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WHERE IS THE SCHOOL NURSE?

A SURVEY OF MINNESOTA SCHOOL NURSES

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Key Findings

While the number of uninsured children in Minnesota grows and the health concerns of children increase, state education underfunding has forced the number of school nurses to remain below the national average. Fewer school nurses means there is less time spent between students and health care professionals, leaving more health duties to minimally trained school secretaries and aides.

- School nurses are an important link between education and health care. Children spend much of their day in school and any illness or injury not only affects their ability to learn, but also affects the classroom environment and their peers' ability to learn.

- For many uninsured or underinsured low income families, school nurses are the frontline health care provider. A lack of access to a school nurse can lead to more expensive trips to emergency rooms for care of chronic and preventable illnesses.

- A survey by Minnesota 2020 and the School Nurse Organization of Minnesota found more than 80 percent of school nurses say districts don't receive enough money to meet student health needs. More than half say school districts are forced to cut nursing positions to save money. Some say this situation is affecting the quality of education students receive.

Introduction

Minnesotans know that students who are in good health will achieve greater academic success and that good health will help students become happier, more productive adults. School nurses provide that health care.

Unfortunately, the demands on school nurses have increased both because of increases in diagnoses and increases in the number of under- or uninsured children at the same time as a serious downturn in school funds allocated for nursing services. This has resulted in less student access to health care in schools.

School nurses provide health care for Minnesota students to advance the well-being, academic success, and life-long achievement of students with the understanding that students who are in better health will become happier, more productive adults. The funding for school nurses is complex and a barrier to providing the care.

Minnesota has 837,000 students and for many of these, school nurses are the only source of health care outside of the emergency room. The Children's Defense Fund of Minnesota reports that 6 percent of Minnesota children didn't have health insurance in 2005 and 29 percent had not had a preventive medical care visit in the past year.[1] The Minnesota Department of Health reports that the number of uninsured children rose from 4.7 percent in 2001 to 6 percent in 2007.[2]

These students increasingly turn to the school nurse for care. In addition to time-honored school nurse practices such as medication administration and injury care, the National Association of School Nurses reports that an average of more than 6,500 prescription medications -- not including emergency medications -- are distributed by school nurses each day, and nurses perform complex nursing care such as tracheostomy suctioning and urinary catherization each day.[3]

The need for health care during the school day is great: The Centers for Disease Control and Prevention reports that 13 percent of children have asthma, 13 percent have allergies, 13 percent require prescription medicine, nine percent have no health coverage and four percent have unmet dental needs.[4]

Also, the number of students with mental health problems continues to skyrocket. The U.S. Centers for Disease Control and Prevention reports that in the 1970s, 1 in 10,000 children were diagnosed as being autistic. In 1990, it was 1 in 500. Today, it is 1 in 150.[5] Each of these students needs a team of teachers, social workers, counselors, special education teachers and school nurses to create and implement Individualized Education Plans. These plans are necessary to maximize learning but are time consuming to create, implement, and evaluate.

Unfortunately, the demand for school nurses does not translate into more nurses in the schools. Even though there is no shortage of nurses who could work in schools, there is not enough funding to pay them.

School principals and superintendents face crushing budget problems created by the state's refusal to provide schools with enough money to provide students with a basic education. When adjusted for inflation, the state portion of the education budget has dropped 4.4 percent since 2003. This is far below the amount districts need to educate students, and local property tax increases are too small to take up the slack. Faced with cutting an English teacher or a school nurse, a principal's decision is clear.

