



Executive Summary
2021

Northeastern Pennsylvania School Nurse Needs Assessment



MOSES TAYLOR
FOUNDATION
Advancing Our Legacy of Health



“A healthy community continually builds and improves the environment by expanding resources (Ashby & Pharr, 2012). School nurses are uniquely positioned to collaboratively assess needs in the community, collect data to formulate a plan, advocate for better health, and evaluate outcomes. School nurses can expand their scope of influence by working across sectors, professions, and disciplines to build a culture of health and improve health outcomes in their communities. School nurses can do this by providing leadership, advocacy, care coordination, critical thinking, and mitigating the barriers to health.”

-Healthy Communities–The Role of the School Nurse

-National Association of School Nurses



The Northeastern Pennsylvania School Nurse Needs Assessment was conducted by National Association of School Nurses (NASN) with funding from Moses Taylor Foundation.

About

Moses Taylor Foundation

Moses Taylor Hospital opened October 1, 1892 in Scranton, Pennsylvania to treat injured miners and railroaders who were unable to access healthcare at other hospitals in the community. A few years later, the hospital also began treating workers' families and eventually expanded to serve the broader community as well. Moses Taylor Foundation, established in 2012 from the sale of Moses Taylor Health Care System to Community Health Systems of Franklin, Tennessee, is molded in this image of championing the evolving health needs of Northeastern Pennsylvania, prioritizing the most vulnerable. The Foundation's mission, vision, and values reflect a commitment to advancing this legacy of health.

Mission

The mission of Moses Taylor Foundation is to improve the health of people in Northeastern Pennsylvania.

Vision

Moses Taylor Foundation is a catalyst in continuing the philanthropic legacy of Moses Taylor by providing opportunities for people in Northeastern Pennsylvania, especially the most vulnerable, to lead healthy lives.

Core Values

We embrace these values for ourselves and for the communities that we serve:

- Honor our history by operating with compassion, respect, and dignity
- Ethics, integrity, and trust
- Stewardship, transparency, and accountability
- Courage, open-mindedness, and diversity
- Informed decision-making and fairness

About

National Association of School Nurses

National Association of School Nurses, Inc. (NASN) is the only national organization solely dedicated to optimizing student health and learning by advancing the profession of school nursing. With over 17,000 members in every part of the country and affiliate (chapter) organizations in 48 states, the District of Columbia, and overseas, NASN is uniquely positioned to deliver on its vision that all students will be healthy, safe, and ready to learn.

Core Values

- Child Well-being
- Ethics
- Innovation
- Leadership
- Diversity, Equity & Inclusion
- Excellence
- Integrity
- Scholarship

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Day in the Life of a School Nurse

When describing a “Day in the Life” of a school nurse, it is important to remember that there is no such thing as a “typical” day for school nurses, and no two days are ever the same. Also, school nurses must tailor their efforts to the distinct needs of the population they serve. However, a compilation of some of the many tasks that a school nurse may accomplish in a day is helpful in providing a clearer picture of the role of the modern school nurse.

The day often begins with students coming before school because their parents/caregivers asked them to have the school nurse look at a rash or sore ear. Next, the school nurse alerts the principal about poor outdoor air quality and the need to switch to indoor recess and physical activity classes for the day. A student then comes to the office complaining of a stomachache, which is really anxiety-related. The school nurse assesses the situation and teaches the student some mindfulness techniques to help deal with stressors. The school nurse may also participate in the school attendance meeting, then train a teacher on warning signs of low blood sugar to watch for in a student newly diagnosed with diabetes.

Lunchtime may bring a playground injury with a possible broken leg or concussion, as well as the administering of routine medications and scheduled treatments. Afterwards, the school nurse drives to the other school building she is responsible for and repeats some of the same tasks. The nurse may then call and work with a family without insurance to help them obtain eyeglasses for their child or reach out to a specialist to connect a family who needs further services. Later, the nurse will have to take time away from her office to observe a child in a classroom. Next, the nurse may meet with a parent who arrives at the school to discuss their child’s health concerns. The nurse then heads

Day in the Life of a School Nurse, continued

to teach students as part of a school health promotion project on vaping, as there has been an increased use in the community. She meets with teachers and custodial staff to discuss an outbreak of strep throat and the cleaning and hygiene measures needed to stop the spread. The discussion with the cleaning staff raises the concern that the type of cleaning supplies currently being used may be triggering some of the students with asthma. The school nurse sets up another time to speak with the cleaning staff further to address safer cleaners that can be used. Next, the nurse will reach out to a community partner for assistance in purchasing a new auditory screening tool for the school.

The school day is over, but before leaving, the school nurse sends an article to be included in the Parent Teacher Association newsletter related to the strep throat concern and outlines a new message to be provided in the morning announcements. She then heads to an evening professional education session to learn how to help diabetic students use a new type of insulin pump. The next day it will start again.



Introduction

School nurses are on the front lines of meeting the health needs of students. Over the past several decades, their work has evolved significantly and goes far beyond bandaging playground scrapes. School nurses are now key to helping students manage chronic diseases, connecting families to crucial resources, screening children for health concerns, and much more. In fact, for many students, the school nurse may be the only health provider they see regularly.

