

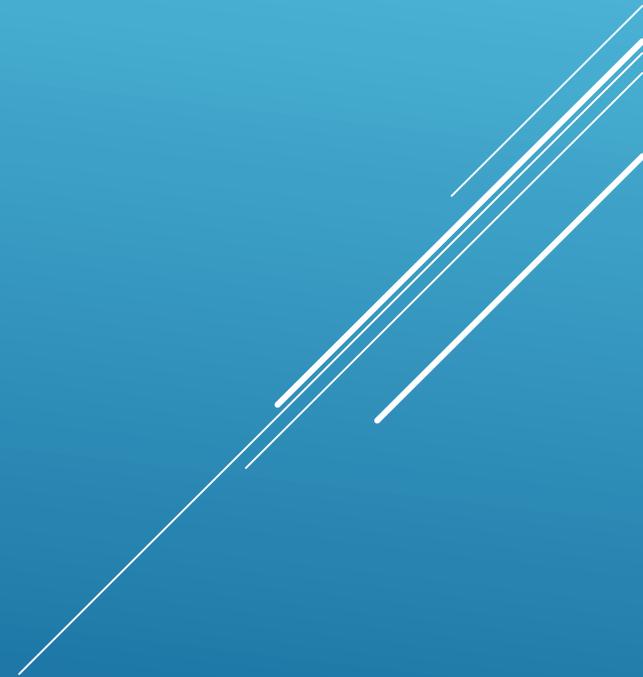
TASK FORCE ON SCHOOL NURSING

May 6th

12:30-3:30

Portland State Office Building, Room 1A

WELCOME AND INTRODUCTIONS



- ▶ Approve April minutes
- ▶ Parking

HOUSEKEEPING

Adolescent and School Health Budget

Public Health Division Programming for School Health
Annual Adolescent and School Health Unit Budget



PUBLIC HEALTH DIVISION
Center for Prevention and Health Promotion

Important Consideration

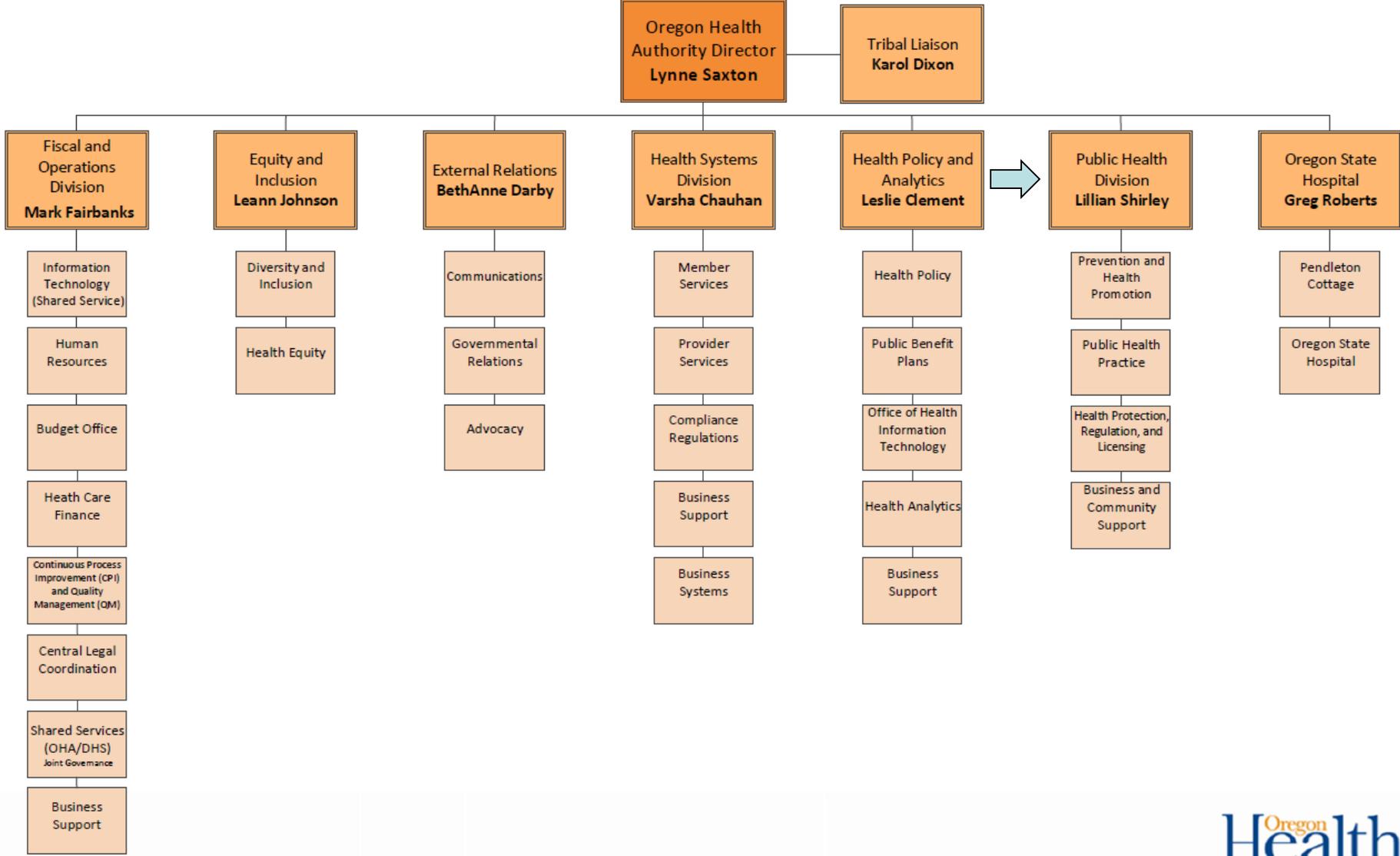
- Over 90% of PHD funds are NOT state dollars
- Most public health funding is from federal grants that require specific activities.