Meanwhile, federal programs such as No Child Left Behind have forced school districts to emphasize some school programs and marginalize others. A recent research collaboration between Minnesota 2020 and

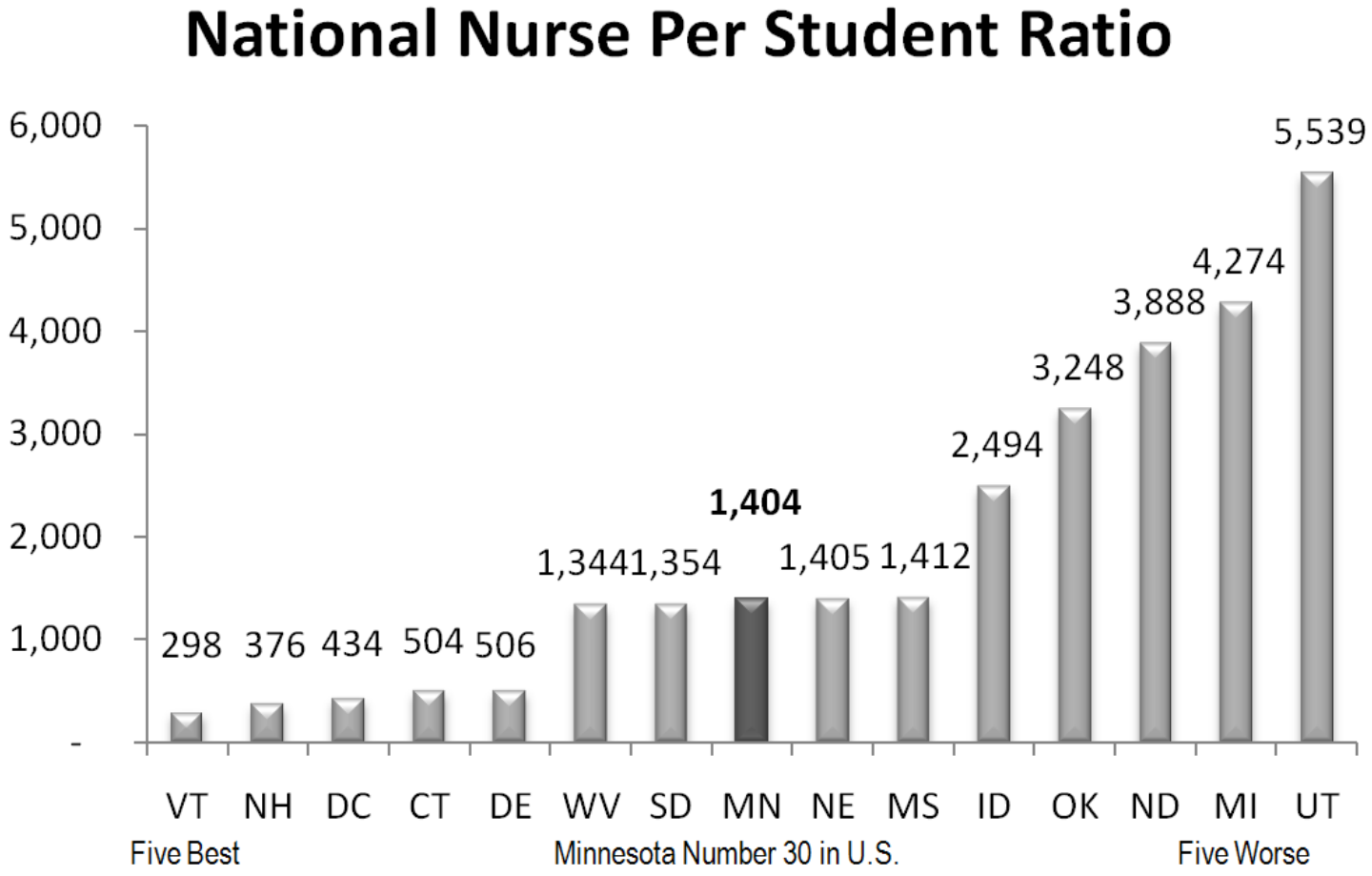
Macalester College shows that teachers believe some subjects are de-emphasized to make way for the needs of NCLB testing. This in turn affects staffing decisions.