Research demonstrates the link between student health and academic achievement. Students who are healthy have better attendance and improved graduation rates (Maughan, 2016; Maughan et al., 2018). When comparing schools with nurses to schools without nurses, researchers found school nurses made a difference in student health outcomes through increased surveillance and identification of chronic health conditions (Daughtry & Engelke, 2017; Guttu, Engelke, & Swanson, 2004). School nurses also improve immunization rates (Salmon, 2004; Keck, Ynalvez, Gonzalez & Castillo, 2013; Wilson, Sanchez, Blackwell, Weinstein & Amin, 2013), student attendance, (Moricca, 2013; Tellojohann et al, 2004), and decrease the number of early dismissals (Hill & Hollis, 2012; Pennington, 2009). This impacts academic test scores and leads to improved high school graduation rates. Wang et al. (2014) established in a cost-benefit analysis that school nurses prevented an estimated \$20 million in medical care costs, \$28.1 million in parents' productivity loss, and \$129.1 million in teachers' productivity loss. School nurses generated a net benefit of \$98.2 million to society. For every dollar invested in school health nursing, society would gain \$2.20.

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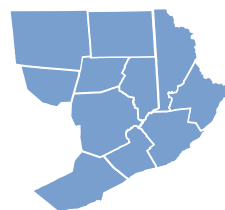


However, community input and data shared with Moses Taylor Foundation indicates that local school nurses in Northeastern Pennsylvania, like many communities across the country, are frequently under-staffed, under-resourced, and lacking adequate professional development opportunities. Responding to this feedback, the Foundation prioritized supporting school nurses in its work to

Introduction, continued

meet student health needs across the Foundation's 11-county region (Bradford, Carbon, Lackawanna, Luzerne, Monroe, Pike, Schuylkill, Sullivan, Susquehanna, Wayne, and Wyoming counties), particularly in school districts where more than 50% of students are eligible for free or reduced-price lunch.

Moses Taylor Foundation service area: Bradford, Carbon, Lackawanna, Luzerne, Monroe, Pike, Schuylkill, Sullivan, Susquehanna, Wayne, and Wyoming counties



To ensure that Foundation support is directed in areas most likely to have impact, the Foundation contracted with NASN to conduct a population-based school nurse needs assessment in Northeastern Pennsylvania.

The project was designed to meet three objectives:

- **Define** student health needs that school nurses in the region are addressing by mandate and by necessity
- **Determine** the current barriers school nurses face in meeting the student health needs that fall within the scope of what they address
- **Propose** solutions to assist school nurses in overcoming these barriers in the short and long term, based on the gathered data, as well as best practices

The work of this needs assessment began in summer 2019 and concluded in March 2020, just before the COVID-19 pandemic began to shut down schools in Pennsylvania. During the closures, and as schools reopened, the role of school nurses was thrust into the spotlight. On top of their ongoing responsibilities, school nurses took on the tasks of helping advise safety plans, screen students and staff for symptoms, and encourage proper hand washing and sanitation. While these circumstances have begun to shed a much-needed and deserved light on the importance of the school nurse, the focus of this body of work is on acknowledging that school nurses have long been crucial to the health of our community, and will continue to be after the pandemic ends.

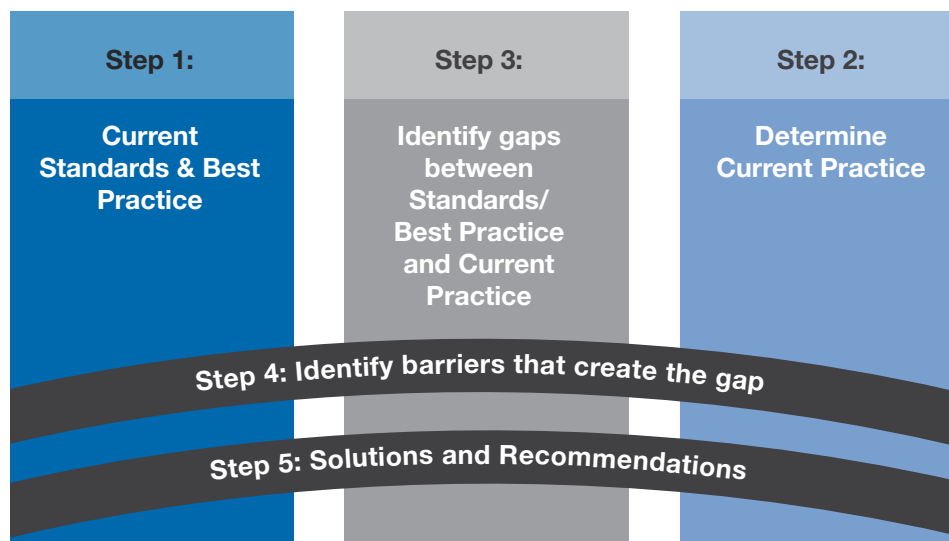
Research Methodology

The approach to this project was based on an initial population-based needs assessment, integrated with the Agency for Health Care Research's gap analysis process (AHRQ, 2018).

