



CENTER FOR SUPPORTIVE SCHOOLS

**New Jersey School Nursing:
*Challenges and Opportunities in
Promoting the Health and Wellness of
Youth in New Jersey***
Focus group outcomes supported by research

*Developed for New Jersey Health Initiatives (NJHI)
by Center for Supportive Schools (CSS)*

Erin O'Leary, Senior Director, CSS
Nadia Carofalo, Research Manager, CSS
Abby Attias, PhD, Vice President, CSS

911 Commons Way
Princeton, New Jersey 08540
Tel: 609.252.9300
Fax: 609.252.9393
www.supportiveschools.org
info@supportiveschools.org



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Executive Summary

Focus group outcomes and research in the literature support the conclusion that New Jersey has created many positive conditions to support school nurses in effectively supporting health care for students, but significant opportunities remain to advance the field and improve quality of care. Two opportunities in particular stand out, as follows:

- Developing additional school nursing infrastructure, such as centralized data systems and additional qualified oversight roles, could represent opportunities to standardize and improve school nursing practice statewide.
- Greater inclusion of school nurses in school and district leadership teams would bring a uniquely qualified perspective to dialogue and action focused on improving students' educational outcomes and better connecting schools with families and the larger school community.

Focus Group Participants

The findings in this paper are grounded in the insights of focus group and interview participants. Center for Supportive Schools (CSS) conducted additional research based on the insights and the issues identified by the professionals listed below. We thank each one of them for their generous contributions and their daily commitment to the health of New Jersey's young people.

- Mary Anne Bacon, MSN, RN, NCSN, New Jersey State School Nurses Association (NJSSNA) President and School Nurse at Rancocas Valley High School
- Mary Blackborow, RN, BSN, MSN, National Association of School Nurses (NASN) Director
- Sheila Caldwell, RN, BSN, CSN, School Nurse for Matawan Aberdeen Regional School District, NASN SCHLRN-L Community Monitor
- Lorraine Chewey, MS, RN, New Jersey City University, Coordinator, School Nurse Certificate Program
- Christene DeWitt-Parker, MSN, CSN, RN, New Jersey Department of Education (NJDOE) Coordinator, School Health Unit
- Marie Foley, PhD, RN, CNL, Acting Dean at the College of Nursing, Seton Hall University
- Tommie Lou Judson, M.Ed., RN, NCSN, NJSSNA
- Linda Morse, RN, MA, NJ-CSN, CHES, FASHA, President American School Health Association
- Laura Rothschild, PsyD, CPS, Director of Education and Training, Center for Alcohol Studies, Rutgers University – Coordinator of School Health Leadership Program

- Anna Tupe, RN, NJ-CSN, President-Elect of the NJSSNA and a School Nurse at Linwood Middle

Methodology

During June/July 2014, Center for Supportive Schools (CSS) reached out to school nurses and related health professionals across the state, yielding a group of 10 professionals who participated in a focus group held on July 17, 2014. Two individuals who were unable to participate in the focus group were interviewed over the phone. During both the focus group and phone interviews, the following questions were discussed, using the Center for Disease Control and Prevention's (CDC's) Coordinated School Health Model as a guiding framework:

1. How does your particular role connect to the world of school nursing in New Jersey? From where you sit, what is one area of greatest progress and success within which New Jersey's school nurses are effectively promoting the health and well-being of youth?
2. Within the areas we've deemed as making good progress, what are examples of specific school nursing initiatives or programs that you would say are successful? What are the elements that you think are helping these particular initiatives to achieve success?
3. What are the top three challenges you experience in your role?
4. In what ways does New Jersey effectively support school nurses in accomplishing important work for youth?
5. In what ways does New Jersey provide challenges for school nurses in accomplishing important work for youth? What do you see as the causes or roots of these challenges?
 - a. What are ways you think these challenges can and/or should be addressed?
 - b. What are initiatives or strategies that you or others have used to try to address these challenges?
 - c. In what ways were these initiatives or strategies successful and/or unsuccessful?
 - d. What can we learn from them?
6. If you were to reimagine the role of the school nurse, what would that role look like to most effectively promote the health and well-being of youth?
7. If you were to reimagine the structures for supporting school nurses in New Jersey, what might you put into place?
8. Where do you see the greatest current needs and/or opportunities, when it comes to promoting the importance of school nurses in their support of youth health? What do people need to know about school nursing?
9. Are there any areas that you see as possible "quick-wins" in the field of school nursing that are currently being overlooked?