Oregon is the very best place for youth to learn, grow and thrive.



Oregon Health Authority

Functional Chart





We help all people and communities in Oregon achieve and sustain life long health, wellness and safety through partnership, science and policy



Adolescent, Genetics and Reproductive Health (AGRH)

Helene Rimberg, Interim Section Manager

- School Based Health Centers ☆
- School Health Policy and Programs ☆
- Adolescent Health Policy and Assessment ☆
- Adolescent Sexual Health Policy and Programs ☆
- Breast and Cervical Cancer Policy and Programs
- Reproductive Health Policy and Programs
- Genetics Policy and Programs

Injury and Violence Prevention (IVPP)

Lisa Millet, Section Manager

- Injury and Violence Prevention Policy
- Senior Falls Prevention Policy and Program
- Suicide Prevention Policy and Program
- Prescription Drug Monitoring Policy and Program
- Drug Overdose Policy
- Trauma Registry and Pre-Hospital Data System
- Injury and Violence Surveillance, Epidemiology and Research
- Oregon Violent Death Reporting System

Center Administration

Interim Center Administrator — **Tim Noe**
 Center Science Officer — **Bruce Gutelius**
 Program Support Manager — **Cal Sims**
 Executive Support — **Jackie Harris**
 Administrative Specialist — **Vacant**

Health Promotion and Chronic Disease Prevention (HPCDP)

Karen Girard, Section Manager

- Health Promotion Policy and Programs
- Tobacco Prevention and Education Program
- Physical Activity, Nutrition and Obesity Prevention and Education Program
- Wellness @ Work
- Chronic Disease Prevention Policy and Programs
- Cancer Registry and Prevention Policy and Programs
- Community and Health Systems Policy and Programs
- Surveillance and Evaluation

Maternal and Child Health (MCH)

Cate Wilcox, Section Manager

- Early Hearing Detection Intervention (EHD) Program
- Home Visiting Programs
- Preconception and Women's Health Policy
- Family Violence Prevention Policy and Program
- Perinatal Health Policy and Program
- Child Health Policy and Program
- Oral Health Policy and Program
- Healthy Weight and Development
- Regional MCH Nurse and Tribal Consultation
- Early Care and Education
- Assessment, Evaluation, Surveillance and Informatics

Nutrition and Health Screening (NHS)

Sue Woodbury, Section Manager

- Nutrition Services and Health Screening (WIC)
- Breastfeeding Promotion and BF Peer Counseling
- Resource and Referral/Care Coordination
- Retailer and Pharmacy Contracts and Monitoring
- Farm Direct Nutrition Program and Senior FDNP
- Management Information System
- Research and Evaluation

School-Aged Youth & Public Health

Public Health Division (PHD) Vision

- Lifelong health for all people in Oregon

PHD Mission

- Promoting health and preventing the leading causes of death, disease and injury in Oregon
- The Public Health Division supports school-aged children and youth.
- There is specific school-health programming in PHD.

Sample of PHD programs supporting school health

Health Promotion Chronic Disease Prevention Section

- 1305 Grant (or “State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health”)
- Asthma Plan
- Substance Abuse Prevention
- Tobacco Prevention

Sample of PHD programs supporting school health

Maternal and Child Health

- Oral Health

Environmental Public Health

- Toxic Free Kids, Lead Poisoning Prevention

Injury and Violence Prevention

- Youth Suicide Prevention

And more...

Adolescent and School Health Unit	Jessica Duke - Manager	Derek Mills – Office Support
	<i>School-Based Health Center State Program Office</i>	<i>Youth Sexual Health Program</i>
Liz Thorne – Assessment and Policy Specialist	Rosalyn Liu – Team Lead	Shelagh Johnson – Program Coordinator
Jamie Smith – State School Nurse Consultant	Melanie Potter – Administrative Support	Lindsay Weaver – Project Coordinator
Ken Boegli – Research Analyst	Karen Vian – Public Health Nurse	LaShanda Eller – Research Analyst
	Lisa Stember – Public Health Nurse	
	Sarah Knipper – Epidemiologist/Economist	
	Kate O’Donnell – Systems Development Specialist	
	Stefanie Murray – School Mental Health Specialist	
	Loretta Jenkins – Research Analyst	

Adolescent and School Health Unit

Total Annual Budget \$6,876,444

- Adolescent and School Health General Fund
 - \$159,950 supports Youth Sexual Health Coordinator and Office Support Staff
- CDC “1308” Grant
 - \$15,000 supports administration of School Health Profiles Survey

Adolescent and School Health Unit

- Title V Maternal & Child Health Block Grant
 - \$170,451 supports assessment and policy development and efforts around the Adolescent Well Visit
- Personal Responsibility Education Program (PREP)
 - \$545,894 supports teen pregnancy prevention programming
- School Nursing
 - \$108,182 supports State School Nurse Consultant
- School-Based Health Centers
 - \$5,940,167

Adolescent and School Health Unit

- School-Based Health Centers
 - \$5,940,167 supports SBHC State Program Office and SBHC formula funding.
 - 83% of funds go to Certified SBHCs
 - SBHCs are primary care clinics on school grounds
 - 77 SBHCs in Oregon.
 - Last service year – SBHCs served over 29,000 clients.