The population-based needs assessment consisted of gathering both qualitative and quantitative data regarding the health of school-age children, community information, and a study of the existing state and local laws, mandates, and regulations. In addition, NASN conducted a custom-designed online survey for school nurses and educators/administrators to delve deeper into activities and barriers faced in addressing priority health concerns. A total of 131 subjects completed the survey, representing over 50% of school nurses in the 11-county region. Two separate face-to-face meetings, with 48 and 80 school nurses respectively, helped provide additional context to the survey results and brainstorm solutions to identified barriers. Finally, in-depth interviews with 16 school and community health leaders rounded out the information gathered.

For the gap analysis process, all the data sets were analyzed individually, synthesized, and then compared with best practices to identify barriers, gaps, and opportunities.

Gap Analysis Process



Standards and Best Practice

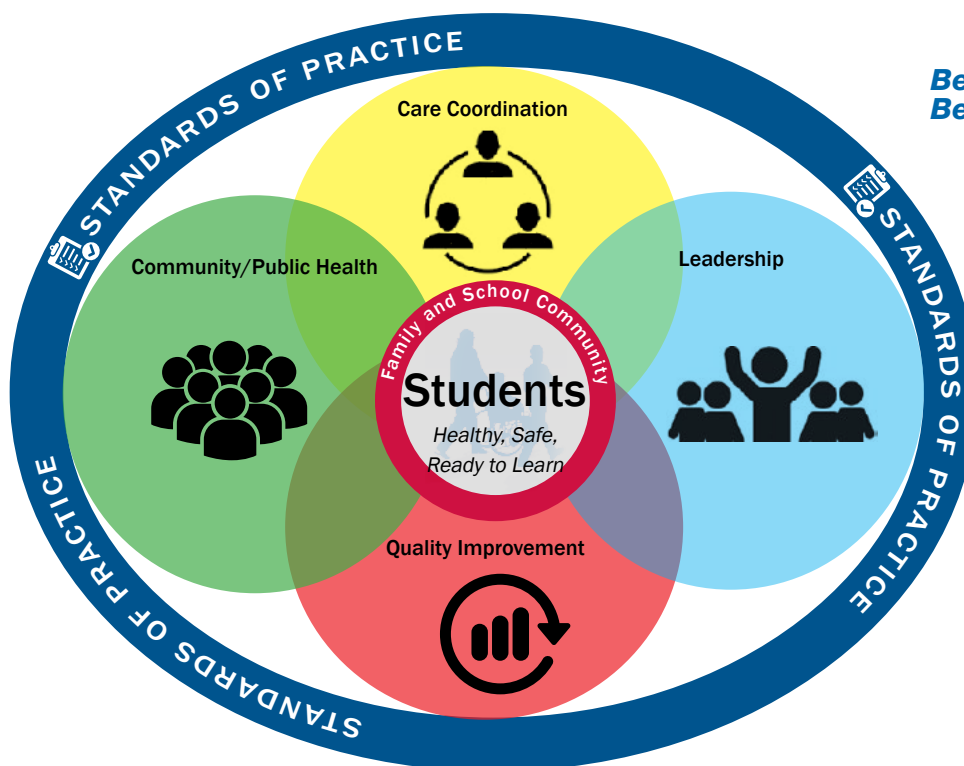


The first step of the gap analysis was to identify standards and best practices related to school nursing. NASN's (2016) *Framework for 21st Century School Nursing Practice*[™], which incorporates the *Scope and Standards of School Nursing Practice* (ANA & NASN, 2017) and supports the ASCD and Center for Disease Control and Prevention (CDC) Whole School, Whole Community, Whole Child (WSCC) model of collaboration for student health and learning (2014), provides an effective lens to understanding the complex role and responsibilities of the school nurse. Organized by five key principles—standards of practice, care coordination, leadership, quality improvement, and community/public health—the *Framework*[™] provides guidance for the practicing school nurse to reach the goal of supporting student health and academic success. The figure of the *Framework*[™] includes a listing of the practice components included under each of the five principles.






Framework for 21st Century School Nursing Practice™



**Better Health,
Better Learning.™**



NASN's *Framework for 21st Century School Nursing Practice™* (the *Framework*) provides structure and focus for the key principles and components of current day, evidence-based school nursing practice. It is aligned with the Whole School, Whole Community, Whole Child model that calls for a collaborative approach to learning and health (ASCD & CDC, 2014). Central to the *Framework* is student-centered nursing care that occurs within the context of the students' family and school community. Surrounding the students, family, and school community are the non-hierarchical, overlapping key principles of *Care Coordination*, *Leadership*, *Quality Improvement*, and *Community/Public Health*. These principles are surrounded by the fifth principle, *Standards of Practice*, which is foundational for evidence-based, clinically competent, quality care. School nurses daily use the skills outlined in the practice components of each principle to help students be healthy, safe, and ready to learn.