10. What do you see as the most useful role for philanthropy to play in supporting the field of school nursing and its ability to support the health and well-being of youth?

As described above, based on the issues and insights identified by focus group and interview participants, CSS conducted additional research to establish deeper context.

New Jersey School Nursing: Challenges and Opportunities in Promoting the Health and Wellness of Youth in New Jersey

Focus group outcomes supported by research

Below is a series of themes and insights that represent a snapshot of focus group participants' perceived challenges in and opportunities for promoting the health and wellness of youth in New Jersey. Incorporated into and supporting one of these themes are two case studies that demonstrate that particular theme in action, inclusive of successes, challenges, and continuing opportunities for improvement.

THEME 1. New Jersey Department of Education (NJDOE)'s school nursing requirements and the inclusion of school nurses on NJDOE staff have helped create positive statewide conditions for high-quality school healthcare.

Unlike many states with much lower ratios, New Jersey requires one certified school nurse per district, creating a greater opportunity for school nurses to have a strong impact in schools. School nurse certification requires nurses to have a bachelor's degree, a prescribed set of health courses, and instructional experience. These requirements yield highly qualified and educated school nurses who have been integral in making general education environments inclusive for students with chronic conditions and bringing their expertise to bear on a host of other health-related issues. Further, in New Jersey, school nurses operate as NJDOE employees, leveraging the same salary scale and benefits as teaching staff, which attracts nurses to the profession and encourages them to earn advanced degrees as they move up the scale. Many New Jersey nurses earn a master's degree in public health, which provides them with prevention and disease management training to approach their work with a public health management perspective. School nurses also have significant participation in professional communities, such as the New Jersey State School Nurses Association (NJSSNA), where they continue their professional development and learning. The increased access to information provided through such professional organizations has been critical to nurses and leadership to continue learning about new developments and best practice research in the field.

Still, school nurses experience a dearth of opportunities in the realm of school-based professional development and support. While school nurses, similar to all school staff, are required to have a minimum number of hours of professional development each year, schools often cannot afford to have custom professional development relevant to only the school nurse separate from the rest of their staff. This situation has often resulted in school nurses sitting in on professional development sessions that pertain to academic teaching and are mostly irrelevant for their professional development as school nurses. Professional

development provided for multiple school nurses within a district or region could represent a cost-effective way for schools to provide more relevant and useful professional development for school nurses that complies with NJDOE requirements.

Representative Focus Group Quotes

- *“We are fortunate to have one certified school nurse per district mandated. It gives school nurses a greater opportunity to make a personal impact on schools.”*
- *“In New Jersey, there is a community network of school nurses that has formed.”*
- *“Highly qualified nurses and the ratio of school nurses to students allow students with health issues to come back to their home school district with proper attention and care.”*

THEME 2. School nurses can help to build the capacity of staff and students to support certain acute healthcare needs and this additional capacity helps to create a safer and healthier environment for all students in a building.

Nurses have become more open to delegation of permissions in delivering certain kinds of healthcare. By educating other school staff in how to effectively respond to medical emergencies, schools are no longer reliant on the presence of one school nurse to provide medically necessary interventions in emergency situations. Such involvement of trained school staff in emergency situations has already resulted in several students' lives being saved. Identifying ways for school nurses to further expand the knowledge and skills of school staff to respond to acute student medical needs could represent an opportunity to provide improved healthcare for all students.