TASK FORCE HISTORY

Jamie Smith

State School Nurse Consultant

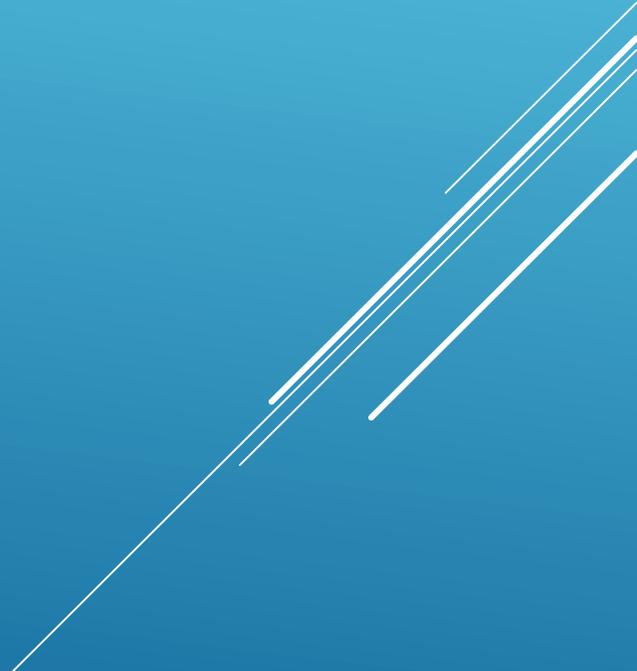
1947, 1951, 1968	1979	1988	2007/08	2016
Oregon State Joint Committee for Health and Physical Fitness	Task Force on School Health Services	Steering Committee on Children with Chronic Illness	Task Force on School Nurses	Task Force on School Nursing
Structure:				
OR State Board of Health, Department of Education, and State System of Higher Education	Unknown	Unknown	School nurses, school administrator, physician, OSBN rep, OEA rep	Policy level people from various sectors

1947, 1951, 1968	1979	1988	2007/08	2016
Oregon State Joint Committee for Health and Physical Fitness	Task Force on School Health Services	Steering Committee on Children with Chronic Illness	Task Force on School Nurses	Task Force on School Nursing
Focus:				
Providing schools with guidance on the scope and procedure for health services in elementary and secondary Oregon schools	Unsure, but legislation around that time included 'school nurse' specialty certification	Describe the current status and needs of children who are chronically ill and their families.	Study the current status of and provide recommendations for constructing the future of school nursing in Oregon.	Funding

1947, 1951, 1968	1979	1988	2007/08	2016
Oregon State Joint Committee for Health and Physical Fitness	Task Force on School Health Services	Steering Committee on Children with Chronic Illness	Task Force on School Nurses	Task Force on School Nursing
Interesting Tidbits:				
Schools should have 2 separate departments of health and education	Healthy and health-conscious children are both easier to educate and better able to learn	School nurses are a natural support to children with chronic illness and severe medical needs	Mental health concerns increasing at an alarming rate	
'School nursing' provided by public health nurses	3421:1/5741:1 ratio	Range of ratios from 3000:1 to 5000:1	49 th in the nation in student:school nurse ratio	4664:1 ratio

1947, 1951, 1968	1979	1988	2007/08	2016
Oregon State Joint Committee for Health and Physical Fitness	Task Force on School Health Services	Steering Committee on Children with Chronic Illness	Task Force on School Nurses	Task Force on School Nursing
Interesting Tidbits (cont):				
Included health appraisal requirement for staff	23% of schools have no access to school health staff	Only 45% of 107 districts employ school nurses	27% have no access to school nursing services	
Each school is to designate a staff member to coordinate health services for that school	Only 1.5% of schools with a full-time RN	Many districts are unaware of the health needs of students, their legal obligation, and the availability in their community		

COMMONALITIES ACROSS THE TIMELINE

- The link between health and education are consistently mentioned across the timeline.
 - Screenings are identified as an essential program for the school nurse to be involved with and/or coordinate.
 - High ratios are longstanding and an observed concern of the various stakeholders.
 - Data gathering is complex for comparison.
 - Recommendations are consistent to increase the number of school nurses in our schools.
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SCHOOL NURSING DATA EXAMPLE