 Standards of Practice <ul style="list-style-type: none"> ■ Clinical Competence ■ Clinical Guidelines ■ Code of Ethics ■ Critical Thinking ■ Evidence-based Practice ■ NASN Position Statements ■ Nurse Practice Acts ■ Scope and Standards of Practice 	 Care Coordination <ul style="list-style-type: none"> ■ Case Management ■ Chronic Disease Management ■ Collaborative Communication ■ Direct Care ■ Education ■ Interdisciplinary Teams ■ Motivational Interviewing/Counseling ■ Nursing Delegation ■ Student Care Plans ■ Student-centered Care ■ Student Self-empowerment ■ Transition Planning 	 Leadership Advocacy <ul style="list-style-type: none"> ■ Change Agents ■ Education Reform ■ Funding and Reimbursement ■ Healthcare Reform ■ Lifelong Learner ■ Models of Practice ■ Technology ■ Policy Development and Implementation ■ Professionalism ■ Systems-level Leadership 	 Quality Improvement <ul style="list-style-type: none"> ■ Continuous Quality Improvement ■ Documentation/Data Collection ■ Evaluation ■ Meaningful Health/Academic Outcomes ■ Performance Appraisal ■ Research ■ Uniform Data Set 	 Community/Public Health <ul style="list-style-type: none"> ■ Access to Care ■ Cultural Competency ■ Disease Prevention ■ Environmental Health ■ Health Education ■ Health Equity ■ Healthy People 2020 ■ Health Promotion Outreach ■ Population-based Care ■ Risk Reduction ■ Screenings/Referral/Follow-up ■ Social Determinants of Health ■ Surveillance
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ASCD & CDC. (2014). *Whole school whole community whole child: A collaborative approach to learning and health*. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wscc-a-collaborative-approach.pdf>

Standards & Best Practice, continued

As demonstrated in the figure on page 12, the comprehensive role of the school nurse includes many facets:

Standards of Practice: School nurses must stay current on emerging conditions (e.g., coronavirus, vaping, or opioid epidemic) while still addressing the ongoing concerns of proper nutrition and basic childhood development and growth. The approach of the school nurse is to utilize a holistic model to advance the health and academic success of students.

Care Coordination: Working in a school setting allows the school nurse to not only observe students on a daily basis, but also to interact with families and understand the context and home life situations that impact health and well-being. Having a holistic lens that gathers information from all these sources and then critically appraises the situation to identify appropriate interventions, allows a school nurse practicing in the 21st century to be the natural coordinator of school health.

Leadership: School nurses practice autonomously, often as the only healthcare provider in the school. In this unique role, school nurses are the leaders connecting education and health services.

Quality Improvement: School nurses, using their data, incorporate the continuous improvement process as they plan interventions to be sure they prioritize and coordinate their efforts to address the greatest needs.

Community/Public Health: Schools are the location most often frequented by students and thus a critical partner in addressing the health of the population (CDC, 2020). Recognizing trends and issues allows the school nurse to consider the entire student population and what changes may be needed. Interventions may include health promotion campaigns and activities, educational messaging during announcements, staff training, or policy changes. School nurses also advocate for community infrastructure changes to address the social and health needs of students.

Pennsylvania-Specific Guidelines: In addition to the national framework, there are standards set specifically by the Commonwealth of Pennsylvania that school nurses must follow. School nurses in Pennsylvania are required to be certified, and minimum qualifications include holding a current Pennsylvania registered nurse license (RN), a bachelor's degree in nursing (BSN), and certification as an educational specialist by the Pennsylvania Department of Education (Pennsylvania State Education Association, n.d.). The school nurse must abide by licensure as dictated by the Pennsylvania RN scope and standards of practice and the guidelines of the Pennsylvania School Code, Pennsylvania Department of Health regulations, the Division of School Health guidelines, Pennsylvania Department of Education regulations, and school district policies. School districts may also supplement staffing with non-certified staff RNs and LPNs.

Current Environment and Practice

The second step of the gap analysis was to ascertain current practices. Data on the general health of the region's population also provide additional helpful context.

Current Health Environment

Approximately 1.1 million people live in the 11-county region of Northeastern Pennsylvania, close to 60% of which is considered rural. Social determinants of health frame most of the leading health concerns of the region. High poverty rates, older housing stock, domestic violence, lack of racial diversity (which can lead to marginalization), and food insecurity are all challenges. Eight of the 11 counties have a median household income less than the Pennsylvania average of \$55,221 and five of these counties also have a higher percentage of children living in poverty than the state average of 18% (US Census). These factors correlate to higher incidences of behavioral health issues, substance use, and chronic conditions, which, along with other issues related to poverty (access to care, basic needs, etc.), were identified by participants in the needs assessment as the top health concerns for local students.

These concerns were emphasized when looking at overall current health in the region using data from the Robert Wood Johnson Foundation's (RWJF) County Health Rankings for 2019. Using information such as life expectancy, high school graduation rates, smoking prevalence, obesity, and teen births, the RWJF ranks the health factors and health outcomes of all counties by state. As seen in the accompanying table, many of the relevant counties in the Northeast fall in the lower 50% of the state rankings, with Luzerne, Monroe, Schuylkill, and Carbon counties ranked in the bottom 25% of all counties in Pennsylvania.

