

Evidence for School Public Health Nurses

Written by:

Community Health Nurses Initiatives Group
School Health Committee

An Interest Group of the
Registered Nurses' Association of Ontario

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Acknowledgements

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Background

What is Our “Ask”?

The vision of the School Health Committee of the Community Health Nurses’ Initiatives Group of RNAO is that:

- Public Health Nurses [PHNs] are assigned to every school in Ontario (time allocation may vary depending on strengths and needs in each school).
- School-based PHNs are working to their full scope of practice in a consistent manner across the province, to support child and youth health, development and learning.

The overall goal is to enable all children and youth to attain and sustain optimal health, developmental, and learning potential (See logic model at the end of this document).

What Do We Mean by “Full Scope of Practice”?

Because Ontario has universal health care and homecare community health nurses who provide clinical services in schools and homes, it does not generally need school PHNs to do clinical care for medical conditions.

A holistic and comprehensive approach is required to address the health concerns of today’s children and youth. Current thinking underscores the importance of assessing the child’s environment and community in which they live, learn and play. School-based PHNs work in multidisciplinary teams with other public health, education and community partners to address the health concerns of students within their family, school and community contexts. Health is viewed in the broad sense of physical, mental/emotional, and social health. The proposed scope of practice reflects the complexity of school-based public health nursing [see Appendix B in Community Health Nurses Initiatives Group School Health Committee. (2015). *Healthy Schools, Healthy Children: Maximizing the contribution of public health nursing in school settings* (Version 2.0). Toronto, ON: Author]:

Promoting Health with Individuals

- Assessment, support, counselling and referral of students to needed services
- Health education and skill development with students, families, school staff
- Provision of some clinical services per locally identified need
- School-based health or wellness clinics or youth health centres in secondary schools
- Consultation and coordination with school staff
- Participation in case conferences
- Communication and coordination with families via school visits, home visits, calls
- Coordination with other service or care providers

Promoting Health with Small Groups or Classrooms

- Small group programming with students in areas of identified need, e.g., healthy relationships, self-esteem, communication, social skills, anger management
- Staff education on health and development issues and youth engagement
- Parenting education
- Training of groups of peer leaders in various topic areas, e.g., Playground Activity Leaders, Nutrition, Mental Health Leaders, Healthy School Committees
- Providing or recommending curriculum materials to teachers
- Classroom education sessions on health topics

School-Wide Health Promotion

- Assessment, surveillance, and data analysis to identify priority strengths and needs in school populations
- Ensuring a group to address school health or school improvement issues is established, and that it includes significant student participation and leadership
- Supporting the group in creating comprehensive action plans (i.e., the plans should include the components of Curriculum, Teaching and Learning; School and Classroom Leadership; Student Engagement; Social and Physical Environments; and Home, School and Community Partnerships)
- Encouraging youth across the school to become involved in health action
- Working with school staff, students and communities to develop and implement healthy school policies and to create supportive school environments
- Ensuring equitable access to health and social services for the school population

Board-Wide and/or Community-Level Health Promotion

- Contributing to health policy development on school board working groups
- Participating on board / inter-agency committees related to school services or coordination of care to ensure equitable access
- Engaging young people in the development and implementation of health-related communications/campaigns (including ensuring connection with appropriate health unit staff and maintaining website information)
- Acknowledging school successes at board or community events
- Collecting statistics to identify trends and prevailing issues
- Conducting evaluations as indicated

What is the Foundation Upon Which School-Based Public Health Nurse Practice is Based?