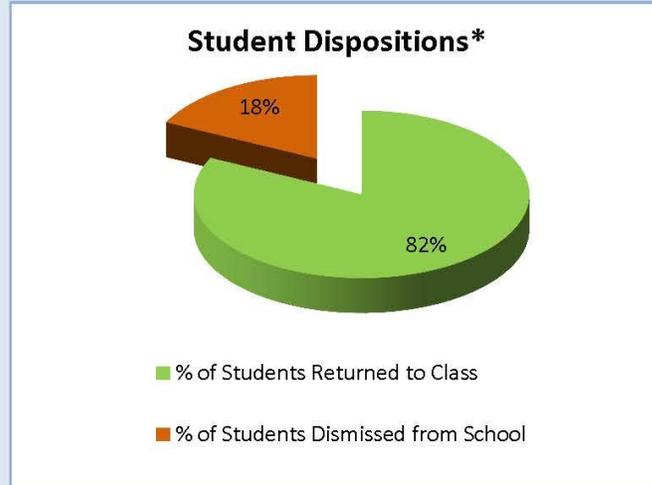
Ann Vrabel, Multnomah ESD

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NURSING ACTIVITY REPORT - General Population

63.3 School Nurses and 9 Health Assistants serving approximately 100,000 Students

Report Period: 7/1/2015 - 4/28/2016



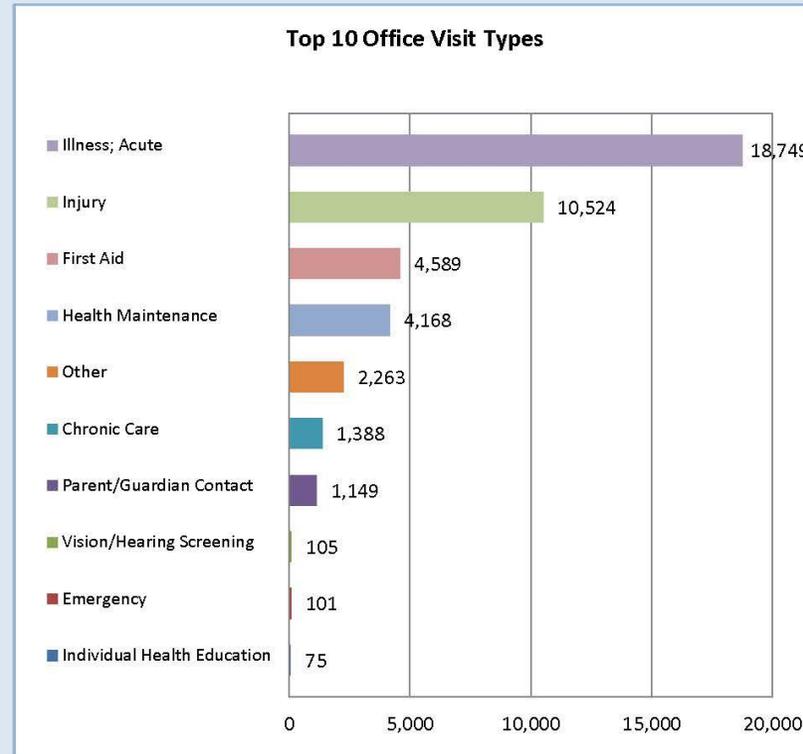
*When student seen by MESD Nurse or MESD Health Room Assistant

Additional School Related Nurse Activities

• # of Nurse Case Management Actions	10,901
• # of Student Related Meeting Actions	293
• # of School Related Meeting Actions	61
• Total # of Medical Problems	5,504
• Total # of Students with Medical Problems	4,715
• Total # of Medical Procedures (<i>currently active</i>)	2,252
• Total # of Health Care Plans	2,627
• Total # of Students with Medical Delegations	908
• Total # of Nursing Delegations and Teaching for Emergencies or Chronic Health Conditions	5,551