RWJF County Health Rankings (of all 67 counties in PA)

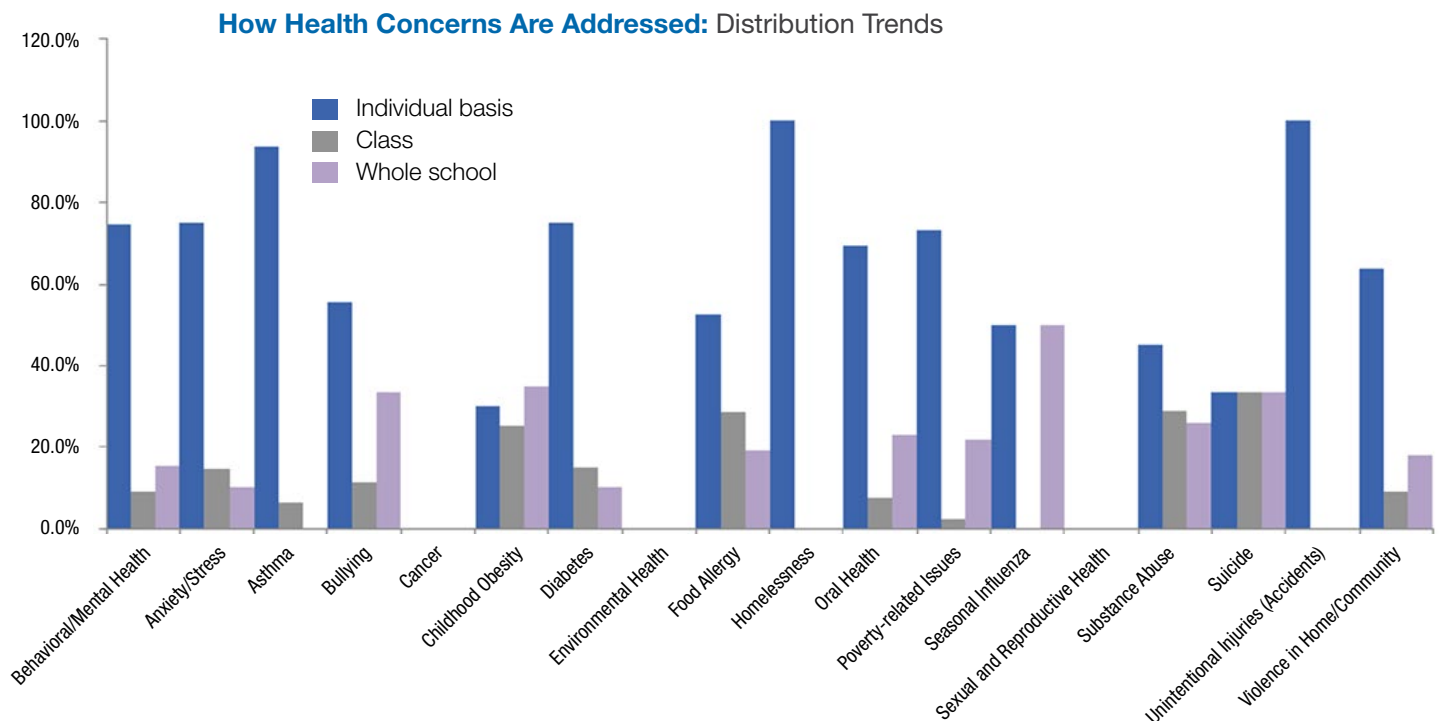
County	Health Outcome Rankings	Health Factors Rankings
Bradford	24	43
Carbon	52	51
Lackawanna	50	33
Luzerne	63	60
Monroe	57	47
Pike	16	22
Schuylkill	60	50
Sullivan	38	27
Susquehanna	40	59
Wayne	27	26
Wyoming	44	31

Current Environment & Practice, continued

At a more granular level, several other specific health issues were noted. The prevalence of HIV was higher in several of the relevant counties compared to the state average. HIV is most often spread through drug use and sexual contact, both of which often start during the adolescent years, and could thus be addressed in schools. Environmental health also surfaced as an issue during NASN's review of existing data. Part of this was related to the region's history of coal mining, but lead exposure was also flagged, and the region recently saw several schools forced to close due to lead and asbestos concerns.

Current Practice

After ascertaining the key health concerns from the point of view of both the school nurses and existing data, NASN asked the nurses to distinguish how they address each of those issues within the school, whether it be at an individual, classroom, or whole school level. The clear majority of concerns were primarily addressed at the individual level, although the school nurses' expressed desire to do more population-based interventions will be discussed later in the report.



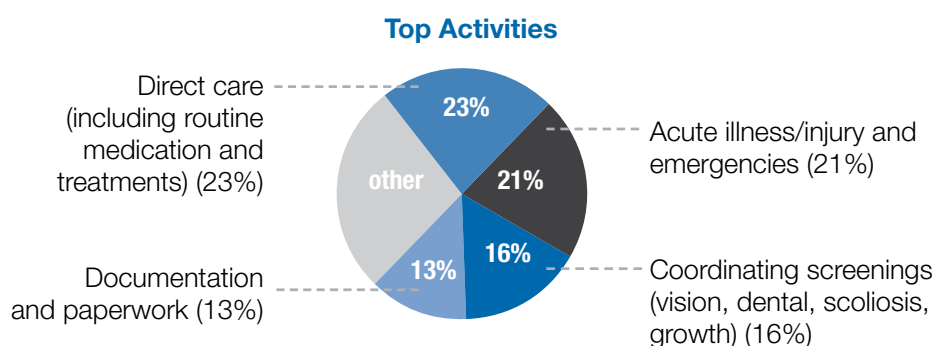
Current Environment & Practice, continued

Participants were also asked, using the same common health conditions, to identify what were NOT currently being addressed or were not applicable to their school because there was no concern or incidence. The top areas chosen by participants that were not being addressed in school included environmental health, childhood obesity, and cancer. A significant number of respondents also felt sexual/reproductive health and unintentional injuries were not applicable to be addressed in the school because there was no incidence/concern.

