

What Matters Most: The Health of Children

A Retreat for School Nurses and School-Based Health Centers

May 18-19, 2006

Executive Summary

A two-day retreat for representatives of West Virginia school nurses and school-based health centers was held on May 18-19, 2006, in Bridgeport. The retreat was co-sponsored by the WV Association of School Nurses, the WV Department of Education – Office of Healthy Schools, and the WV School-Based Health Assembly. Thirteen people from across the state representing school nurses and school-based health centers were invited, and all participated, resulting in an environment of cooperation, relationship building, and commitment. The purposes of the retreat were to explore the respective roles and responsibilities of school nurses and school-based health centers, and identify opportunities for increased collaboration to improve student health.

Respective roles and responsibilities

Kathy Verzich, WVASN President, and Teri Harlan, WWSBHA President, presented the following definitions of school nurses and school-based health centers as a first step in developing increased awareness and understanding:

School nurses provide specialized health care procedures, screening, referrals to other health providers, and health education to students in the school setting. They are employees of a county Board of Education or Local Health Department. School nurses must have an RN, BSN, with school nurse certification (or working toward a BSN and certification). They play a leadership role in developing school health policies, providing and coordinating health care, and implementing health advisory councils.

School-Based health centers are health clinics located within a school or on school grounds. They operate as a satellite clinic of either a primary care center or hospital and are staffed by a range of licensed health professionals, such as nurse practitioners, physician consultants, and behavioral health and dental providers. The centers provide both preventive and primary care to students as determined by the community and with parental consent. They operate in 50 schools in 22 counties.

The retreat participants identified many commonalities among school-based health centers and school nurses, including a shared mission of improving student health, professional training and background requirements, and common challenges in meeting the comprehensive health needs of students. They also noted distinctions between school-based health centers and school nurses, including funding, authority and roles within the school, relationship to county and state boards of education, and policies governing confidentiality and other practice issues.

A shared vision for school health

There was a high level of agreement about what school health services would look like in an ideal world. One participant offered the phrase “whatever, whenever, and wherever,” which reflected the retreat participants’ collective vision for school health services that are responsive

to student needs. The specific elements included availability, accessibility and comprehensiveness of services; a safe, welcoming and private space for student/patient care; an emphasis on wellness and prevention; and broad-based support from families, schools and communities for school health.

Assessment of the environment

Retreat participants identified factors working for and against school health services in terms of policy, practice and politics. Based on their assessment, they concluded that “school health has come a long way, but still has a long way to go.” Successes to build upon include a positive image and track record, capable and dedicated workforce, the variety of funders investing in school health services, collaboration and policy initiatives to improve access and quality. They recognized that the issues that school-based health centers and school nurses face are very similar and that the problems are not isolated or unique to any one county.

Recommendations for collaboration

The retreat participants agreed that many of the challenges they identified could be alleviated or resolved through a unified effort by school nurses, school-based health centers and other stakeholders in school health. They agreed upon the following strategies (not in ranked order) to recommend to their respective associations (WVASN and WWSBHA) for adoption:

1. Conduct joint strategic planning between the WVASN and WWSBHA that would include developing a “Joint Statement of Support of School Nurses and School-Based Health Centers” (mirroring the national statement, but going further), coordinating public policy advocacy, and recognizing the 100th anniversary of school nursing.
2. Co-sponsor WWSBHA/WWSNA training events on an annual, regional or other basis.
3. Collaborate on the development of a patient consent process that overcomes the communication barriers created by HIPAA and FERPA regulations.
4. Advocate together for *comprehensive* school health services that include – in addition to health and medical services – dental, vision, prevention, mental health, nutrition social services, and access to needed medications.
5. Collaborate on implementing the Department of Education Wellness Policy and county-based Wellness Councils.
6. Conduct a joint campaign on the new adolescent vaccines, with school nurses identifying students needing shots and working with school-based health centers on administering the immunizations.

Next Steps

The report and recommendations will be presented to the WVASN and WWSBHA this summer for their review and endorsement. The participants agreed to promote the recommendations within their respective organizations and among other stakeholders. They will focus on integrating collaboration into the work of existing structures, rather than create new groups that require additional time and resources. The positive attitude and commitment of the retreat participants provided a strong foundation for the collaborative work ahead.

Retreat Findings and Recommendations

Retreat purpose and participants

A two-day retreat focused on collaboration among West Virginia school nurses and school-based health centers was held on May 18-19, 2006, in Bridgeport. The retreat was co-sponsored by the WV Association of School Nurses, the WV Department of Education – Office of Healthy Schools, and the WV School-Based Health Assembly.