The above scope of practice for school-based public health nurses integrates a number of theoretical frameworks and evidence-informed roles and activities/interventions that are documented in:

Canadian Public Health Association (2010). “Public health community health nursing practice in Canada: Roles and Activities” (the Green Book)

<http://www.chnc.ca/documents/PublicHealthCommunityHealthNursinginCanadaRolesandActivities2010.pdf>

Public Health Agency of Canada (2008). “Public Health Core Competencies”

<http://www.phac-aspc.gc.ca/php-ppsp/ccph-cesp/pdfs/cc-manual-eng090407.pdf>

Community Health Nurses of Canada (2009). “Public health nursing discipline specific competencies”

<http://www.chnc.ca/documents/PHNCompetenciesFINALEnglish.pdf>

Community Health Nurses of Canada (2011). “Canadian Community Health Nursing Professional Practice Model and Standards of Practice”

<http://www.chnc.ca/documents/chnc-standards-eng-book.pdf>

Ontario Ministry of Health Promotion (2010). “School Health Guidance Document”

<http://www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-docs/SchoolHealth.pdf>

Which RNAO Best Practice Guidelines Inform and Support School Nurse Practice?

A number of RNAO Best Practice Guidelines [BPGs] support and inform PHN practice within schools. Particularly, Primary Prevention of Childhood Obesity, Enhancing Healthy Adolescent Development, and Integrating Smoking Cessation into Daily Nursing Practice illustrate examples of school nursing, as well as provide guidelines for successful health promotion within the school setting with children, youth and families. These guidelines underscore the complexity of health promoting interventions that are required in public health nursing practice within school settings, and are further highlighted below.

(Also: Client Centred Care, Establishing Therapeutic Relationships, Crisis Intervention, Supporting and Strengthening Families during Expected and Unexpected Life Events, Promoting Asthma Control in Children and others are relevant to school nursing)

1. Primary Prevention of Childhood Obesity

<http://rnao.ca/bpg/guidelines/primary-prevention-childhood-obesity>

Using Hamilton and Bhatti's (1996) Population Health Promotion Model to frame the perspective of this Guideline, the following types of recommendations were created to address the child, family, community, sector/system and societal levels of care:

- Practice recommendations which refer to comprehensive interventions in settings where children gather (such as the home, schools and child-care centres);
- Education recommendations which support the development and maintenance of nursing competency in the primary prevention of childhood obesity; and
- System, organization and policy recommendations which address the importance of supportive practice environments for the implementation and evaluation of high-quality, evidence-based nursing care targeting the primary prevention of obesity in childhood.

Within this BPG, Practice Recommendations Specific for School PHNs are:

- 1.3 Collaborate with school leaders to assess elementary-school environments for risk and protective conditions that influence childhood obesity, including: student demographics, school policies, and food and physical activity environments.
- 1.4 Assess neighbourhoods for community-level risk and protective conditions that influence childhood obesity.
- 3.4 Collaborate with school communities to promote regular physical activity among elementary-school children.
- 3.5 Facilitate and support the integration of health and nutrition education into elementary-school programs and support the improvement of the school food environment.
- 4.2 Evaluate the effectiveness and sustainability of school- and community-based primary-prevention initiatives.
- 6.3 Collaborate with organizations to establish, or critically examine and work to improve, healthy public policies that address the school food environment and the marketing of unhealthy food and beverages to children.

2. Enhancing Healthy Adolescent Development

<http://rnao.ca/bpg/guidelines/enhancing-healthy-adolescent-development>

This *guideline in its entirety informs and guides the work of School Nurses*, encompassing school and community wide assessment and advocacy, family and group work and individual assessment and support, highlighting the youth engagement model and the Comprehensive School Health Model.

(<http://www.jcsh-cces.ca/upload/JCSH%20CSH%20Framework%20FINAL%20Nov%2008.pdf>.)

Specific vignettes contributed by various health units illustrate the work of the Public Health Nurse within schools and can be found in this guideline on pp. 33 , 39 and 53.