Since unintentional injuries and cancer are leading causes of death in the area, and NASN had identified environmental and sexual/reproductive health as issues through other data, nurses were asked about this during the face-to-face meetings. They expressed that they did not view these as issues a school should address. Cancer and unintentional injuries, while leading causes of childhood death in Pennsylvania, are still very rare. Environmental health issues were acknowledged, but seen as something outside the school. In regard to sexual/reproductive health, teen pregnancy rates are lower in the 11 Northeastern counties than the rest of the state, but as mentioned previously, HIV rates are high. The school nurses, who are stretched very thin, indicated other issues were of higher priority.

Another illuminating part of the assessment involved questions about how school nurses spend their time—both in terms of their top activities, as well as activities they wish they did more.

How School Nurses Spend Their Time



Current Environment & Practice, continued

Top Activities School Nurses WISH They Did More

- Health education/promotion (individual, classroom, school)
- Professional development
- Coordinating care
- Screening follow up
- Community connections

Results indicated that school nurses spend most of their time on direct care, followed by injuries and illnesses, mandated screenings, and associated paperwork. Unfortunately, activities such as health education, coordinating care, and follow up are things that, in many cases, school nurses indicated they do not have the capacity to complete. This means that many of the top health concerns identified are not addressed in the top activities of school nurses, unless they are of an acute nature. During the face-to-face meetings, school nurses spoke of a great desire to not only address prevention through education, but also to empower students to better manage their own health. They also wished they could spend more time educating staff and parents about health concerns.

A small sample of educators and other community stakeholders were also asked a mirrored question about how they thought school nurses spent their time. Educators often spoke to school nurses' role in addressing individual students with chronic health conditions or students needing assistance in getting healthcare. They did not speak to population-based care or addressing mental health issues, except to say a school nurse's office is a safe place to send kids needing more attention or for uncomfortable situations like soiled clothes. Many educators did not realize the role many school nurses have in addressing staff health needs. Some community medical providers saw the school nurses' role as screening and referral only. Other community stakeholders thought the school nurse could assist them with their own goals to provide health programming in schools and, until speaking with them, did not realize all that a school nurse did and how thin they were stretched.

Another component of current practice that NASN investigated was how the school nurses interacted with parents, educators, and other stakeholders. Data indicated differing perspectives and understanding regarding the role of the school nurse, although all indicated the role was important in the schools. As one participant stated:

Current Environment & Practice, continued

“[School nurses] have special training and knowledge that puts them there, or that entitles them to be, I think, leaders in their buildings. And they should be viewed that way. I have a great respect for the work they do.”

While this acknowledgement is important, there seemed to be a disconnect in terms of enabling school nurses to take on those leadership roles. For example, wellness committees are a requirement for schools who participate in the United States Department of Agriculture's (USDA) school feeding program. Nearly three-quarters (72.3%) of participants in the assessment had a wellness committee in their school. However, 66.6% of school nurses indicated they were NOT a member of the committee. NASN also noticed from the interviews and survey very little discussion regarding children with special healthcare needs and school nurse participation in individualized education plan (IEP) meetings or section 504 accommodation meetings. School nurse leaders indicated that school counselors and psychologists develop most 504 plans without the school nurse, missing the opportunity to take advantage of another important health professional perspective. On another note, during the face-to-face meetings, school nurses elaborated that they also felt parents did not understand the role of the school nurse, leading to additional misunderstandings.



Finally, in regard to practice, NASN asked school nurses several questions about the structures of their schools. Two of these results stood out upon review. First, the majority (44.4%) of participants (for both educators and school nurses) said they did not know if their district had a process in place to regularly review policies and procedures, and 27% did not have any process in place. This can have a strong impact on the work of school nurses who may be working under outdated policies. The second finding of note is in regard to school nurses' state-mandated obligation to maintain a health record for every student. Many of the electronic records used in schools, such as Power School, Infinite Campus, and E-schools, are not meant to be used for health records. Electronic education records often have limited health components or may not comply with student health privacy legal standards.

Gaps and Barriers

Upon comparing best practice standards with current practice and environment, NASN identified the following primary gaps:

Population-based health promotion, prevention, and environmental health issues not being addressed

Due to the barriers described below, school nurses currently focus on direct care of acute illness/injury, coordinating screenings, and documentation/paperwork. These tasks largely do not leave time for proactively addressing community-wide health issues, promoting life-long healthy habits, and addressing schools' environmental health issues—important components of the role of the 21st Century School Nurse.

Outdated policies and procedures

School nurse respondents identified that, frequently, there are no processes in place within schools to regularly review policies and procedures related to the school nurse in order to ensure best practices are at the forefront.

Disconnect between school nurses, families, other school personnel, and communities

The success of much of a school nurse's work hinges on coordinating with these entities to holistically address the health of students and ensure they come to school ready to learn. However, school nurses reported challenges with this type of collaboration.