Thirteen people from across the state representing school-based health centers and school nurses were invited, and all participated, resulting in an environment of cooperation, relationship-building and commitment. A list of the participants and resource people is included in Attachment A. A map showing the distribution of school nurses and school-based health centers across the state is included in Attachment B.

The purposes of the retreat were to explore the respective roles and responsibilities of school-based health centers and school nurses and identify opportunities for increased collaboration to improve student health. The group's charge was as follows, and the retreat focused on the first three tasks:

1. Identify current collaboration successes and barriers between school nurses and school-based health centers.
2. Identify both the unique and common roles of each.
3. Develop a specific, agreed-upon joint framework of strategies for coordination.
4. Propose adoption by the School-Based Health Assembly (WVSBHA) and Association of School Nurses (WVASN).
5. Based on the results, develop a memorandum of understanding between the WVASN and SBHC.

Respective roles and responsibilities

Kathy Verzich, WVASN President, and Teri Harlan, WVSBHA President, presented the following definitions of school nurses and school-based health centers, as a first step in developing increased awareness and understanding:

School nurses provide specialized health care procedures, screening, referrals to other health providers, and health education to students in the school setting. They are employees of a county Board of Education or Local Health Department. School nurses must have an RN, BSN, with school nurse certification (or working toward a BSN and certification). They play a leadership role in developing school health policies, providing and coordinating health care, and implementing health advisory councils.

School-based health centers are health clinics located within a school or on school grounds. They operate as a satellite clinic of either a primary care center or hospital and are staffed by a range of licensed health professionals, such as nurse practitioners, physician consultants, and behavioral health and dental providers. The centers provide both preventive and primary care to

students as determined by the community and with parental consent. They operate in 50 schools in 22 counties.

The retreat participants discussed the commonalities among and distinctions between school-based health centers and school nurses, summarized as follows:

Commonalities among school-based health centers and school nurses
<ul style="list-style-type: none"> • Both are mission driven, focusing on the common goal of improving student health. • Both involve people with similar backgrounds in public health and primary care. • Both require multi-tasking and a diverse set of skills, including direct care, community collaboration, and policy development. • Both impact not only the students they serve, but also the families of their students. • Both face the same challenges in assuring student health, including access to comprehensive services and physical space limitations for school health services.

Distinctions between school nurses and school-based health centers	
School nurses	School-based health centers
There is not direct cost to students; services are funded through the school aid formula and by Medicaid.	Services are billed to the student’s parents and/or insurance company; many offer a sliding fee scale for the uninsured.
SNs are established in state code and exist in every county, with a minimum of 1 nurse for every 1,500 students and at least 1 nurse in every county.	SBHCs are not established in state code and have no guaranteed state funding stream. Centers currently exist in 22 counties.
SNs have access to all students.	SBHCs have access to students whose parents enroll them in the Center. Currently, parental consent rates are very high.
SNs are automatically part of the educational team for Individual Education Plans (IEPs).	SBHCs may be invited to participate in IEPs.
SNs may not prescribe medications.	SBHCs may prescribe medications.
SNs provide nursing assessments, refer to medical providers and provide follow-up.	SBHCs diagnose and provide treatment and follow-up.
SNs may train and delegate certain procedures to other school personnel.	SBHCs do not delegate.
SNs are governed by FERPA regulations regarding confidential student information.	SBHCs are governed by HIPAA regulations regarding confidential patient information.
SNs do not provide lab services.	SBHCs provide lab services.
SNs review and keep immunization records on all students.	SBHCs may administer immunizations to enrolled patients.
SNs may conduct home visits.	SBHCs sometimes conduct home visits.
SNs develop care plans and intervention guides for students.	SBHCs develop treatment plans as required for Federally Qualified Health Centers (FQHCs).

School nurses and school-based health centers both have professional associations, which Kathy and Teri described as follows:

The **West Virginia Association of School Nurses (WVASN)** is a statewide membership organization of individuals and organizations. The WVASN represents school nurses and school nursing interests and advocates for student’s health care needs. It collaborates with the WV Department of Education and the WV Council of School Nurses to provide guidance for school nurses in school law and school health policies and procedures. It encourages continuing education for certified school nurses and provides access to affordable continuing education programs.