This decrease in state funding coupled with the increase in federal curriculum intervention has created a death squeeze for any program outside those core subjects. School administrators have had no choice but to cut athletics, extracurricular activities and services such as college counseling, social work and school nursing to make up the deficit.

Federal goals from Center for Disease Control and Prevention and National Center for Health Statistics recommend a school nurse-to-student ratio of 750 to one.[6] The National Association of School Nurses recommends minimum ratios of nurses to students depending on the needs of the student populations:

- 1:750 for students in the general population,
- 1:225 in the student populations that may require daily professional school nursing services or interventions,
- 1:125 in student populations with complex health care needs, and
- 1:1 may be necessary for individual students who require daily and continuous professional nursing services.[7]

Minnesota has no law requiring a nurse-to-student ratio, but requires districts with more than 1,000 students to have at least one nurse on staff. Of Minnesota's 343 school districts, 183 have fewer than 1,000 students.



The National Association of School Nurses puts Minnesota's school nurse to student ratio at 1,404 to one – 30th in the nation.[8]

This means many school nurse duties devolve onto school secretaries, teachers, aides, and even coaches.[9] Dropping health care onto employees with minimal or no background and training has its problems: A national survey found almost half of school nurses surveyed reported "medication errors" at their schools. The survey found secretaries, teachers and health aides often giving students the wrong medicine or missing their doses.[10]

School nurses have always integrated health and education goals to promote student success in both learning and life. At the beginning of the last century, Lillian Wald determined nurses in schools could reduce student absenteeism through case finding and in-home follow-up visits. Soon, school nurses participated in a public health philosophy to raise the second generation of immigrants to an acceptable level of sanitary, social and moral habits.[11]

Over the past century, the school nurse's workload has blossomed past simple medical care. Today's school nurse must work effectively with children, adolescents, families and communities as well as with the education, health care and human services systems. School nurses work in concert with school districts to help students maintain their health. School nurses provide leadership for provision of health services and health policies, health screenings and referrals. They promote healthy school environments and are the liaison between school personnel, family, community, and health care providers. School nurses case-manage the health care needs of their students and help them break down the barriers they face to a quality education. School nurses work in a complex environment and to function in today's health-care system it is essential they have a firm understanding of public health care functions and be able to use them in the community.

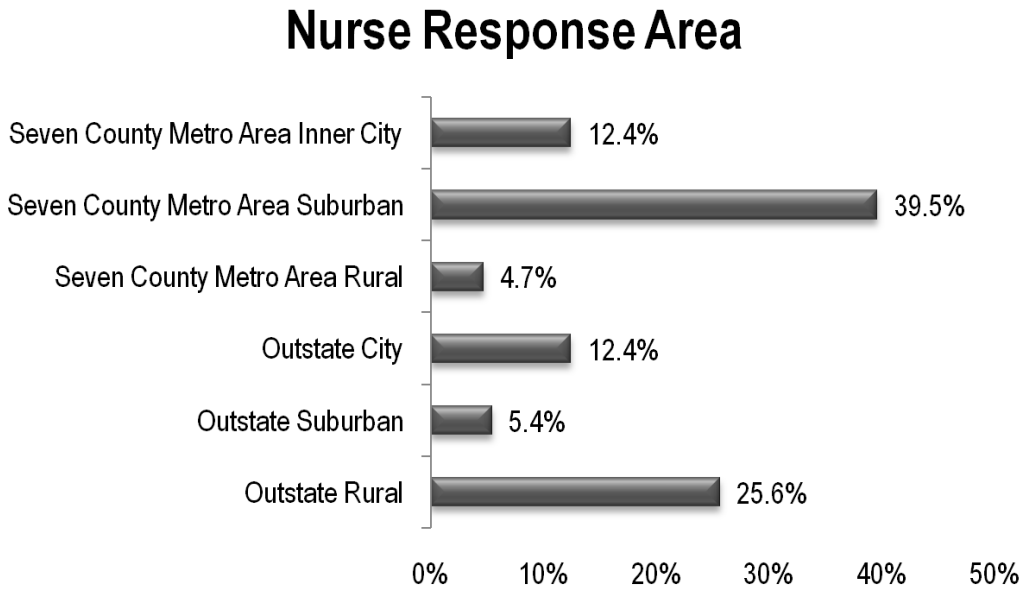
The practice of sending sick children to school because parents can afford neither health care nor time off of work is where school nurses find themselves trapped between a health care system that puts the sick and infirm onto the education system, and an education system that can't invest in the nurses necessary to take care of children's health needs. The cost of not having a school nurse is hard to determine, but a recent national study shows that one student's one day absence from school with the flu costs a family $538.75, including medical expenses and parents' absence from work.[12]