3. Integrating Smoking Cessation into Daily Nursing Practice

<http://rnao.ca/bpg/guidelines/integrating-smoking-cessation-daily-nursing-practice>

Within this BPG, Practice Recommendations and guiding principles that support PHNs in schools to implement and support smoking cessation in youth and young adults, as well promote smoke free living for families, include:

Practice Recommendations:

- 1.0 Nurses implement minimal tobacco use intervention using the Recommendations "Ask, Advise, Assist, Arrange" protocol with all clients.
- 4.0 Nurses should be knowledgeable about community smoking cessation resources, for referral and follow-up.
- 7.0 Nurses encourage persons who smoke, as well as those who do not, to make their homes smoke-free, to protect children, families and themselves from exposure to second-hand smoke

Guiding Principles:

- Nurses are ideally positioned to provide a leadership role related to smoking cessation at the individual, program and/or policy level
- Nurses are key members of the healthcare team and have a unique, credible and powerful position within the team.
- Nurses are involved with clients at multiple entry points to care. This provides many opportunities to identify persons who smoke and implement smoking cessation interventions.

4. Client Centred Care

http://rnao.ca/sites/rnao-ca/files/Client_Centred_Care_0.pdf

Note: A public health adaptation of this BPG can be found in: Athwal, L., Marchuk, B., Laforêt-Fliesser, Y., Castanza, J., Davis, L., & LaSalle, M. (2014). Adaptation of a best practice guideline to strengthen client-centered care in public health. *Public Health Nursing*, 31(2), 134-143. doi: 10.1111/phn.12059

Client centred care can be achieved by school nurses in their interactions with their wide scope of clients that include students, schools, parents and their community including the larger school board organizations and the policies affecting each.

Practice Recommendations: Many of the recommendations speak directly to Comprehensive School Health as a best practice. Recommendation 1 speaks to universal access which ties nicely with the recommendation in the paper for a PHN in every school.

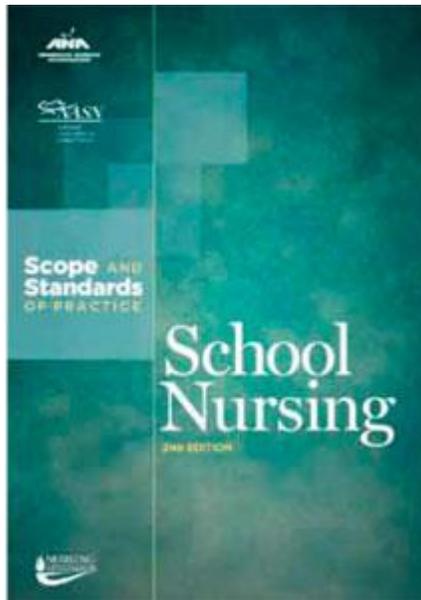
Practice Recommendations:

- Recommendation 1
Nurses embrace as foundational to client centred care the following values and beliefs: respect; human dignity; clients are experts for their own lives; clients as leaders; clients' goals coordinate care of the health care team; continuity and consistency of care and caregiver; timeliness; responsiveness and universal access to care. These values and beliefs must be incorporated into, and demonstrated throughout, every aspect of client care and services.
- Recommendation 4
To foster client centred care consistently throughout an organization, health care services must be organized and administered in ways that ensure that all caregivers, regardless of their personal attributes, enact this practice successfully. This includes opportunities to gain the necessary knowledge and skills to really engage with clients from their standpoint, as well as organizational models of care delivery that allow nurses and clients to develop continuous, uninterrupted, and meaningful relationships.
- Recommendation 5
Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation

What Are Other Jurisdictions Doing in Relation to School Nurses?

1. United States

In the U.S., The National Association for School Nurses has published School Nursing: Scope and Standards of Practice 2nd Edition (2011). The online product description states:



“Building on decades of collaboration, the National Association of School Nurses and the American Nurses Association again have published the premier one-volume guide to contemporary school nursing. The Standards of School Nursing Practice and their accompanying competencies describe and measure the expected level of school nursing practice and professional performance. Based on ANA’s Nursing: Scope and Standards of Practice (2010) for all registered nurses, these standards are authoritative statements of the duties that school nurses should competently perform. Composed of two sets—the Standards of Practice and the Standards of Professional Performance—these standards delineate how outcomes for school nurse activities can be measured.