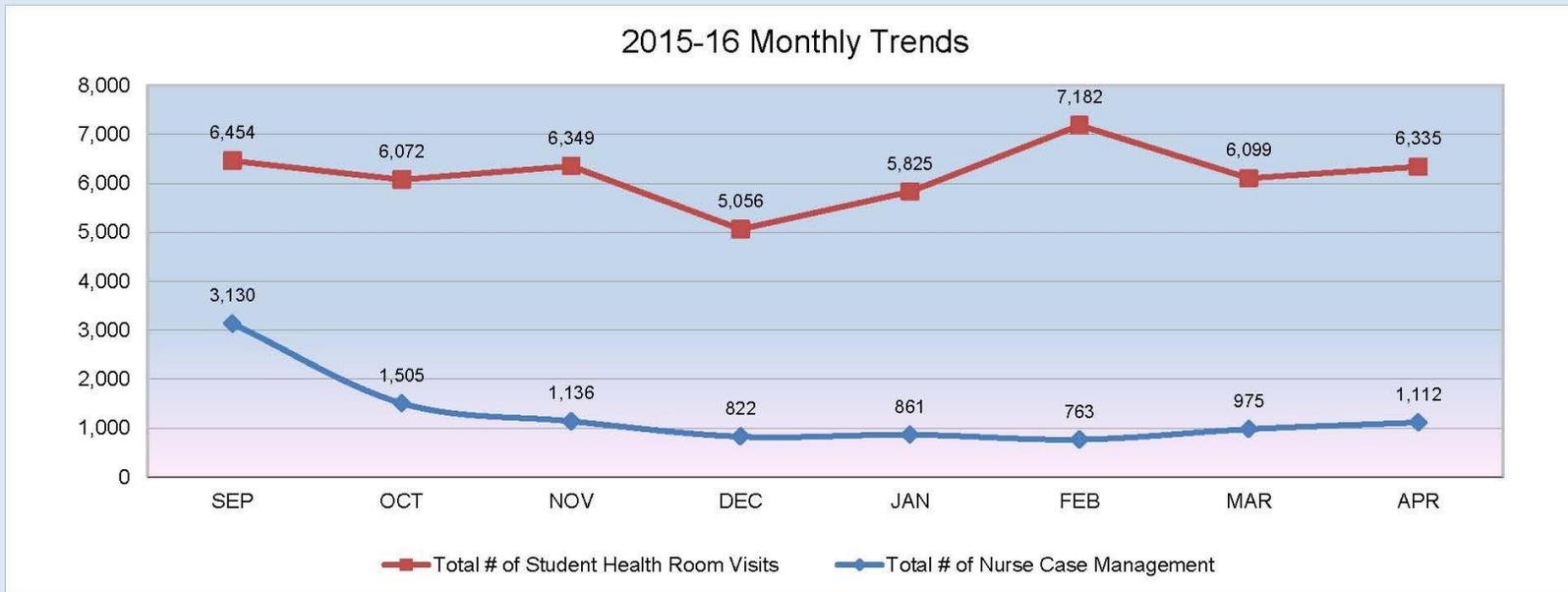
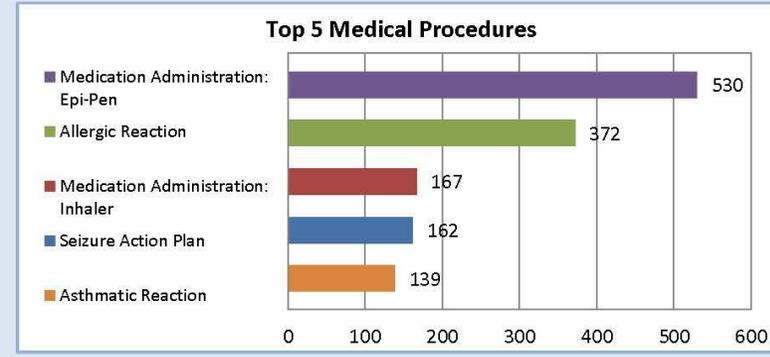
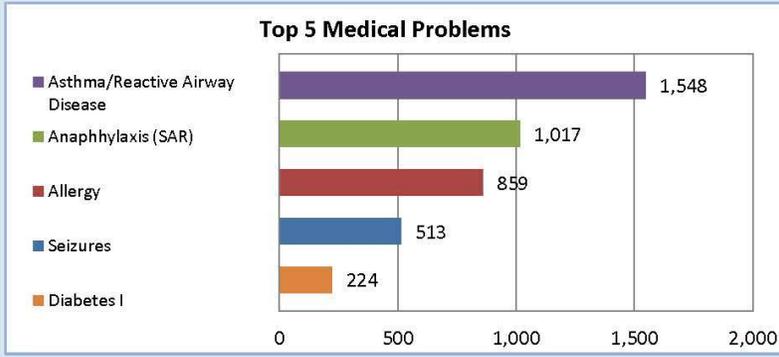
Total # of Student Health Room Visits 50,092

• % of Health Room Visits related to Mental Health	1%
• % of Health Room Visits reported by MESD Health Room Asst.	20%
• % of Students Returned to Class	82%
• % of Students Dismissed from School	18%
• 911/Ambulance Calls by Nurse	71



NURSING ACTIVITY REPORT - General Population

63.3 School Nurses and 9 Health Assistants serving approximately 100,000 Students



NURSING ACTIVITY REPORT - 1:1 Students

16 RNs and LPNs serving 23 Students

Report Period: 7/1/2015 - 4/28/2016

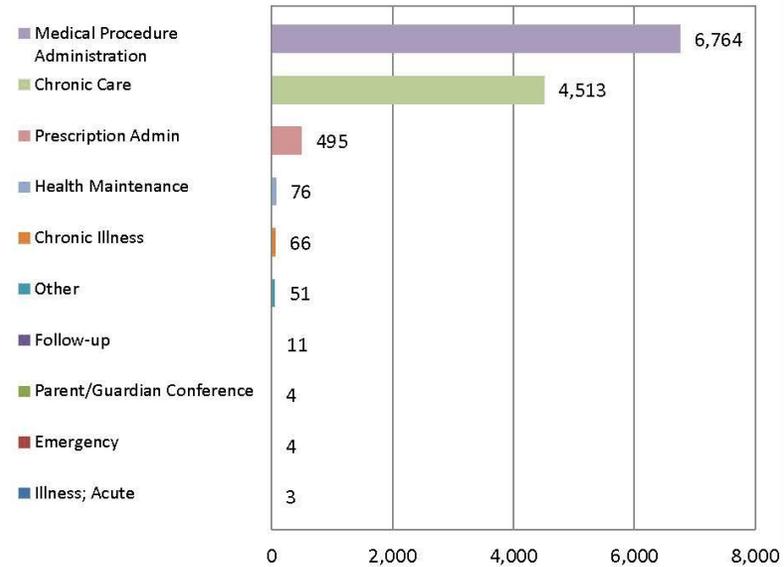
Additional School Related Nurse Activities

