

Rising Student Health Needs Require a School Safety Net

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The fourth grader was lethargic and gray. Thin to begin with, he had lost six pounds in the past four to six weeks. After two days of very reduced alertness in class, the school guidance counselor and the boy's teacher contacted the school nurse. The nurse, newly hired by the school district as its first-ever nurse, reviewed the boy's symptoms and called his mother for permission to check his blood sugar. The nurse then contacted a local pharmacist who donated blood sugar testing supplies that same day. With a blood sugar of 578 mg/dl, the nurse urged the mother to seek immediate medical attention for her son. The boy was hospitalized and diagnosed with Type I Diabetes. In collaboration with the boy's physician, mother, and teacher, the nurse subsequently began preparing for the boy's return to school by developing a care plan and training the teacher, principal, and counselor in monitoring the student's self-care. The teacher reports that thanks to the school nurse, who identified this child's diabetes and managed his successful reentry into school, this student is "back to his normal self, has more energy, and is learning better."

A freshman came into his high school's health center for a sick visit. While there, the staff asked him to complete a health risk questionnaire in order to get more information about his risk-taking behaviors and conditions. The multi-disciplinary team at the center (which includes a nurse practitioner, nurse, mental health professional, nutritionist, and health educator) treated the young man for high blood pressure, rosacea, and acne and provided mental health and weight management counseling. He was enrolled in the North Carolina Health Choice Program (North Carolina's State Children's Health Insurance Program) and received glasses from the Lens Crafters Gift of Sight Program. By integrating and delivering his medical and

mental health services at the school-based health center, this student was able to miss very little school while receiving multiple services, and his mother missed very little work. He is now a senior with a brighter future ahead of him.

At a metropolitan high school, the school nurse splits her attention between two boys. A 16-year-old football player has fallen and may have re-injured a broken ankle. A 15-year-old freshman, taking medication for both bipolar disorder and attention deficit hyperactivity disorder, is feeling light-headed. The nurse examines the students, calls the parents, and assists in coordinating primary care and specialty providers. Across town in another school, with no school-based nurse, the health needs of students are addressed as best as possible by teachers, secretaries, and administrators.

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These true stories are but three examples of the variety of health concerns that students bring with them to school each day. These health problems impact their ability to be successful in school and require that the school healthcare safety net be strengthened. The needs of students have also changed dramatically in the past ten years, creating increased demands for appropriate care while at school. For example, the North Carolina Annual School Health Services Report for Public Schools for 2003-2004 reported that:

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- Over 161,000 (12%) students suffer from chronic illnesses or special healthcare needs (diabetes, asthma, seizure disorders, etc.).
- More than 14,000 students needed one or more invasive procedures performed during the school day (nebulizer treatments, tube feedings, urinary catheterizations, tracheostomy care, blood glucose monitoring, and the management of insulin pumps, etc.).
- At least 7% of students received medications at school, including controlled substances.

In addition to the growing numbers of children with complex health problems that often require intensive management at school, the prevalence of risk-taking behaviors continues to be elevated. These include substance abuse, homicide, suicide, child abuse and neglect, and developmental problems such as Attention Deficit Hyperactivity Disorder (ADHD). Mental health issues such as anxiety, depression, school refusal, anger, and eating disorders are increasing and are affecting attendance, school performance, and student well being. Prevention programs have become a greater focus in schools, as the obesity epidemic is affecting children and adolescents at earlier ages. One in four North Carolina teens and one in five children ages five to 11 years of age are now overweight. The ability to learn at school is directly related to the status of a student's health. "Students who are hungry, sick, troubled, or depressed cannot function in the classroom, no matter how good the school,"¹ according to the Carnegie Council on Adolescent Development. Students who drop out of school experience more health problems, delayed employment, and poverty. Data from the United States Bureau of the Census underscore that high school dropouts have the lowest expected lifetime earnings compared with workers at all other levels of educational attainment. It is well documented that people in poverty are less likely to have access to healthcare and less likely to engage in healthy lifestyles. The Council of Chief State School Officers and the Association of State and Territorial Health Officials have jointly noted this interdependency between health and education by suggesting that "healthy kids make better students and better students make healthy communities."²

The School Nurse as a Safety Net "First Responder"

When nurses are present in the school, parents often rely on them as first responders for early identification, referral, and follow-up for their children's primary care needs. Often the school nurse is the first person a parent seeks out in order to make a decision about the need for health services. "Go see the

school nurse, and if she thinks you are sick enough to go to the doctor, tell her to call me." With each of North Carolina's school nurses responsible on average for approximately 1,900 students (often scattered over a minimum of three to four schools), rather than the nationally recommended 1:750, it is very difficult to provide the level of safe care needed and to assist families in locating and using local healthcare resources. Teachers and other school staff are asked to assume more and more health related responsibilities, and school nurses are expected to provide training and on-going supervision for these individuals.

The North Carolina General Assembly, understanding the school nurse's role in the development of healthy students who are more likely to achieve academic success, appropriated money for the School Nurse Funding Initiative (SNFI) to the Division of Public Health in 2004. The Initiative included an

annual state appropriation of \$4 million to fund 80 permanent positions and approval of Maternal and Child Health Bureau funds of \$3,250,000 annually for 65 time-limited (two-year) positions. Governor Easley has called for 165 additional nurses in the budget over the next two years. Many of these nurses will work in Child and Family Support Teams to further link children at-risk to community services

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School Health Centers: A Second Safety Net for Some Schools

With regard to comprehensive services for adolescents, the safety net in most communities is thin. While access to comprehensive services has improved for some adolescents in the state, most service delivery remains fragmented and categorical, with treatment for illness, sports physicals, mental health services, or counseling for nutrition concerns all being provided at different locations. School-based and school-linked health centers located on or easily accessible to school campuses have brought comprehensive, "one-stop-shopping" opportunities to adolescents and a focus on emerging health problems. The obesity epidemic, for example, is receiving increased attention in these centers as evidenced by the requirement for state-funded health centers to include a body mass index (BMI) performance measure.

With parental permission, students can receive help in these health centers for a variety of medical and psychosocial needs. Currently, there are 27 comprehensive centers operating in middle and high schools in the state and another 12 centers that provide primary care services delivered by nurse practitioners or physician assistants.

Health Is Academic

With high school graduation rates falling in North Carolina from 64% in 1990 to 60% today, it is essential that every student has access to healthcare and the opportunity to develop healthy behaviors so they can learn and graduate. The absence of a strong safety net of nurses in North Carolina's schools represents one of our most critical missed opportunities to help children be successful. Closing the health disparity for children is a critical strategy to close the achievement gap. We must ask ourselves, "Have we done all that we can to make certain that children

and teens are ready and able to learn supported by healthy families?" North Carolina is now answering this question under the leadership of the Governor, the General Assembly, the State Board of Education, local schools, and health departments with their respective boards. The State Board of Education is also requiring all districts to create School Health Advisory Councils bringing parents, healthcare providers, and community organizations to the school health table as well. This momentum is critical, for it will take all of us working together to strengthen the school health safety net and thereby our children's chances for success in school. **NCMJ**

REFERENCES

- 1 Carnegie Council on Adolescent Development, 1989. Turning Points: Preparing American Youth for the 21st Century, Report of the Task Force on Education of Youth Adolescents (1989).
- 2 Board of Directors of the Council of Chief State School Officers (CCSSO) Washington, DC, July 27, 2004. Available at: http://www.ccsso.org/Whats_New/Press_Releases/5109.cfm. Accessed March 24, 2005.



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