurses find their assignments increasing, the number of schools and students served increasing, and they are concerned that they can continue to do their job safely. Many do the “best they can” and where allowed, delegate more. “Recent surveys report that nurses are overwhelmed and unable to keep up with the demands of everyone in need. This is especially true in schools or school districts where the ratio of school nurse to students is exponentially large—one nurse per 1,500 or more students.” (NCLS). “To cope with their workloads, many school nurses have stopped doing certain routine tasks. They call it ‘selective abandonment.’” (Zaslow, 2006). They’ve had to prioritize - is there time to do dental screening or just take care of the child with more serious chronic health concerns? As one nurse stated, you triage.

School nurses are training teachers and other school staff to dispense medication, give insulin and adrenaline shots and provide assistance with asthma inhalers (Kossler Dutton , July 2008). In one instance, a school administrator had 53 persons give out medication in his school, since every teacher was responsible for administering medication to the students in their classrooms on medication. 66.4% of schools allowed someone other than a school nurse or school physician to administer medications to students (CDC SHPPS, 2006). But these measures are not adequate to stem the need.

Progress?

Some significant progress has been made in alerting parents, the community and legislators of the need for school nurses over the last several years. The Department of Health and Human Services included the goal of a nurse to every 750 students in their document *Healthy People 2010*. In 2007 NASN conducted a survey to determine school nurse ratios, state by state. And most recently, Representatives McCarthy and Capps have introduced the *Student-to-School Nurse Ratio Improvement Bill - H.R. 6201* (April 2008).

Partners and Advocacy

“To get traction, issues need champions - insiders, outsiders, grassroots, grasstops, advocates, providers and users. Stakeholder engagement can make or break change efforts. Change makers need to think more broadly about a range of strategies for engaging stakeholders, conveying urgency and broadening/deepening their commitment.” (Ian Faigley, *The Forum for Youth Investment*, 2008).

Currently, state school nurse associations and NASN are advocating for better school nurse to student ratios and other national associations have joined the crusade. The National Association of Elementary and Secondary School Principals (NAESP) suggest “the need for more school nurses, coupled with budgetary cuts in many states, places principals in an advocacy role. Those that have school nurses may be forced to justify the need, and those that don't have school nurses need to make the case to bring them on board.” (Magnuson, 2002). NAESP's school health services platform “strongly recommends that school districts ensure proper health care, including the dispensing of medication, for all children by providing every school with a full-time school nurse. NAESP believes that school health services provided by a qualified school nurse are essential to the education of children.” (NAESP Platform, 2008-2009).

The American Federation of Teachers *Every Child Needs a School Nurse* campaign demonstrates that there are many organizations that feel the effect of the school nurse shortage besides school nurses themselves. The AAP has issued a position statement in support of school nurses (AAP, 2008). Together, these partners can bring attention to the shortage and support the need for more school nurses.

Results

Efforts to improve or maintain effective school nurse staffing has been accomplished in some states and local jurisdictions by conducting a thorough assessment of the school's needs, collection of data, developing partnerships and educating stakeholders in the role of the school nurse. Utah recently allocated \$1 million dollars to improve school nurse ratios (Utah Co. Health Dept, 2007). South Carolina school nurses and partners advocated for and received a \$25 million increase in school nurse funding in addition to changes in their state law that benefit care of students (Young-Jones, 2008).

Barriers

Despite this progress, schools are still faced with a school nurse shortage.

Understanding the role of the school nurse and advocating for students. Many communities, parents and legislators are not aware of the role of the school nurse or the extent of the issues. In many schools, data collection systems are not in place to document the health needs of children, the extent of the work the school nurse provides, or the impact school nursing services have on students' academic success. Stakeholders first must understand the role of the school nurse, the complexity of their responsibilities, and that the school nurse can support their efforts to provide safe care to all students in order that they succeed academically. Stakeholders can't advocate and affect change unless they are familiar with the need. School nurses must feel comfortable advocating for the services that children require.

The news media can be helpful in that regard. Numerous reporters have taken notice of the issue and provided news articles that help to alert communities of the problem. In 2008, School Health Digest (which tracks school nursing articles from the news wires) at least monthly on average, includes links to an article that notes the increased responsibilities of the school nurse, the lack of funding for school nurses, and the threat to cut positions.

The next challenge is to convince lawmakers and holders of the "purse strings" that the importance of school nurses is worth funding. And perhaps the one set of partners that can do that best is parents. "While most parents are typically uninformed about school health & safety arrangements in their school district or in their children's schools, they support health services at school for their children." (Lear, 2005). "School nurses, who have spent the last decade defending their jobs, are happy to see parents take up the cause. That's how the change happens, how this issue gets solved." (Chicago Tribune, July 2008).

Data Collection. Data collection and documentation of need remains a challenge both on a local school district basis and at the state level. Until a consistent, authoritative method of collecting both quantitative as well as qualitative data on the work of school nurses is accomplished, the issue of funding and awareness by parents and communities will be lacking. Many state departments of education or health are hindered in collecting data because they lack the authority to do so. And, local school districts are uncooperative or simply don't collect the data or do not have a state school nurse consultant in their agency to assign this responsibility.

Funding. Our economy is hurting and there are competing priorities for the money that is available. "Unless a school has special health issues or needs, nursing can be one of the last priorities for funding." (Parker, 2003). As one SSNC whose state now enjoys a ratio of 1:750 or better and financial support from schools states, "It will be interesting to see if this trend continues given the financial crises many schools are facing with rising energy and food costs and decreasing revenues."

Securing a place at the table. "When school health professionals are present, they are involved in direct service not planning, financing, organizing or evaluation activities" (Graham Lear, 2005). It is vital that school nurses be included in these activities and it is an excellent argument for the need for school nurses leaders/supervisors. School nurses can be instrumental

in hunting for and securing funding to maintain school health services programs, can provide rationale for grant opportunities that cross local school systems' desks, and collect and interrupt school nurse data. There are currently nine states that do not have a SSNC – Alaska, Idaho, Michigan, Montana, Nevada, Rhode Island, South Dakota, Vermont and Wyoming. That leaves these states without any state level technical assistance or a state level advocate for school nursing, no one to sit at the table to be a voice for school nursing when legislation is drafted/ reviewed, when legislators ask for information on issues, or when state agencies are applying for and distributing federal grant monies.

Summary

Adequate staffing of school health services programs remains a constant challenge to schools across the nation as they pursue the goal of providing essential and adequate services for children. Dismal economics and competing priorities have impacted staffing of school health services programs with schools utilizing teachers and other staff to provide care thereby leaving schools at risk for liability and students without appropriate care. The impact on teachers who are already challenged to meet NCLB mandates is significant. Teaching time is compromised as they provide an array of health services to students. And while ratios are a beginning point in addressing the school nurse need, they are just that – a beginning. Care must be taken to always consider the acuity of the students' health concerns in providing adequate staffing. Numbers and ratios are a target, not the “be all, end all” for decisions. In order to preserve the integrity of school nurse programs and provide essential, safe health care to students - school nurses, their partners, and parents must advocate that each child deserves the skill and knowledge the school nurse can offer to care for and monitor children.

The shortage of school nurses is real and continues, and despite the best efforts of school nurses and their partners, solutions are slow in coming. Perhaps the most important and most difficult task for school nurses and their supporters is... perseverance.

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