

# Health Services in Schools Policy Brief

Stanford Health Services in Schools Project

6/18/2015

Edition 1, Volume 1

## *School-Based Health Care: An Ever Present Need Here and Internationally*

### **Introduction:**

The history of school based health care is long, and yet, when we examine the progress we have made (or lack thereof), it would seem we are constantly striving to provide more, and backsliding into providing less. The early history of school based health care begins with Lillian Wald in New York City with immigrant children around 1902. She discovered that placing nurses in the city schools reduced absenteeism and significantly improved the health of children and often their families, as noted in this excerpt;

In 1902, Lillian Wald demonstrated in New York City that nurses working in schools for San Diego County Office of Education could reduce absenteeism due to contagious diseases by 50 percent in a matter of weeks. In 1913, New York City had 176 school nurses.<sup>1</sup>

Lina Rogers, one of the first school nurses, was asked to replicate this school nursing model in other cities and towns across the U.S.. School health programs were implemented in communities across the country and what we now call school-based clinics were a common practice in the 1920's. However, since the start of school-based health centers (SBHCs) in the U.S. in the early 1960s, their acceptability and proliferation has been steady, but inadequate.<sup>2,3,4</sup> Benefits of more comprehensive school health services include better school attendance, increased monitoring and maintenance of chronic health conditions, and enhanced health promotion programming.<sup>5,6,7,8</sup> School nursing services and SBHCs continue to be easy targets for cutbacks, however. In the U.S. many school systems share a school nurse and in the Canadian and Australian systems, many students do not have access to comprehensive health services on site and the role of school nurses is poorly understood.<sup>9,10</sup> School nursing ratios vary significantly state-to-state, and school-based health centers can be rare.

### **Background and Research Findings:**

In my own research<sup>11</sup>, I interviewed 72 key informants in three countries regarding school-health care, children's needs, and barriers to care. School nursing services in Canada and Australia are very similar. Interviewees noted

that most schools do not have school nurses on-site full-time or SBHCs. Community health nurses routinely function as school nurses and some or all of their duties involve promoting school health, usually divided among several schools. These nurses generally do not engage in hands-on care, functioning more in a monitoring role, as well as educators and consultants. The ratio of nurse to students can be very high. For example, in the Australian State of Victoria, considered to be more progressive in terms of school-based nursing, 65 full-time nurses provide programs in 1600 schools for 60,000 students<sup>12</sup>. Nurse-to-student ratios are also high in Canada and the nurses I interviewed in Ontario and Quebec identified a ratio of 1:3000 as common. School Nurse Practitioners are not common, and their presence in schools is rare. Nurse practitioners in general are not plentiful, and attitudes towards nurse practitioners can be relatively negative, where they are allowed to practice. Many nurse practitioners complain they are not permitted to function to the full scope of their practice, much as those in the U.S. have experienced<sup>13</sup>. In the U.S., school nurses generally provide hands-on care including medication administration, health education and promotion, staff education, counseling, referrals, and networking with other health professionals. Nurse-to-student ratios can vary considerably by state with interviewees reporting ratios ranging from 1:700 to 1:1500, although the recommended ratio is much lower.<sup>14</sup> School-based health centers are rare, with approximately 2000 SBHCs existing nationwide. Recent changes in school health policies and U.S. healthcare funding have made important contributions to increasing the number of SBHCs as noted by the National School Based Health Alliance. More than two-million students in approximately 2,400 schools have access to health care thanks to the \$200 million in SBHC grants distributed by the School-Based Health Center Capital Program.<sup>15</sup>

Since Lillian Wald first sent nurses into the New York City school system and began a successful public health program, the wisdom of that innovation has been undermined<sup>16</sup>. There remains no comprehensive health insurance for all U.S.

citizens, and school nurses often have limited resources with which to meet the health care needs of children, particularly those with greatest need (lower socio-economic groups, children with special needs, and immigrant populations). In Canada and Australia, children reportedly have better access to health insurance and providers. However, school nursing and school-based health care are limited to the most perfunctory of functions, thus huge gaps in services exist and many opportunities to positively impact the health of children are missed. Attitudes towards delivering health care through schools remains mixed, as one Australian Principal noted,

*We can't have a full-time school nurse... they'd be lined up past the door and around the corner every day if we did!*

There remains a great need for comprehensive school health care, as school nurses report they are often the only professionals providing regular health care for children and families. Healthy schools initiatives, comprehensive school health programs and school health coordinators have been advocated by leaders in each country<sup>17,18,19</sup> but research demonstrates lack of progress and even regression of school health services. School nurses persistently expressed concern about the number of students they are trying to help and the lack of value of school nursing services. As one part-time school nurse in Quebec noted,

*We need more nursing time, more health education time. I would not be bored if I were here five days a week. I would love to do things for families, because I think that's where we need to start, with the families...*

School nurses and SBHCs are often not valued and are therefore limited in their ability to make significant contributions to child and community health. The persistent perception of some individuals that school nurses “just apply band-aids” all day perhaps contributes to this lack of valuing of school nurses and school-based health care. Current issues facing school nurses and those working in school-based health centers include; an increasing number of students with mental and physical disabilities (including Type 1 & 2 Diabetes in children), an increasing number of children who lack adequate immunizations, increasing antibiotic resistance, too few nurses covering too many schools, and a continuing lack of adequate resources to fund school nurses and school-based health centers.<sup>20</sup>