Gaps & Barriers, continued

To better describe the above gaps, it is helpful to understand the corresponding barriers that may be impacting the ability of the school nurse to provide best practice care. The primary barriers identified by participants were:

Workload/Staffing

Time, workload, and staffing were the top reasons cited for not being able to address current needs and demands. This barrier has several facets. In Pennsylvania, state law mandates one certified school nurse (CSN) for every 1,500 students. However, this ratio was set in 1957 and the complexity of school nursing has changed drastically in that time. In fact, the use of ratios at all is now considered outdated and instead, NASN encourages at least one nurse in every school building, all day, every day. Unfortunately, most schools in the region are facing tight budgets that prevent them from hiring additional nurses to meet that benchmark. Secondly, school nurses report difficulty finding coverage when a substitute is needed, due to a shortage of CSNs. There was some disagreement as to the reason for this shortage, which may include lower pay for nurses in the school setting versus hospital setting and/or the lack of local CSN certification programs. It is unclear exactly what the issues are, so further investigation is needed.

Certified School Nurses by County 2017– 2018

County	CSN FTEs*	Total Bldgs.	Total Student Population	CSN to Student Ratio ¹	CSN to Building Ratio
Bradford	9	21	9,330	1,037	2.33
Carbon	11	23	9,124	829	2.09
Lackawanna	34	67	30,960	911	1.97
Luzerne	48	86	46,874	976	1.79
Monroe	33	44	27,093	821	1.33
Pike	10	15	7,465	747	1.50
Schuylkill	21	42	19,529	930	2.00
Sullivan	1	2	629	629	2.00
Susquehanna	10	14	5,975	598	1.40
Wayne	10	12	4,684	468	1.20
Wyoming	3	9	3,292	1,097	3.00
11 county aggregate	190	335	164,928	868	1.76
PA State Totals	2,128.50	3,962	1,868,169	878	1.86

¹Numbers rounded to nearest whole number. *FTEs = Full-time equivalent

Gaps & Barriers, continued

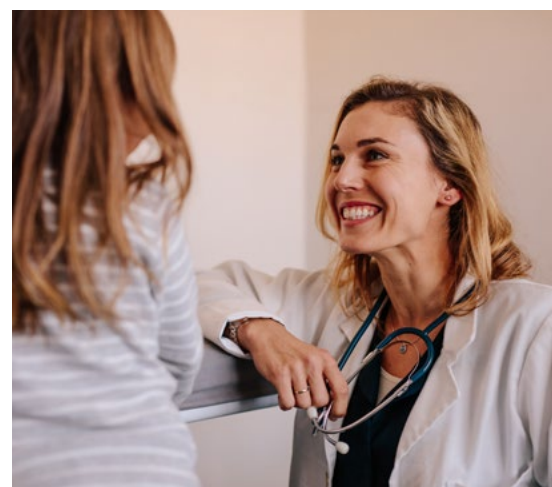
Demands/Expectations

As previously mentioned, there were many varied perspectives regarding the role of the school nurse.

During the face-to-face meetings, school nurses elaborated that parents did not understand the role of the school nurse, resulting in challenges with regard to expectations of what services the school nurses could provide and lack of follow-through in addressing health concerns and providing documentation to the nurse. Parents can be one of the greatest advocates for keeping and maintaining adequate staffing of school nurses, but they can only advocate if they understand the role.

The survey and stakeholder interviewers also indicated discrepancies between perception and reality when it came to how educators/administrators and community members saw the role of the school nurse. Educators and administrators do not usually receive any training on the role of the school nurse, yet they are the decision-makers in the school and set the budget and culture. This can sometimes limit the impact that school nurses can have on long-term health and education outcomes. Additionally, programs relating to health awareness initiated from the community lose value when they do not incorporate the perspective of the school nurse.

One final aspect of this barrier to consider is that, given the varied nature of CSN programs, the scarcity of school-nurse-specific professional development opportunities, and the lack of on-the-job training and mentors, there can even be misunderstandings among school nurses themselves regarding what their roles can and should entail.



Gaps & Barriers, continued

Mandates, Laws, and Policies

School nurses indicated that, while they appreciate the importance of mandates, laws, and policies to support their work, some of these measures are outdated and take up time and resources that could be used more productively. For example, Pennsylvania has had mandates, laws, and policies on the books since the early 1940s. Since that time, the complexity of student health and the evidence gained on best practices has changed dramatically. Unfortunately, many of these laws and policies have not been changed to reflect this. The sheer number of mandates also consumes much of the school nurses' time. For example, in Pennsylvania, mandated services include 15 different types of screening, including vision, hearing, growth, physical exam, dental, and scoliosis.

Coordination/Collaboration

Most school nurse respondents felt they had adequate resources to do their jobs, but they did indicate gaps in coordination and use of those resources. During the interviews, stakeholders spoke of turf wars between agencies, as well as "50 different organizations showing up in the school." Not knowing what resources exist in the community or how to easily access them was also cited as a barrier.



Solutions and Recommendations

NASN facilitators led an activity in the face-to-face meetings with school nurses called “brainstorming” to begin to co-create solutions to the identified gaps and barriers. NASN then developed these solutions further after researching nationwide examples and best practices. The complexity of the challenges identified, and the myriad external forces and entities involved, mean that most corresponding solutions will take substantial amounts of time and collaboration among many partners. Thus, the following solutions should primarily be considered as potential long-term goals for a community effort.