► *CASE STUDY 1 re: Staff Healthcare Capacity: Automated External Defibrillators (AEDs).*

On September 19, 2012, Governor Chris Christie signed into law P.L. 2012, c. 51. This law, commonly referred to as "Janet's Law," requires public and nonpublic schools to have automated external defibrillators and to establish emergency action plans for responding to sudden cardiac events, effective September 1, 2014. No less than five school faculty members at each school must successfully complete and hold a current certification in cardio-pulmonary resuscitation (CPR) and the use of a defibrillator from the American Red Cross, American Heart Association, or other training program recognized by the New Jersey Department of Health. One of these trained individuals must be present at all school athletic events with an AED no more than 90 seconds distance away from the event. Since the passing of the law, there have already been a few instances in New Jersey where students have suffered a cardiac event during a school athletic event and were saved by a trained school employee using an AED. Three school nurses – Sheila Caldwell, RN, BSN, CSN-NJ;

Wendy Lamparelli, RN, NJ-CSN, M. Ed.; and Dawn Tortejada, RN, MSN, PNP-BC – realized that school nurses needed to be educated about the law and have been providing free workshops for the school nurses of New Jersey over the past year. Through these workshops, they are equipping school nurses to understand the law and their role in supporting their school in the implementation of the law. This team of three has reached well over 600 of New Jersey’s school nurses.¹

► *CASE STUDY 2 re: Staff Healthcare Capacity: Epinephrine pens (EPI pens).*

Approximately one in every 13 children under 18 years of age has a food allergy, which is roughly two students in every classroom in the U.S.² According to a study released in 2013 by the Centers for Disease Control and Prevention, food allergies among children increased approximately 50% between 1997 and 2011. Centers for Disease Control also reports that food allergies result in more than 300,000 ambulatory-care visits a year among children under the age of 18, with teenagers and young adults with food allergies at the highest risk of fatal food-induced anaphylaxis. New Jersey laws allow students with necessary prescriptions and parental and physician consent to be administered epinephrine by a school nurse or other trained designee in cases of emergency. New Jersey guidelines require school nurses to provide annual training to delegated school personnel on the emergency administration of epinephrine via an auto-injector.³ In addition, federal legislation called the *School Access to Emergency Epinephrine Act*, passed in November 2013, gives states a financial incentive for passing legislation requiring that schools have epinephrine on hand and personnel trained in how to administer it to any student believed to be having an anaphylactic reaction. New Jersey is in the process of passing such legislation.⁴ This new legislation could represent an opportunity for school nurses to expand their role educating and training school staff to appropriately identify situations in which an EPI pen is needed and to safely access and administer the medication.

Representative Focus Group Quotes

- *“School nurses are open to delegation to create an effective balance to take care of students’ health.”*
- *“Equipping staff and students with greater capacity and skills to respond in emergency health situations makes the school environment better for every student in the building, whether they have an identified health issue or not.”*

¹ http://www.nj.com/suburbannews/index.ssf/2014/05/arming_school_nurses_for_janet.html

² <http://www.foodallergy.org/facts-and-stats>

³ <http://www.state.nj.us/education/students/safety/health/services/epi.pdf>

⁴ http://www.njleg.state.nj.us/2014/Bills/A0500/304_I1.PDF

THEME 3. *School nurses are underutilized resources for providing necessary health education to school staff to bridge the current gap between health and education.*

Teachers generally do not receive substantial training about student health, and instructional expectations generally do not encourage teachers to incorporate health and wellness practices or content into their academic classes. Though New Jersey has been able to implement the Coordinated School Health model established by the CDC in certain schools throughout the state, the model is not effectively integrated into all schools state-wide. School nurses are a unique resource, both medically trained and (if certified) trained as instructors, for providing this kind of health education for school staff. As the only medical professionals in most school buildings, school nurses are uniquely positioned to support new health initiatives. Specifically, school nurses can play an important role assessing and bolstering educators' current health knowledge, developing models for effectively training school staff about health education, and collaborating with educators to identify effective ways to incorporate health education into academic content.