• # of Nurse Case Management Actions	245
• # of Student Related Meeting Actions	13
• # of School Related Meeting Actions	7
• Total # of Medical Problems	133
• Total # of Medical Procedures (<i>currently active</i>)	138
• Total # of Health Care Plans	32
• Total # of Nursing Delegations and Teaching for Emergencies or Chronic Health Conditions	208

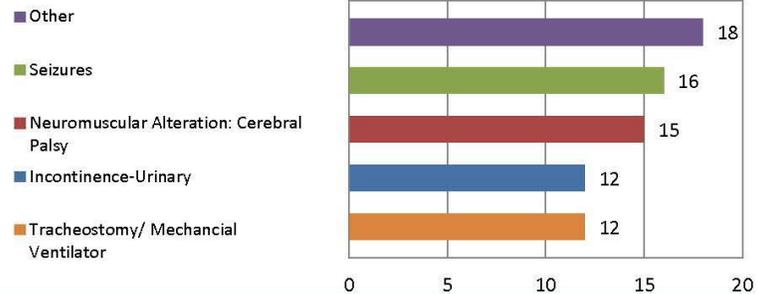
Total # of 1:1 Student Events

12,003

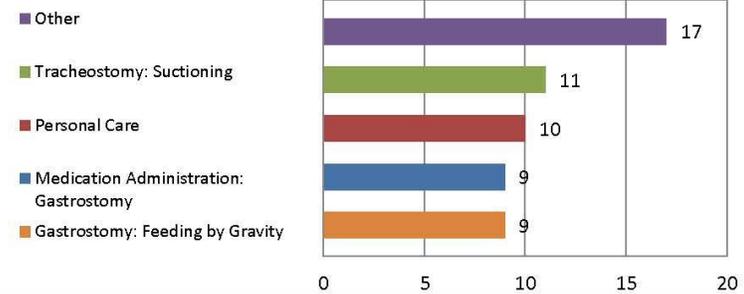
Top 10 Event Types



Top 5 Medical Problems

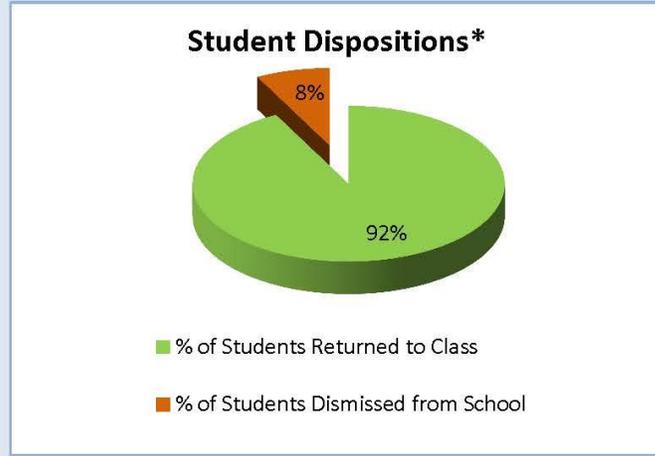


Top 5 Medical Procedures



NURSING ACTIVITY REPORT - Program Nurses
 6.8 Program Nurses serving approximately 8,000 Students

Report Period: 7/1/2015 - 4/28/2016



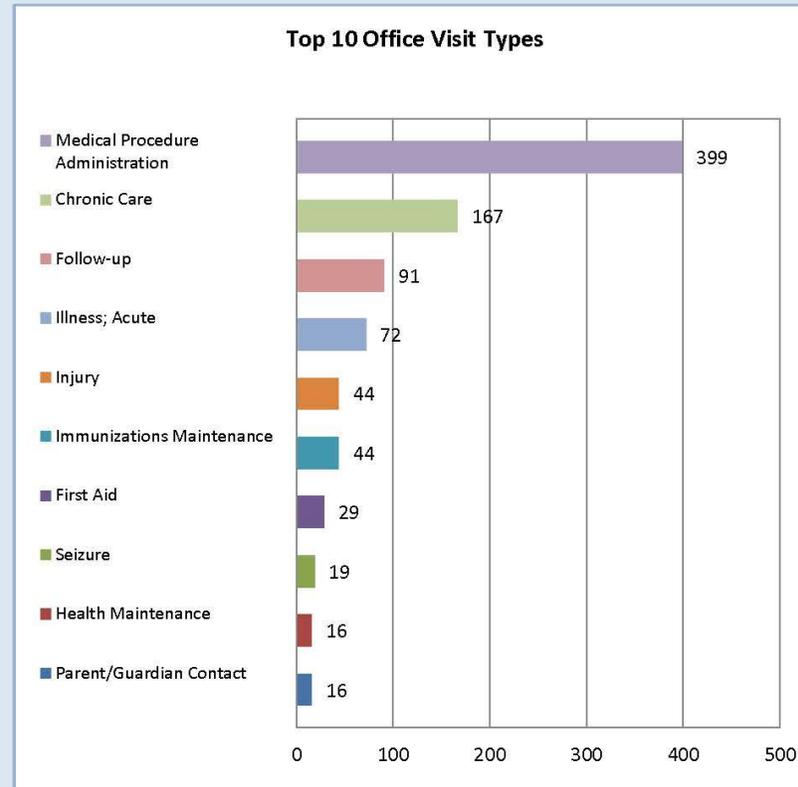
*When student seen by an MESD Nurse

Additional School Related Nurse Activities

• # of Nurse Case Management Actions	1,629
• # of Student Related Meeting Actions	59
• # of School Related Meeting Actions	3
• Total # of Medical Problems	420
• Total # of Students with Medical Problems	306
• Total # of Medical Procedures (currently active)	332
• Total # of Health Care Plans	184
• Total # of Students with Medical Delegations	125
• Total # of Nursing Delegations and Teaching for Emergencies or Chronic Health Conditions	1,466