Solving issues such as affordable health care, preventative medicine and third-party billing is the work of another day, but it is clear that sick children are less able to learn than healthy children, that school nurses play an important part in keeping school children healthy and safe, that state funding shortfalls have kept the number of school nurses at an insufficient level, and that if all children are to be successful learners, better funding for school nurses must be found.

Results

In May, 2008, the School Nurse Organization of Minnesota and Minnesota 2020 created a non-scientific, on-line survey to assess attitudes toward school nursing. The survey was sent to SNOM's 289 members. One hundred and thirty one school nurses participated -- a response rate of 45 percent.

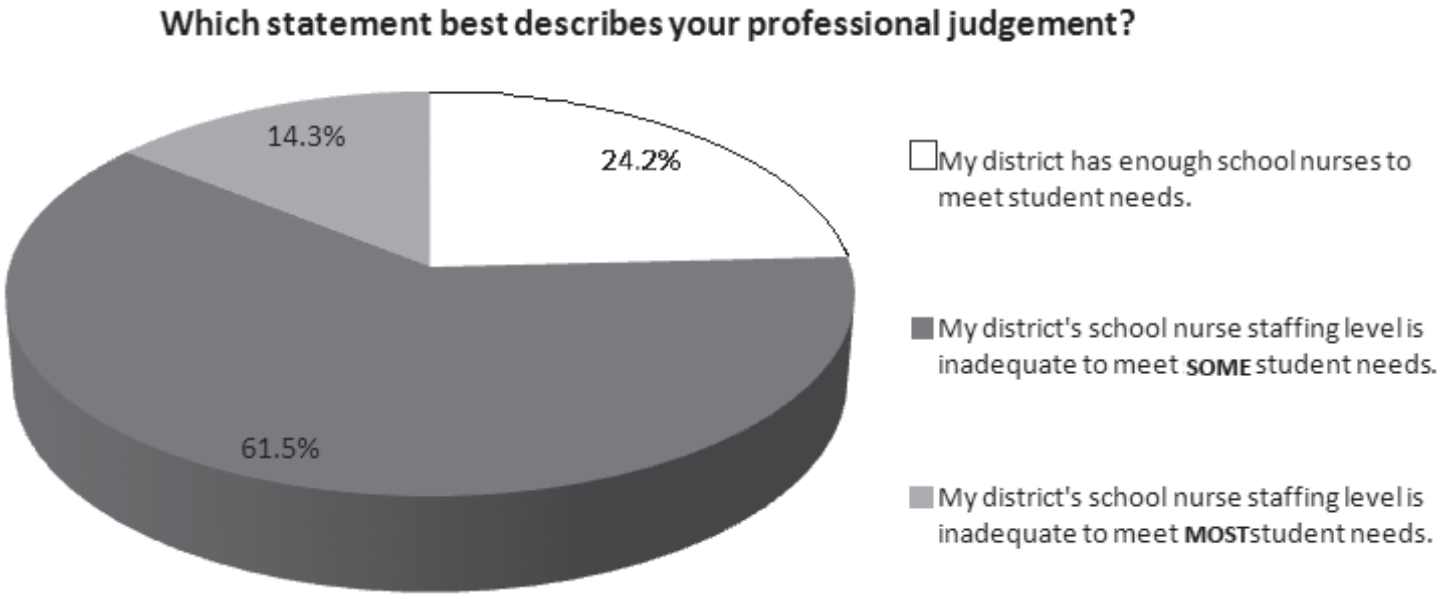
Respondents were asked to describe their location. They had six choices – Seven County Metro Area Inner City, Seven County Metro Area Suburban, Seven County Metro Area Rural, Outstate City, Outstate Suburban and Outstate Rural. For this report, respondents will be described as rural (combined total of those who answered Outstate Rural, Outstate Suburban and Outstate City) or urban (combined total of those who answered Seven County Metro Area Inner City, Seven County Metro Area Suburban and Seven County Metro Area Rural) unless otherwise noted.