Representative Focus Group Quote

- *“Health is not a focus for teachers, though it should be. School nurses could potentially play a leadership role in providing health education for teachers and students. They are often the only licensed medical professional in a school building.”*

THEME 4. *School nurses represent a “hidden health care system” for youth, often serving as the primary health care provider for children and families (particularly those who are underserved) as well as a resource for children and families’ healthcare information.*

School nurses are accessible by all students and are often the one point of connection with a school that all families (particularly those in underserved communities) will respond to and interact with. For example, undocumented families who may not engage with other school faculty and staff will still talk to a school nurse. According to the Gallup poll, since 2005, more than 80% of Americans have rated nurses as having "high" or "very high" honesty and ethical standards. Nurses have topped the list since 1999 with little exception.⁵ This public perception helps school nurses to be uniquely positioned to play a pivotal role in engaging families and communities. Opportunity may exist in more formally acknowledging and supporting this important role of school nurses to serve as liaisons and advocates for connecting students and families with specific community services.

⁵ <http://www.gallup.com/poll/166298/honesty-ethics-rating-clergy-slides-new-low.aspx>

Representative Focus Group Quotes

- *“Nurses embrace what they need to do to improve safety in and outside the school community.”*
- *“School nurses have been a hidden healthcare system for children for years, particularly for children with the most needs. Families feel greater security dealing with a school nurse.”*

THEME 5. *School nursing is currently primarily focused on specific interventions for students with health issues, but students and schools would benefit greatly if school nurses were able to play a greater role in prevention initiatives.*

An abundance of research connects health and educational outcomes. School nurses would benefit from learning how to leverage this connection in their work so they can think and work collaboratively with school and district leadership from a prevention perspective. Such collaboration would also help to evolve perception of their role from “handing out band aids” and putting out medical fires to more widely acknowledged educators who contribute to the mission of schools.

Representative Focus Group Quotes

- *“Many school nurses are progressing from handing out band aids to thinking with a prevention perspective. Rather than responding to fires, school nurses should be allowed to also operate with a 30,000 foot view.”*
- *“A shift to focus on prevention undergirds everything we want to achieve for our children’s and communities’ health.”*

THEME 6. *Despite all the roles that school nurses already play and can play to a fuller extent once validated and supported, the education community at large does not clearly understand the multi-faceted role – and the full potential of the role – of school nurses.*

Many teachers and administrators are unaware of the comprehensive role and training of the school nurse and typically only turn to school nurses to address medical emergencies or other health situations. Education and communication strategies may help to promote the importance of the role of school nurses within and beyond schools. Further, requiring or

recommending the participation of school nurses in regular leadership meetings at the school and district levels may be one way to support further recognition of school nurses as health experts and open up dialogue to promote greater understanding and support of the role of school nurses.

Representative Focus Group Quote

- *“School nurses’ roles should be transformed to be at the frontlines as community health leaders in implementing the coordinated school health model. School nurses should chair wellness committees, be a part of the principal’s cabinet, etc.”*

THEME 7. Improved data about school nursing is critical for making improvements in service levels and service quality.

A Nursing Services Plan is required each year for each district board of education, and this Plan is submitted to the county superintendent for review and approval.⁶ Though submitted plans may warrant changes to nursing staffing levels, action is sometimes not taken at the local level to support adequate resource allocation across a district or within a particular school. Though student acuity levels change from year to year, and there is a well-documented relationship between adequate nurse-to-student ratios and student outcomes, there remains a gap in monitoring and addressing changing local needs from year to year. Further, such information remains at a local level. There is currently not a centralized way to collect and address school nursing data and needs comprehensively state-wide. A centralized database designed to collect school nursing data could be one way to provide critical information to assess acuity levels and serve as an important method for determining the most commonly used and effective interventions and practices for supporting the health and well-being of youth across the state. Additional statewide oversight to ensure appropriate resource allocation and staffing levels each year may also further benefit student health and the ability of school nurses to effectively support student health.