Also included in this book is a detailed statement on the scope of school nursing practice. This discussion describes the context of this specialty practice, effectively answering the essential questions: the who, what, where, when, why and how of school nursing practice. Beyond school nurses, this book is an essential resource for others in related health care, including other care providers, researchers and scholars, and those involved in funding, legal, policy, and regulatory activities. (2011) 172 pages.”

http://portal.nasn.org/members_online/members/viewitem.asp?item=S001&catalog=MAN&pn=1&af=NASN

The NASN also has a position statement on the Role of the School Nurse:

<http://www.nasn.org/portals/0/positions/2011psrole.pdf>

2. United Kingdom

In the U.K., “The Royal College of Nursing UK position on school nursing” was developed in February 2012. It concludes:



“School nurses play a crucial role in supporting children, young people and their families. This is acknowledged across the UK, with the focus on increasing access for children and young people to school nursing service provision and ensuring the availability of an appropriately skilled and educated workforce at local level. School nursing interventions, when well planned and coordinated, reduce problems throughout childhood and adolescence, promote self-care and resilience in communities, and prevent ill health occurring in the first place. An increasing body of evidence highlights the significant contribution school nurses can have in breaking intergenerational cycles, facilitating behaviour change, promoting healthy lifestyles, and choices for the benefit of children, young people and their families (DfE, 2011).” (p. 15)

https://www.rcn.org.uk/_data/assets/pdf_file/0004/433282/School_nursing_position_statement_V5FINAL.pdf

3. Quebec, Canada

In 2012, l’Ordre des infirmières et infirmiers du Quebec published “Standards de pratique pour l’infirmière et l’infirmier en santé scolaire [Standards of Practice for Nurses in School Health] (with a revision in April 2013). Available in French only. Eight standards are described:



1. Health Promotion
2. Health Education
3. Control of Infectious and Parasitic Diseases
4. Prevention Services for Individuals
5. Acute Health Concerns or Illness
6. Chronic and Complex Health Problems
7. Documentation of Care and Services
8. Quality and Safety of Services

http://www.oiiq.org/sites/default/files/374NS_StandardsSanteScolaire.pdf

Journals Publishing Evidence for the Role of School Nurses

Numerous journals publish evidence articles on many aspects of School Nursing. The journal descriptions below are from the respective websites of a sample of relevant journals.

- **Journal of School Nursing** <http://jsn.sagepub.com/content/by/year>
“The Journal of School Nursing (JOSN) is a bi-monthly peer-reviewed forum for improving the health of school children and the school community. The JOSN includes original research, research reviews, evidenced-based innovations in clinical practice or policy, and more. In addition to nursing, experts from medicine, public health, epidemiology, health services research, policy analysis, and education administration, also contribute. This journal is a member of the [Committee on Publication Ethics \(COPE\)](#).”
- **Journal of School Health**
<http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291746-1561/issues>
“Journal of School Health is published 12 times a year on behalf of the [American School Health Association](#). It addresses practice, theory, and research related to the health and well-being of school-aged youth. The journal is a top-tiered resource for professionals who work toward providing students with the programs, services, and environment they need for good health and academic success.
Readership: Administrators, counselors, dentists, health educators, physical educators, school nurses and school physicians.”
- **British Journal of School Nursing**
<http://www.markallengroup.com/ma-healthcare/healthcare-publications/nursing-midwifery-and-healthcare/british-journal-of-school-nursing/>
“British Journal of School Nursing is a peer-reviewed journal promoting excellence in children's health and social care. Launched in 2006, it is the only journal in the UK exclusively targeted at school nurses and other professionals involved in the care of the school-aged population.
The journal reflects the diversity of school nursing practice, from the practical management of continence and epilepsy to dealing with psychological disorders and supporting sexual health. The journal provides a vehicle for debate on key issues, and is campaigning to increase the number of school nurses.”