More than 53 percent of respondents said they are school nurses while 35 percent are nursing administrators, supervisors or coordinators. More than 43 percent of respondents said they came from rural districts, 57 percent from urban districts. Nurses said they have an average of 12.8 years of experience and their average salary was $45,097.

Almost all school nurses said non-licensed health aides and building secretaries take care of injuries and dispense prescription medications when the nurses are not in the building.

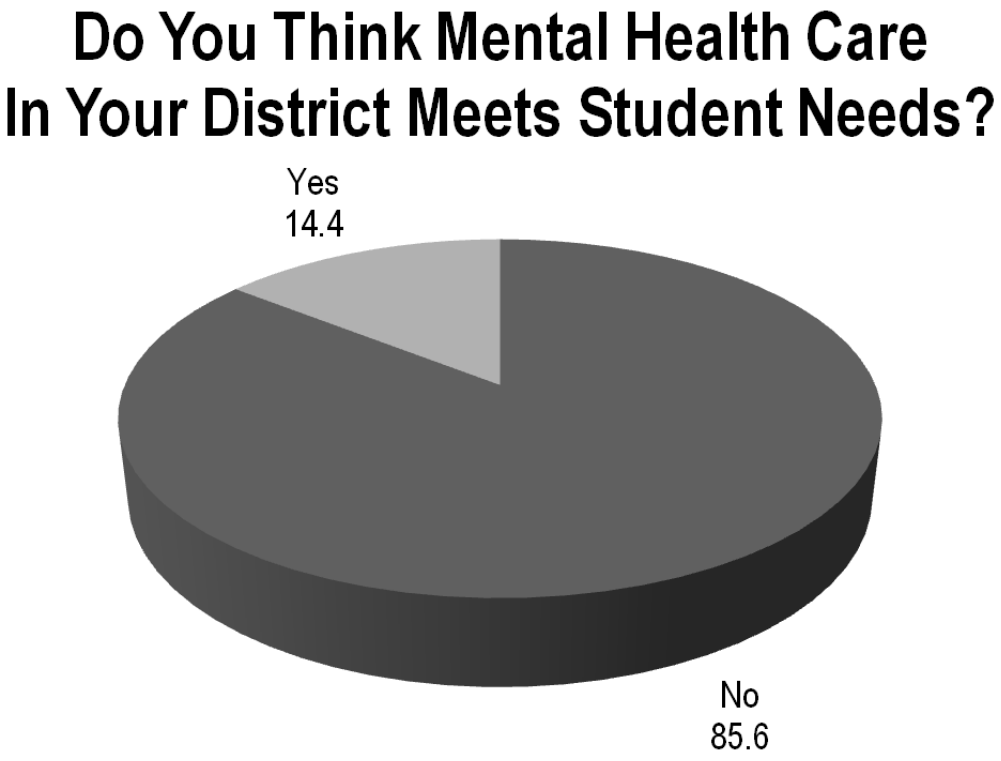
Most nurses said districts don't have enough money to hire enough nurses to adequately staff the schools.