Representative Focus Group Quote

- *“We need school nurse specific data. We don’t know how many we have, we don’t have a place to find this information, and any existing databases are often unreliable. This type of database could flourish into collecting the types of interventions most commonly used, dispositions, etc.”*

⁶ <http://www.edlawcenter.org/assets/files/pdfs/bullying/programstosupportstudent.pdf>

THEME 8. *New Jersey could learn from other states that have developed ways for school nurses to have access to student health records outside of the school system, which provide better data and thus create the conditions for more effective service to students.*

School nurses do not always have the most updated information about students' health and must get permission from parents to communicate with a child's doctor. Once school nurses receive a care plan for a child, they must rely on the doctor and/or the child's parents to be informed of updates or changes; however, this information is often not provided or is provided in an untimely manner. In 2011, School nurses in Delaware voiced these concerns to administrators at Nemours Children's Health System, which serves residents across the state. As a result, the health system collaborated with the Delaware School Nurses Association and the State Department of Education to develop a program that, with parental approval, now gives school nurses read-only access to the electronic health records of more than 1,500 students who have complex medical conditions or special needs such as diabetes, asthma, attention deficit hyperactivity disorder, seizure disorders or gastrointestinal problems.⁷ New Jersey may benefit from a similar program that ensures access to more timely and accurate information for school nurses, who can then provide more comprehensive and connected healthcare for students.

Representative Focus Group Quote

- *“What is important, right now in schools, is if a parent doesn't give permission to talk to a child's doctor, school nurses only have second- or third-hand information about that child's care. Creating better access to first-hand data would help school nurses work more effectively as a member of a child's health care team.”*

THEME 9. *Identifying students with mental health needs and getting them services is often a challenge.*

Student health needs are not always physically obvious, and even when mental health needs are identified, it is also a challenge to identify appropriate services that are available to meet these needs. School nurses could benefit from additional mental health training and support resources to ensure students' mental health needs are identified and addressed appropriately.

⁷ <http://www.npr.org/blogs/health/2014/06/10/320386010/giving-school-nurses-access-to-medical-records-improves-care>

Representative Focus Group Quote

- *“Identifying students with mental health services and getting services for them is a challenge because it’s not always obvious to a school nurse whether an issue is physical or mental, especially when students present, for example, with chronic headaches and stomachaches.”*

THEME 10. School nurses would greatly benefit from cultural competency training, as well as training to equip them with skills and resources to overcome language barriers.

Populations across New Jersey are changing to become more diverse. For example, Robert Montemayor, Director of Rutgers’ Latino Information Network, a program that looks to make reference materials about Hispanic life accessible online, offers that the number of Hispanic residents in New Jersey is projected to rise from about 1.6 million to nearly 2.2 million by the next Census.⁸ Nurses may benefit from additional training to learn about different cultures and languages to respect cultural traditions as they strive to better connect with families.

Representative Focus Group Quote

- *“We have seen a shift in culture and in the cultural makeup of children who attend our schools. There are a number of different ethnicities and responding with cultural sensitivity, understanding cultural views of health in different cultures, and how to do that within their context, is important.”*

THEME 11. Creating an infrastructure of resources and support for school nursing that links the New Jersey Department of Health (NJDOH) with the NJDOE may address some of the current challenges in the field across the state.

A state school nurse consultant within the NJDOE has been a missing role since 2009. Such a role, accompanied by regional school nursing consultants, could provide a critical infrastructure for managing adequate school nurse staffing as well as providing consistent statewide professional development and other forms of support. Those in the field of school nursing experience the lack of such an infrastructure, which they understand could serve to:

⁸ http://www.nj.com/news/index.ssf/2011/05/nj_must_adapt_to_states_changi.html

- Create and implement standards for school nursing practice across the state and an accompanying evaluation system
- Support interpretation of state and federal guidelines and mandates pertaining to student health
- Establish structured mentoring to encourage improved practice across the state
- Educate school nurses statewide about new/ongoing health developments and how to change practice
- Coach and support school nurses regarding how to advocate for their role and involvement in student support in partnership with school faculty (e.g. participation in principal cabinets, PTA meetings, and wellness committees)

Representative Focus Group Quotes

- *“Very few districts in New Jersey have a school nurse administrator. School nurse administrators could help address acuity levels, be involved in policy development, etc.”*
- *“Mentorship for school nurses is critical since most school nurses work independently without supervision. Further, school nursing is not a cookie cutter approach and mentoring provides opportunities to learn nuances of care in specific situations.”*

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