- **Public Health Nursing**

<http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291525-1446/issues>

“Public Health Nursing publishes empirical research reports, program evaluations, and case reports focused on populations at risk across the lifespan. The journal also prints articles related to developments in practice, education of public health nurses, theory development, methodological innovations, legal, ethical, and public policy issues in public health, and the history of public health nursing throughout the world. While the primary readership of the Journal is North American, the journal is expanding its mission to address global public health concerns of interest to nurses.

Public Health Nursing aims to provide worldwide access to timely research and practice features of use to public health nurses, administrators, and educators in the field of public health nursing. Its scope is the range of population-based concerns and interventions in which nurses are involved. The journal emphasizes scholarship on vulnerable populations. Articles include research studies, program evaluations, practice concepts, and educational features published with the goal of replication and development, and theory, education, methods, policy, and ethical and legal papers that stimulate discussion and public debate.”

- **Community Practitioner**

http://www.researchgate.net/journal/1462-2815_Community_practitioner_the_journal_of_the_Community_Practitioners_Health_Visitors_Association

“The Community Practitioners' and Health Visitors' Association (CPHVA) is the UK professional body that represents health visitors, school nurses, practice nurses, district nurses and other registered nurses who work in a primary or community health setting. With 18,500 members, it is the third largest professional nursing union and is the only union which has public health at its heart. Community Practitioner is the monthly, professional journal of the CPHVA and is sent free to members. It features all the latest news and features of interest to community nurses, along with articles on the professional, clinical and labour relations issues relevant to members.”

- **Health Education** <http://www.emeraldinsight.com/journals.htm?issn=0965-4283>

“Health Education is a leading journal which reflects the best of modern thinking about health education. It offers stimulating and incisive coverage of current debates, concerns, interventions, and initiatives, and provides a wealth of evidence, research, information, and ideas to inform and inspire those in both the theory and practice of health education. Health Education plays a crucial role in the development of a healthy, inclusive, and equitable social, psychological, and physical environment.

The journal reflects the radical changes which have taken place in the field in recent years, and modern approaches now use an empowering, multi-dimensional, multi-

professional approach which relates to all settings, organizations, and parts and levels of society, including schools, colleges, the community, and the workplace.”

- **Health Education Journal** <http://hej.sagepub.com/>

“Health Education Journal is a leading peer reviewed journal established in 1943. The journal publishes high quality papers on health education and health promotion as well as occasional book reviews. Published six times a year, Health Education Journal is keen to receive original papers on health promotion and health education methodology, research, policy development and practice, particularly from an international perspective.

This journal is a member of the [Committee on Publication Ethics \(COPE\)](#).”

- **Health Promotion International** <http://heapro.oxfordjournals.org/>

“Health Promotion International features refereed original articles, reviews, and debate articles on major themes and innovations from various sectors including education, health services, employment, government, the media, industry, environmental agencies, and community networks. It provides a unique focal point for articles of high quality that describe not only theories and concepts, research projects and policy formulation, but also planned and spontaneous activities, organizational change, social and environmental development.

Health Promotion International is the official journal of the IUHPE, and is published in association with the WHO.”

Environmental Scans in Ontario

Excerpts from two relevant reports are provided below.

Region of Waterloo Public Health (2012). Consultation with Public Health Units that Currently Implement School Health Programs and Services in Ontario: A Report of the Results. By Sandy Keller, Public Health Planner Tobacco and Cancer Prevention Program

“Health professionals from various disciplines had different roles. Typically, Public Health Nurses (PHNs) were the ‘face of public health’ in schools, meaning, as part of school-based teams, PHNs were usually the direct contact for school principals and teachers. The PHNs implemented elements of CSH within schools including: conducting school-based assessments, planning and working with school-based committees, such as ‘Health Action’ teams, and/or providing support for topic-based activities. Counselling, referrals and providing clinical services were identified as roles in some PHUs. For eight of the 13 PHUs interviewed (62%), PHNs were assigned to all schools whereas in three of the PHUs (23%) PHNs only worked with identified or priority schools. Health promoters collaborated with PHNs and provided supports such as; resource development, research, planning, evaluation and communication. Dietitians and other content specialists provided content-related program, resource development, program implementation and coordination support.” (p. 4) *Printed with permission*