More than 60 percent said current staffing is inadequate to meet some student needs, and 14 percent said staffing is inadequate to meet most student needs.

More than 80 percent of school nurses said that schools don't receive enough money to keep enough nurses on staff. More than 60 percent say districts are forced to cut nursing positions to save money. More than 56 percent said their positions are dependent on voter-approved levies.

When supply is low and demand is high, service suffers. Nurses say that because of low nurse to student ratios, students with depression or other mental health needs go undetected; uninsured students don't get proper and timely referrals to community resources such as health care programs and clinics; students with chronic health conditions such as asthma don't get the nursing care at the level needed to best meet their needs; illnesses such as strep throat spread to other students easily and notice goes home late or not at all; and students do not receive wellness counseling, according to 90 percent of school nurses surveyed.



Because of the lack of school nurses, more than 85 percent of school nurses said student mental health needs were undetected or underserved. Meanwhile, 91.2 percent of nurses said the number of students with a mental illness has gone up in the last five years by an average of 23.3 percent.

More than 80 percent of rural school nurses agree that there is a lack of school nurses, and more than 70 percent say this leaves at least some student health needs unmet. They say the number of school nurses has remained static during the last five years and they predict the number will remain static for the years to come.

A majority of nurses feel their jobs are dependent on voter-approved levies. With the failure of levies and with insufficient funds from the state, nurses know their administrators have no choice but to cut positions, and school nursing is one of the first positions to go.

Conclusion

The U.S. Military has it right: The war isn't won without boots on the ground.

There are several reasons why proper school health care is essential: Students who don't feel well don't learn well; uninsured and underinsured children have nowhere else to go for health care; children with communicable diseases need to be identified and referred for treatment; vision screening, dental screening, mental health screening, screenings for a variety of physical ailments can stop small problems from becoming big problems that result in more costly health care such as emergency department visits.

But there are not enough school nurses to do the job. Underfunding by the state – a 4.4 percent drop to school districts statewide since 2003 – means school districts have to make budget cuts, and some are forced to target school health programs for reduction.

This is serious situation that challenges us to look at how we address student health needs. Parents have a right to expect their child's chronic health problem will be safely and appropriately managed by a school nurse. Parents have the right to expect their child's injury or illness will be appropriately handled at school by a competent health care professional. All children need proper health care, and for children whose parents can't afford health care, the school nurse provides frontline care reducing visits to the emergency department.

Massive state education underfunding has strangled school health programs. Less money means fewer nurses to treat students. One way to measure this is the nurse-to-student ratio: The National Association of School Nurses suggests a nurse-to-student ratio of 750 to one. That group estimates Minnesota's ratio is 30th in the nation at 1,404 to one. The Minnesota Department of Education puts the ratio at 1,890 to one, or 40th in the nation.

The issue comes down to money. In the Minnesota 2020 and School Nurse Organization of Minnesota survey, nurses said properly funded schools would provide sufficient nursing services for all students. With enough money, we can put enough nurses in the schools and provide proper health care for children.

Looking for a financial fix through moving funds from health care programs to school programs or vice versa is ultimately fruitless because the money would simply be taken from one program to pay another. The fix lies not in financial wizardry, but simply by putting boots on the ground.

A proper fix would be to hire and maintain 600 additional school nurses with a $0.01 targeted revenue enhancement assessed on all carbonated beverages sold in Minnesota with the money to be held in trust with the money to be used only to maintain school nurses and school health care programs. Such an enhancement could raise as much as an estimated $29 million each year.

This would be the right thing to do for the schools, the right thing to do for the taxpayer, but mostly the right thing to do for the children.

Voices

At the end of the survey, school nurses were asked to offer their opinions. Here are some of the responses.

"A school nurse is pulled in so many directions. There is so much that could be done to promote health, but one just can't do it all."

"I feel the government should … make it a law to provide so many nurses per student within the district."