The **West Virginia School-Based Health Assembly (WVSBHA)** is a statewide membership organization of individuals and organizations that advocates for comprehensive health services in school settings through responsive policies, practices and partnerships. It focuses on membership, advocacy, sustainability/expansion and organizational development. It is staffed, with oversight by an elected Executive Team. The WVSBHA is an affiliate of the WV Primary Care Association.

A shared vision for school health

The group considered the following: *In the best of all worlds, what would school health services look like, from the perspective of students, school nurses, and school-based health centers. Imagine that funding was sufficient, any policy could be changed, and there existed the public and political will to make positive changes.*

There was a high level of agreement about what school health services would look like in an ideal world. One participant offered the phrase “whatever, whenever, and wherever,” which reflected the retreat participants’ collective vision for school health that are responsive to student needs. The specific elements included:

- **Availability and accessibility:** Services are available every day, at every school, with sufficient staff, regardless of health insurance or ability to pay.
- **Comprehensiveness:** In addition to medical and health services, school health includes dental and vision, prevention, mental health, nutrition (including free school lunch) social services, and access to needed medications
- **Safe and welcoming:** The space where services are provided is sufficient, welcoming and private, the necessary equipment is available, and the staff creates an atmosphere of safety, trust and respect.
- **Wellness and prevention oriented:** Preventive care is actively promoted, health educators teach healthy behaviors, and incentives (e.g. a “gift shop” of health items) are provided for positive health habits.

- **Support:** School health is actively supported by teachers, school administrators, parents, health providers, and other community and faith-based organizations; children's health is a priority, and everyone does their part to improve it.
- **Simplification:** Data collection and billing systems are coordinated and simplified, and policies are in place that respect confidentiality without interfering with the sharing of pertinent student information between school nurses, school-based health centers
- **Professional development:** School health professionals are encouraged and have sufficient coverage to participate in continuing education.

Assessment of the environment

The group considered the following: *What positive things are happening now that further the vision we have for school health? Consider policy, practice and politics.* They identified the following positive forces:

- **Positive image and track record**, including a greater public understanding of the contributions of school-based health centers and school nurses, and earning the trust of students and parents as a source of high quality health care.
- **Capable and dedicated professionals**, who deliver school health services and work for systemic improvements, and the leadership and support provided by their professional associations, particularly the WVASN and WWSBHA.
- **Funding and other support** from a variety of public and private sources, including the Claude Worthington Benedum Foundation , Marshall University School-Based Health Technical Assistance Team, the National Assembly on School-Based Health Care, Sisters of Saint Joseph Health and Wellness Foundation, National Association of School Nurses, WV Department of Education, WV Department of Health and Human Resources, WV Primary Care Association, and sponsors and schools at the local level.
- **Collaboration**, including communication and cooperation among school nurses, school-based health centers and primary care centers; networking with other stakeholders in student health at local and state levels, with an emphasis on making school health more comprehensive; the new statewide wellness policy and local councils; support for collaboration from national organizations; and growing recognition of the importance and necessity of collaboration overall.
- **Policy initiatives**, including the Governor's recognition of school health; expanding health coverage for children under CHIP; the recent analysis of financing and administration of school-based health; an early childhood policy review currently

underway by the WV KIDS COUNT Fund; inclusion in the state's bioterrorism initiative; and recent legislation pertaining to school nurse ratios and funding.

The group then considered the following: *What's getting in the way of furthering the vision we have for school health? Consider policy, practice and politics.* They identified the following challenges and barriers:

- **Insufficient people power**, including the existence of school-based health centers in only 22 counties; a student to school nurse ratio of 1,500:1, well above nationally recognized ratios; lack of nurses and other health professionals willing to work in rural counties at less than competitive salaries; and time constraints on patient care due to insufficient personnel.
- **Insufficient funding** for school nurses through the school aid formula and county revenues (although recently passed legislation will partially address this problem in some counties); lack of a dedicated state funding stream for school-based health centers; problems with HMOs not recognizing school-based health centers as reimbursable providers; difficulties in coordinating or "braiding" funding streams; and challenges overall of primary care centers maintaining their programs and still meeting their bottom line.
- **Limited physical facilities** in many schools, resulting in lack of space and equipment needed to provide quality services and, in some cases, lack of basic privacy.
- **Misperceptions about school health**, including lack of understanding about the respective roles and responsibilities of school nurses and school-based health centers by educators, parents and the community; and misperceptions about family planning.
- **Policies and paperwork**, including confidentiality policies (FERPA for school nurses and HIPAA for school-based health centers) that interfere with the sharing of patient information between school health professionals and with teachers; duplicative record-keeping, data collection and reporting; and lack of standardized forms in some cases (e.g. Department of Education medication policy).