Simcoe Muskoka District Health Unit (2012). Survey of Ontario Health Units Regarding School Health Programming. By Cathy Thomson and Magda Montagnese

“Health units adopting Healthy Schools Process

Health Units were asked if they have adopted such a process, or an equivalent model (Q5. Has your health unit adopted a Healthy Schools or equivalent model for the delivery of school health program/services?). Most health units (80.6% or 29) indicated they have.” (p. 17)

“Job titles of staff working with schools using Healthy Schools Process

Of those 29 health units, 96.6% (28) health units have Public Health Nurses (PHNs) as one of the job titles that are working using this process; 69.0% (20) health units have Dietitians; and 55.2% (16) health units have Health Promoters. Almost one-quarter of the health units (24.1% or 7) identified other job titles not included in the list provided, such as Physical Activity Specialist Teacher, University Students (as Youth Facilitators) and Registered Nurses (RNs), see Figure 6. More exploration is needed in this area to determine if the responses indicated whether the staff identified is doing the entire process or only portions. For example, are certain staff delivering programs once the needs assessment has determined an issue?” (p. 17)

“Question 6 asked: Do you have staff /management assigned to liaise directly with the school board administrative staff? The vast majority of health units (94.4% or 34) have staff/management assigned to liaise directly with the school board administrative staff.” (p. 18)

“Job title of staff liaising with school boards

Of those 34 health units, three-quarters (73.5% or 25) identified having managers as the job title for staff doing this task; over 41% of health units (41.2% or 14) identified having PHNs and 11.8% (4) health units identified having supervisors doing this task, see Figure 7. About one-third of health units (32.4% or 11) included other job titles, such as Health Promoters, School Health Liaisons, School Health Coordinator or Director, and designated staff as required.” (p. 19)

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Grey Literature

Excerpts from four relevant reports are provided below.

Trim, K. (2011). *Perth District Health Unit and Avon Maitland District School Board: 2006-2010 School-Based Public Health Nurse Program Evaluation*. Morden Street Research Services.

Available from: <http://www.pdhu.on.ca/wp-content/uploads/2015/04/PDHU-and-AMDSB-2006-2010-School-Based-PHN-Program-Evaluation.pdf>

MacDougall, C. School-Based Public Health Nurse Program Evaluation 2006-2010 and PDHU and AMDSB. International School Health Conference IUHPE-JASP Abstract. November 29, 2011. Montreal, Canada.

“Context:

A unique School-Based Public Health Nurse [SBPHN] Program has been in place for 10 years in rural Perth County, Ontario. The SBPHN Program is cost-shared by the local school boards and public health unit, and annually over 1000 students receive service from approximately six public health nurse full-time equivalents. Health promotion in school communities (the Comprehensive School Health/Health Promoting Schools approach) includes ensuring access to Health Services, building Individual Health Skills and Action Competencies, forging Community Links and enhancing the School’s Social Environment. The SBPHN program contributes to all of these components. The purpose of this evaluation was to demonstrate the impact of Individual Services on student health and educational outcomes and identify any needed improvements to the program.

Methods:

Surveys were distributed to active and discharged clients from the current school year and 3 preceding school years (N=645 student clients 12 years or older; N=328 parents of student clients under 12). In addition, an electronic survey for school staff, a focus group with principals, and a focus group with the SBPHNs were conducted.

Results:

Findings showed that the greatest impact was in students’ increased ability to deal with problems, increased hopefulness, reduced worrying, improved relationships at school and at home, and better decision-making about healthy living, with respectable improvements in marks, schoolwork and attendance. School staff viewed the nurse as a resource to assist teachers in helping students focus on school.

Conclusion:

The SBPHN program provides students, parents and school staff with access to high quality services (health and mental health care and interpersonal skills counselling), in their familiar environment, that may not be available elsewhere in a rural, underserved community.”