### Policy Implications

Barriers to the implementation of school health services are many, and funding is the most common barrier mentioned to expanding school-health services, however, the benefits of early prevention and intervention indicate funds focused on those areas have a proven track record. Implementation and utilization of more SBHCs, where children continue to lack insurance and/or access to providers, should be encouraged. As Daniel Harrison, Principal of John Marshall High School in Los Angeles argued,

*Students are staying in school that would have dropped out. Families are functioning that would have become dysfunctional. Student mental and physical well-being is addressed in an on-demand, real-time setting that would otherwise not be possible. I feel fortunate in having a health care clinic on campus.<sup>21</sup>*

### References:

- 1-San Diego County Office of Education: [A brief history of school nursing](#). 2013 Accessed June 30th, 2015.
- 2-Gustafson, E. History and overview of school-based health centers in the U.S. *Nursing Clinics in North America*, 2005; 40, 595-606.
- 3- Kruger, B., Toker, K., Radjenovic, D., [Comeaux, M](#) & [Macha, K](#). School nursing for children with special needs: Does number of schools make a difference? *Journal of School Health*. 2009; 79, 337-346.
- 4- Pheterson, M. School-based health centers help keep students healthy-and in school. *New York Nurses Network*, 2008;15-17.
- 5- Guo, J., Jang, R., Keller, K., [McCracken, A.](#), [Pan, W.](#), & [Cluxton, J.](#) Impact of school-based health centers on children with asthma. *Journal of Adolescent Health*, 2005;37, 266-274.
- 6- Ricketts, S., & Guernsey, B. School-Based Health Centers and the decline in Black teen fertility during the 1990s in Denver, Colorado. *American Journal of Public Health*. 2006;96, 1588-1592.
- 7- Scudder, L., Papa, P., & Bray, L. School-based health centers: A model for improving the health of the nation's children. *The Journal for Nurse Practitioners*, 2007; 3, 713-720.
- 8- Veugelers, P., & Fitzgerald, A. Effectiveness of school programs in preventing childhood obesity: A multilevel comparison. *American Journal of Public Health*, 2005; 95, 432-435.
- 9- Moses, K., Keneally, J., Bibby, H., Chiang, F., Robards, F., & Bennett, D. *Beyond band-aids: Understanding the role of school nurses in NSW*. School Nurses Association of NSW Annual Conference, January 2008.
- 10- Wood Johnson, R. Unlocking the potential of school nursing: Keeping children healthy, in school, and ready to learn in *Charting Nursing's Future*, 2010 August.
- 11-Seigart, D. Barriers to providing school-based health care: international case comparisons. *Collegian*. 2013; 20 (1):43-50.
- 12- Griffin, P., & Edgecombe, G. *School entrant health questionnaire: Longitudinal analysis 1998 to 2004: Report to the Department of Human Services*. 2006. Department of Education and Early Childhood Development, Victoria.
- 13- Lamontagne, P. Editorial: Make room for nurse practitioners. *Montreal Gazette*, 2009, April 13<sup>th</sup>.
- 14- National Association of School Nurses (NASN). [School nurse workload: Staffing for safe care](#). 2015. Accessed June 30th, 2015
- 15-[National Census of School Based Health Centers](#), [School Based Health Alliance](#) Accessed June 30<sup>th</sup>, 2015
- 16- Feld, M. *Lillian Wald: A Biography*. Chapel Hill: University of North Carolina Press; 2008.
- 17- Cameron, R., Manske, S., Brown, K., Jolin, M., Murnaghan, D., & Lovato, C. Integrating public health policy, practice, evaluation, surveillance, and research: The school health action planning and evaluation system. *American Journal of Public Health*, 2007; 97, 648-654.
- 18- MacDougall, C. Healthy schools: Overview and opportunities. Paper presented at *North Bay Community Conference*, March 2008. North Bay, Ontario.
- 19- National Public Health Partnership. *Healthy children-strengthening promotion and prevention across Australia*. National public health strategic framework for children 2005-2008. National Public Health Partnership. 2005; Melbourne: NPHP.
- 20-Keeton, V., Soleimanpour, S., Brindis, C. School-based health centers in an era of health care reform:Building on history. *Current Problems in Pediatric Adolescent health Care*, 2012; 132-156
- 21- National Assembly on School-Based Health Care. *NASBHC mobilization update to State Chapters*, October 19<sup>th</sup>, 2009. Washington, D.C.

**Author Information:** Dr. Denise Seigart is Chair and Professor of Undergraduate and the MS/MN Nursing of Populations programs at Boise State University. She received her PhD in Evaluation from Cornell University and has served as a visiting professor in Russia, Canada, and Australia. She has received research awards from both Charles Sturt University and the Pennsylvania Canadian Studies Association for her work on school-based health care. She also served as President of the Pennsylvania School Based Health Care Assembly and was on the Board for the Maryland Assembly on School-Based Health Care.