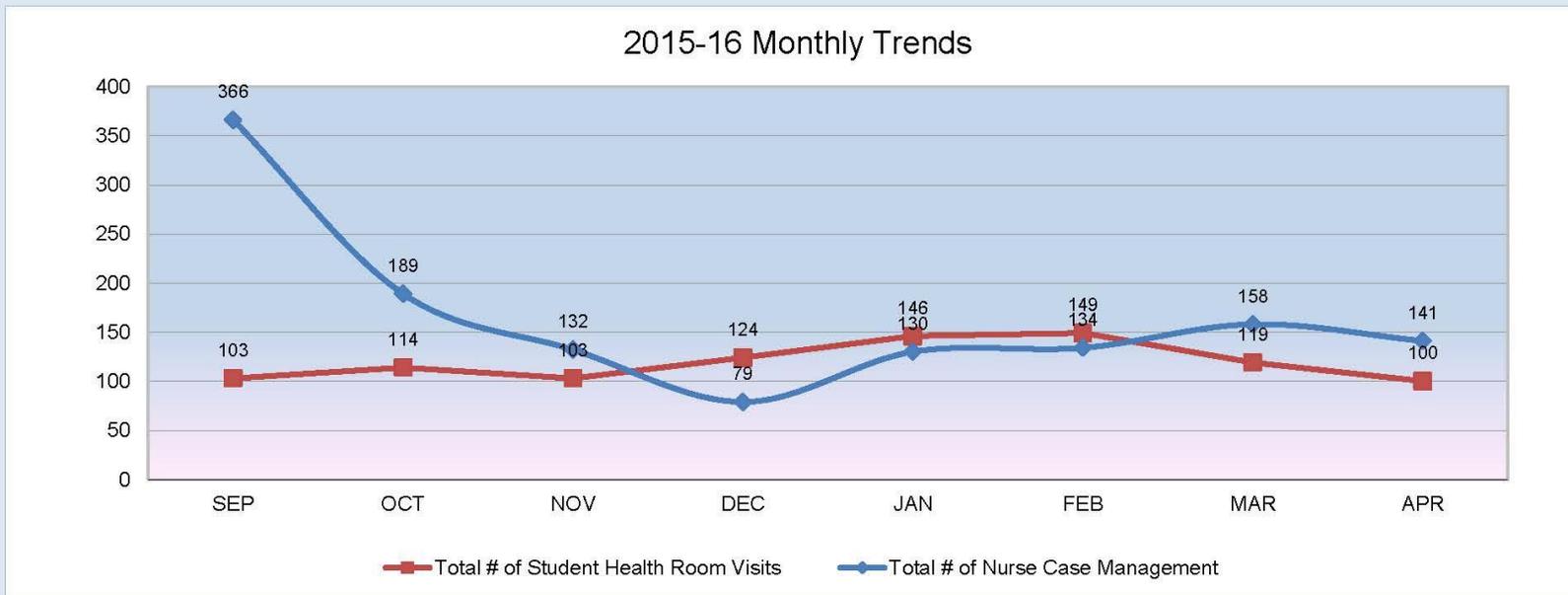
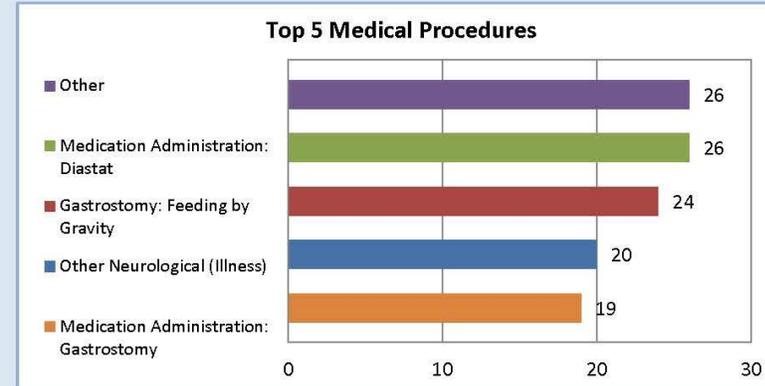
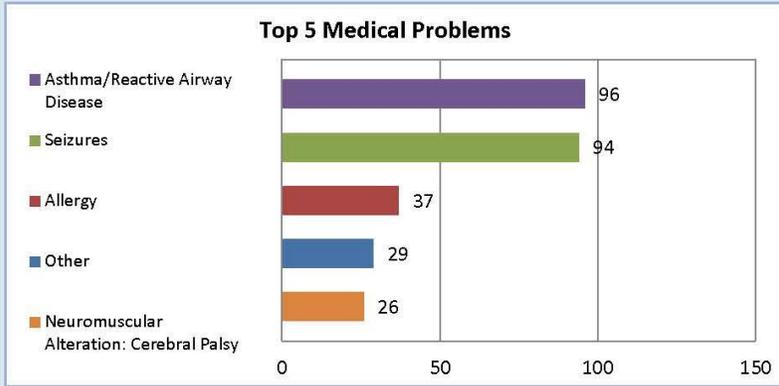
Total # of Student Health Room Visits 970