"There is a belief that nurses are expendable and not necessary. No one really knows our role and its relationship to education."

"Mental health concerns have definitely gone up in the past 22 years since I began practicing school nursing. I would like to see collaboration between us and outside agencies to have children seen for mental health concerns. There are many students who do not get any, or get inconsistent, mental health care."

"The school funding formula needs fundamental changes so local property taxes do not predict the quality of education services. We need legislative leadership and a commitment to preparing kids adequately to meet their future employment and post secondary education needs and goals."

"I am currently resigning my position as a licensed school nurse due to high stress, lack of support and poor funding. I am worried about the quality of care and students, but do not want to jeopardize my license."

"I believe it is an administrative decision to not have any more school nurses. Even if our levy would pass and we had lots of money, student health would not be a priority."

Reference List

[1] Kids Count Minnesota, Children's Defense Fund Minnesota, "Seven Basic Needs, Minnesota Kids Count Databook 2007," <http://www.cdf-mn.org/PDF/KidsCountData_07/KIDSCOUNT_07_FINAL.pdf>

[2] Minnesota Department of Health April 2008 Fact Sheet <http://www.health.state.mn.us/divs/hpsc/hep/publications/coverage/inscov2007.pdf>

[3] Igoe, J. B. & Campos, E. L" Report of a national survey of school health nurse supervisors." School Nurse.

[4] U.S. Centers for Disease Control and Prevention, "Summary Health Statistics for U.S. Children: National Health Interview Survey, 2005", < http://www.cdc.gov/nchs/data/series/sr_10/sr10_231.pdf>

[5] U.S. Center for Disease Control and Prevention, "Prevalence of ASDs." <http://www.cdc.gov/ncbddd/autism/faq_prevalence.htm>

[6] U.S. Department of Health and Human Services, "Healthy People," <http://www.healthypeople.gov/data/midcourse/html/focusareas/FA07ProgressHP.htm>

[7] "State Nurse to Student Ratio." National Conference of State Legislatures. <http://www.ncsl.org/programs/health/nursestudent.htm>

[8] Ibid.

[9] McCarthy, Kelly, Reed. "Medication Administration Practices of School Nurses." Journal of School Health. <http://www.nasn.org/default.aspx?tabid=230>

[10] Ibid.

[11] Hawkins, Norman G. "Is There a School Nurse Role?" The American Journal of Nursing, <http://www.jstor.org/stable/3421762>

[12] Su Li and Shelah Leader, "Economic Burden and Absenteeism From Influenza-like Illness in Healthy Households with Children (5–17 Years) in the U.S." PharmacoEconomics and Outcomes Research Group.

Tables

Do you work in (check all that apply)?

Answer Options	Response Percent
Public Elementary school	50.0%
Public Middle/Junior/Intermediate school	44.6%
Public High school	39.2%
Public Several schools	30.8%
Public District-wide	46.9%
Public Alternative Education Program	16.9%
Public Special Education	38.5%
Public Early Childhood Education	31.5%
Private or Parochial	18.5%
Charter	4.6%
Retired	0.0%
Other (please specify)	7.7%

How many years of experience do you have as a school nurse?

Answer Options	Response Average
Number of Years	12.8

What is your yearly salary?

Answer Options	Response Average
Salary	$45,097

Select the response that best describes your position or primary role:

Answer Options	Response Percent
School Nurse Administrator (not assigned to students)	10.7%
School Nurse	53.4%
School Nurse Coordinator & School Nurse	23.7%
School Nurse Practitioner	0.8%
PHN in school	1.5%
Retired	0.8%
Consultant	1.5%
Other (please specify)	7.6%

Why does a low staffing level of school nurses exist? (Choose all that apply)

Answer Options	Response Percent
Low pay	49.4%
Job stress	27.6%
Competition from other nursing professions	31.0%
No chance for advancement	8.0%
Fewer nursing students	8.0%
School districts don't provide the funding for nursing	81.6%
Schools cut nurse positions to save money	69.0%
Other (please specify)	9.2%

Has the number of students in your district with a mental illness gone up in the last five years?