Based on this assessment of the environment, the group concluded that "school health has come a long way, but still has a long way to go." They recognized that the issues that school nurses and school-based health centers face are very similar and that the problems are not isolated or unique to any one county. **They agreed that many of the challenges they identified could be alleviated or resolved through a unified effort by school nurses, school-based health centers and other stakeholders in school health.**

Recommendations for collaboration

The group considered the following: *What are at least six things that we, as school nurses and school-based health centers, could do during the next two years to improve school health in our communities and state? What will move us toward our common vision?* The participants brainstormed possibilities, then evaluated each idea based on its importance and viability. **They agreed on the following strategies (not in ranked order) to recommend to their respective associations (WVASN and WWSBHA) for adoption:**

1. Conduct joint strategic planning between the WVASN and WWSBHA that would include developing a “Joint Statement of Support of School Nurses and School-Based Health Centers” (mirroring the national statement, but going further), coordinating public policy advocacy, and recognizing the 100th anniversary of school nursing.
2. Co-sponsor WWSBHA/WVASN training events on an annual, regional or other basis.
3. Collaborate on the development of a patient consent process that overcomes the communication barriers created by HIPAA and FERPA regulations.
4. Advocate together for *comprehensive* school health services that include – in addition to health and medical services – dental, vision, prevention, mental health, nutrition, social services, and access to needed medications.
5. Collaborate on implementing the Department of Education Wellness Policy and county-based Wellness Councils.
6. Conduct a joint campaign on the new adolescent vaccines, with school nurses identifying students needing shots and working with school-based health centers on administering the immunizations.

Other opportunities for collaboration were generated in this process, which could be pursued at a later date as time and resources allowed. These opportunities include:

- chronic disease management;
- school nurses assisting in getting parental permission for school-based health center enrollment;
- coordinating sports physicals;
- working on hearing and vision screenings and identifying Health Check status;
- working with the School Building Authority on school health space requirements for new and renovated schools;
- facilitating local hospitals bringing health care and education into schools;
- developing a joint plan to enhance students’ health and physical education knowledge through content standards and objectives.
- increasing collaboration through the WWSBHA and WVASN, with more communication between school nurses and school-based health centers and an ongoing coordinating mechanism between the two associations.

Next steps in furthering the collaboration

The group discussed and agreed on the following next steps:

- **Obtain endorsement of these recommendations from the WVASN and WWSBHA.** Present the report and recommendations to each association this summer. Involve representatives from each other's group in the presentation. Ask each association to appoint members to work on the joint strategic plan, perhaps involving people from this retreat. Brief incoming association presidents about this work.
- **Broaden support for collaboration** beyond the two associations by working with and providing information to other key stakeholders, including the Department of Education, Department of Health and Human Resources, Primary Care Association, and School Superintendents Association.
- **Integrate collaboration into existing goals and activities.** Use existing associations and committees whenever possible, rather than create new groups that require additional time and resources. Take action as opportunities present themselves, such as including school nurses and school-based health centers on the county wellness councils now being formed.

Attachment A

**What Matters Most: The Health of Children
May 18-19, 2006**

Retreat Participants

Dreama Burks, Program Director, Tug River, Mount View Wellness Center
Jennifer Cox, C-FNP, Roane General School-Based Health Centers
Mary Grandon, PA-C, Clay Primary Care School-Based Health Centers
Teri Harlan, School-Based Health Program Coordinator, New River Health Association
Lisa Hart, RN, Nurse Manager Brandon Wellness Center
Jane Ishman, School Nurse, Berkeley County Schools
Pat Mays, School Nurse, Pleasants County Schools and School-Based Health Centers
Ann Sammons, School Nurse, Raleigh County Schools
Rosemary Scott, School Nurse, Wood County Schools
Dixie Showalter, RN, Ritchie County Primary Care Association
Kathy Verzich, School Nurse, Grant County Schools
Heather Wood, C-FNCP, School Nurse, Huntington High School Health Center
Robin Yearout, C-FNCP, School Nurse, Cabell-Midland Health Center

Resource People

Eileen Barker, WV School-Based Health Assembly
Becky King, WV School-Based Health Assembly
Rebecca King, WV Department of Education
Julie Pratt, Facilitator and writer