Barrier: Workload/Staffing

Potential Solutions:

- Every five years, fund a community youth health assessment and implementation plan. Important topics to include are social needs of families due to poverty and rurality, physical and mental health needs, current trends, and information specific to vulnerable populations—such as children with special healthcare needs. By regularly reviewing community data and developing a plan, local school health programs can ensure they meet the needs of the community and best practice.
- Investigate the lack of CSNs, and nurses in general, as well as school nurse funding in general and alternate sources of support.

Barrier: Demands/Expectations

Potential Solutions:

- Provide guidance to educators and other school staff, parents, and community stakeholders regarding the role of the school nurse.
- Provide education to parents that assists them in promoting their children's health. (Although this solution represents a slightly different direction from the other solutions, school nurse feedback from the needs assessment indicated that parents are in need of support in strengthening the role they play in their children's health. School nurses believe this support may improve their coordination with parents.)
- Provide guidance to school nurses on how to incorporate the *Framework for 21st Century School Nursing Practice™* more fully into their nursing practice.

Solutions and Recommendations, continued

Barrier: Mandates, Laws, and Policies

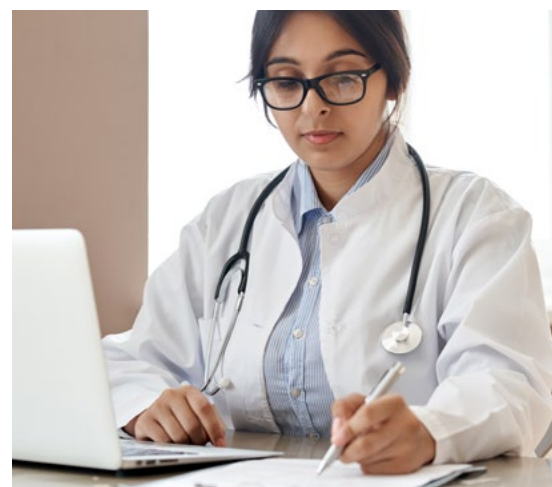
Potential Solutions:

- Advocate to change state laws related to school nurse to student ratio; scoliosis, tuberculin, and vision screenings; mandated health curriculum; and maintenance of health records. Additionally, advocate for new state laws regarding lead screening, the creation of school health advisory committees, parity in substitute nurses' pay, and support of school/community wellness committees. The broad goal would be for all of these laws to eventually reflect best practices, which NASN has identified is not currently the case.

Barrier: Coordination/Collaboration

Potential Solutions:

- One of the identified strengths of the region is the many community resources available to support school nurses in their work. However, challenges related to coordination of efforts were vocalized in the face-to-face meetings and stakeholder interviews. Coordination between schools and communities is a challenge across the nation, so evidence-based techniques and strategies need to be identified and shared to assist others also facing the same challenge. Some possible avenues could include hosting convenings/trainings on the issue of student health, supporting joint school/community wellness teams, and working with a school to develop a "model" 21st century school nursing program that emphasizes collaboration.

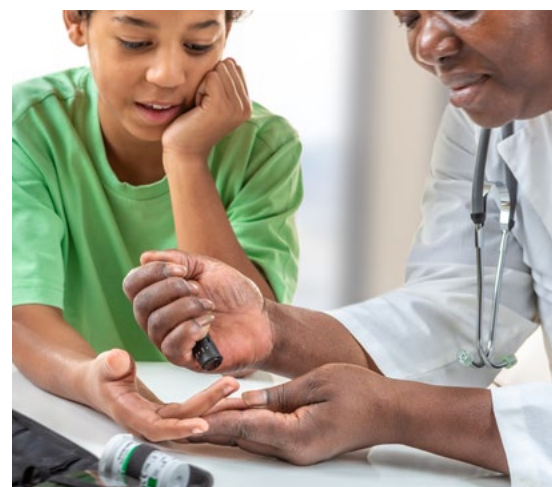


Conclusion

Although this needs assessment focuses on gaps and barriers, it is important to also highlight the strengths identified. The dedication and hard work of the region's school nurses is overwhelming. They embraced the work of this assessment, participating with a passion that clearly illustrated their commitment to the health of their students. Additionally, stakeholder interviewers often mentioned how invaluable school nurses are, and how many go the extra mile and work extra hours to better meet the needs of students.

No single entity alone can address all of the needs identified in this body of work, however, it is clear that Northeastern Pennsylvania has a wealth of community resources and committed stakeholders who are interested in better supporting school health. Together with school nurses, these partners can make a substantial difference in the health of youth, and through them, the long-term health of the community.

With the distribution of this needs assessment, we are working to shine a light on the critical role school nurses play in promoting the health of children in our communities. Recognizing that school districts face competing demands for limited resources, we aim to expand decision-makers' understanding of the roles school nurses play to more effectively utilize existing school nurses and provide additional support whenever possible. Inviting other community stakeholders into this dialogue, we also aim to strengthen connections between school nurses and community resources and increase public understanding of school nurses as vital public health partners.



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