• % of Health Room Visits related to Mental Health	1%
• % of Students Returned to Class	92%
• % of Students Dismissed from School	8%
• 911/Ambulance Calls by Nurse	7



NURSING ACTIVITY REPORT - Program Nurses

6.8 Program Nurses serving approximately 8,000 Students



SCENARIO ACTIVITY

1. Task Force members – divide into 3 groups.
2. Identify a recorder and a reporter.
3. Review and discuss scenarios.
4. Review and answer questions.
5. Reporter will share out summary and main points.

Chronic Health Scenarios:

Scenario 1

Background:

- 6 year old female
- Requires a tube feeding for all nutritional intake, including at school 2 times per day
- Student is communicative, but difficult to understand
- Student walks with an altered gait with no history of falls
- Student can be impulsive at times

Services required:

- Nursing to oversee tube feeding and safety
- SLP to address communication issues
- Counselor to address impulsivity
- PT to address altered gait
- OT for fine motor evaluation
- Special Education services

Context: Student misses a lot of school for medical appointments in urban area.

Scenario 2

Background:

- 8 year old male
- Recent diagnosis of insulin dependent diabetes (Type I)
- Student is able to check his own blood sugar
- Student is unable to administer an insulin injection independently
- Student is learning to count his carbohydrates but still needs adult oversight
- Student doesn't always finish his meal

Services required:

- Nursing to oversee diabetes management
- 504 plan/counselor

Context: Parents are very concerned about his safety at school makes various demands to the school principal regarding their son's health needs (no food rewards in classroom, no birthday parties at school, no chocolate milk or juice in the cafeteria, staff to attend field trips and after school tutoring program).

Scenario 3

Background:

- 10 year old student
- Recently failed a vision screening
- No other identified health issues
- Active, well-behaved student

Services required:

- Screening/referral

Context: Student complains of difficulty seeing the board and blurry when reading.

Team #1

School Description:

- Small School District:
- 695 total students (434 white, 221 Hispanic, 486 free/reduced lunch)
- Rural community
- 4 MF, 14 MC, 1 nurse 10 hours/week

Questions:

1. What are the unique needs of the school as it relates to school health services?
2. What does your group see as unique challenges of the school as it relates to providing school nursing services to students?
3. What are solutions to the challenges you identified?
4. Are these solutions related to the work of this Task Force? If so how?

Team #1

Medium School District:

- 3776 total students (3042 white, 575 Hispanic, 1414 free/reduced lunch)
- Suburban community
- 12 MF, 5 1:1, 206 MC, 3 FTE nursing

Questions:

1. What are the unique needs of the school as it relates to school health services?
2. What does your group see as unique challenges of the school as it relates to providing school nursing services to students?
3. What are solutions to the challenges you identified?
4. Are these solutions related to the work of this Task Force? If so how?

Chronic Health Scenarios:

Team #1

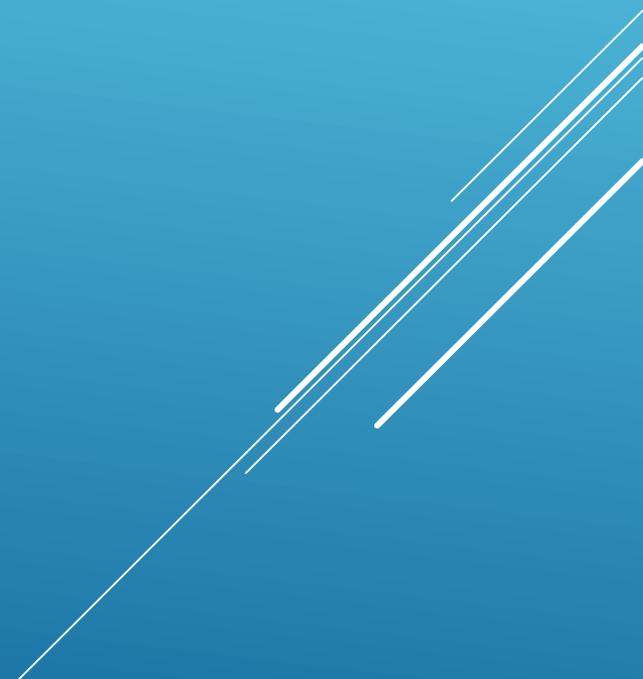
Large School District:

- 17,865 total students (8544 white, 5118 Hispanic, 12,852 free/reduced lunch)
- Urban community
- 140 MF, 12 1:1, 4618 MC, 19 FTE nursing

Questions:

1. What are the unique needs of the school as it relates to school health services?
2. What does your group see as unique challenges of the school as it relates to providing school nursing services to students?
3. What are solutions to the challenges you identified?
4. Are these solutions related to the work of this Task Force? If so how?

PUBLIC COMMENT PERIOD



- ▶ Send Jamie funding solutions that can be analyzed at future meetings with appropriate experts present.

HOMEWORK

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