Answer Options	Response Percent
Yes	91.2%
No	0.9%
Stayed the same	8.0%

Which statement best reflects your professional judgment?

Answer Options	Response Percent
My district has enough school nurses to meet student needs.	24.2%
My district's school nurse staffing level is inadequate to meet some student needs.	61.5%
My district's school nurse staffing level is inadequate to meet most student needs.	14.3%

Location of your school district:

Answer Options	Percent
Outstate Rural	25.6%
Outstate Suburban	5.4%
Outstate City	12.4%
Seven County Metro Area Rural	4.7%
Seven County Metro Area Suburban	39.5%
Seven County Metro Area Inner City	12.4%

How many hours a week are you PAID as a school nurse?

Answer Options	Response Percent
32 hours per week or more	86.2%
Less than 10 hours per week	0.0%
Between 10-20 hours per week	4.6%
More than 20 hours per week	9.2%

Who is your employer?

Answer Options	Response Percent
Public School District Board of Education	91.4%
Charter School	0.8%
Private or Parochial School	0.8%
County or Community Public Health Agency	3.9%
Cooperative Educational System	0.0%
Other (please specify)	3.1%

Is there a shortage of school nurses?

Answer Options	Response Percent
Yes	80.9%
No	19.1%

Do you think mental health care in your district meets student needs?

Answer Options	Response Percent
Yes	14.4%
No	85.6%

If you are not full-time in one building, who sees a student with an injury when you are not on site?

Answer Options	Response Percent
Principal	0.0%
Teacher	1.0%
Health aid	61.5%
Other (please specify)	37.5%

Do you believe school nurse staffing levels are dependent on voter-approved operating levies?

Answer Options	Response Percent
Yes	56.7%
No	43.3%

In your opinion, because of a low school nurse staffing level, which of the following statements are true? (Choose all that apply)

Answer Options	Response Percent
Students with chronic health conditions (such as	48.8%
Students who have special health needs do not get	57.1%
Students don't receive screening for vision or hearing	40.5%
Sexually transmitted diseases go undetected longer and	33.3%
Students with acute contagious illnesses (such as a	44.0%
Students with acute illness symptoms (such as	48.8%
Immediate injuries (scrapes, sprains, head injuries,	10.7%
Notice of illness (such as strep throat, encephalitis,	28.6%
Students do not receive wellness counseling and	90.5%
Students do not receive prescription medication	13.1%
Students who need medical treatments (such as	27.4%
Students with mental health needs (such as depression,	85.7%
Pregnant and parenting students do not receive the	42.9%
Leadership for the school district's heath emergency	53.6%
Uninsured and underinsured students don't receive the	65.5%
Other (please specify)	14.3%

In your opinion, in the past five years, has your district's school nurse FTE:

Answer Options	Response Percent
Gone up significantly	8.0%
Gone up slightly	20.7%
Stayed the same	41.4%
Gone down slightly	19.5%
Gone down significantly	10.3%

In the next five years, do you anticipate your district's school nurse FTE will:

Answer Options	Response Percent
Go up significantly	4.4%
Go up slightly	21.1%
Stay the same	48.9%
Go down slightly	16.7%
Go down significantly	8.9%

Do you believe low school nurse staffing levels makes the overall quality of education at your school:

Answer Options	Response Percent
Better	1.1%
Worse	74.2%
Stay the same	24.7%

Non-metro Response

Is there a shortage of school nurses?

Answer Options	Response Percent
Yes	80.8%
No	19.2%

Which statement best reflects your professional judgment?

Answer Options	Response Percent
My district has enough school nurses to meet student needs.	17.1%
My district's school nurse staffing level is inadequate to meet some student needs.	70.7%
My district's school nurse staffing level is inadequate to meet most student needs.	12.2%

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