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Halton Mental Health Liaison Program Evaluation: Client Outcomes and Satisfaction with Services (2011).

Available from: <http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=59440>

“The Halton Region Health Department introduced the Mental Health Liaison Program (MHLP) to Halton secondary schools in the early 1970’s to address an identified need for accessible and timely mental health services for ‘at risk’ youth. This program has expanded to include senior elementary school-aged youth in grades 6 to 8 throughout Halton.

The roles of the Mental Health Liaison Nurses (MHLN) who work within the MHLP are:

- To identify, early on, youth who present with mental health issues and / or psychiatric symptoms
- To link youth to appropriate resources: psychiatric services, family physicians, community services for youth and their families
- To assist youth experiencing a mental health concern through counselling, monitoring, and liaison with appropriate resources
- To provide accessible mental health consultation to school staff, families, students, and community members
- To provide clinical back up and clinical consultation to Youth Net groups and its facilitators
- To educate the school community and community at large on mental health through presentations, displays, and groups

Client Outcome Review: A review of the discharge summary forms showed that the primary outcomes for students who participated in the MHLP were improved coping skills, improved problem-solving ability, improved mood, and improved thinking patterns. Ninety-five percent of students achieved all or some of the goals that were set with them, and four of the top five goals set by students (improved coping skills, improved problem-solving ability, improved mood and improved thinking patterns) were named within the top five outcomes of participation in the MHLP.” (p. 2)

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Region of Waterloo Public Health. (2010). Review of Public Health’s Sexual Health Services for Secondary Students in Waterloo Region. Final Report.

Available from:

http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/SexualHealth_Services.pdf

“Region of Waterloo Public Health sexual health nurses are present in all 16 Waterloo Region District School Board secondary schools to provide sexual health information and services to students and staff. Nurses are available to students and staff one half or full day each week during the school year. Sexual health nurses are not on site at Rockway or Waterloo Catholic District School Board secondary schools. Both students and staff can contact a sexual health nurse for consultation.” (p. 13)

“Staff from the public board identified sexual health nurses in schools as key resources to both students and teachers. Central to this concept is the point made by staff: having the nurse on site reduces barriers students may face if they have to go off-site for services. Both the students and the nurses support this concept. The students who went to see the school nurse identified relationship factors such as that they felt comfortable talking with her and knowing that the talks were confidential and logistical concepts such as that they did not have to make an appointment and that it was convenient to see her at school. This notion is further supported by students when they identified barriers that might prevent them from going to a clinic for sexual health information. Concepts such as I have to make an appointment and I have no way to get there were barriers identified by students.” (p. 58)

“Furthermore, a sexual health nurse located within the school can also assist in creating a supportive environment by indicating to youth that they are viewed as legitimate sexual agents who have a right to knowledge and services that support positive sexual experiences. Having a sexual health nurse in the school and as a contact for school staff also increases students’ access to appropriate sexual health information through training provided by nurses to the teacher, classroom teaching, sexual health counselling and birth control provided to the students themselves.” (p. 59)

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Niagara Region Public Health. (2010). Secondary School Health Program: Client Centered Care Satisfaction Report.

Purpose: To seek feedback from students attending Niagara Region Secondary School Health Services (St.Catharines, Welland, Niagara Falls, Thorold, Grimsby, Fort Erie, Lincoln & West Lincoln) about the quality of nursing care, addressing the values and beliefs of client-centred care, with the intent to modify/change practice based on feedback from clients.

Sample size: 260 student respondents (approximately 13% of the total possible respondents).

Results: Top four reasons for visiting the nurse’s office were purchasing pills, starting the pill, pregnancy test and stress. Almost all students responded positively to the service they were provided. This included having their main issue addressed, feeling cared about, respected and having the opportunity to talk freely with the nurse. Students also indicated their visit was completed in a timely manner and that overall, they were satisfied with their visit. When asked how services could be improved a number of students continued to praise the work done by secondary school nursing staff. Student responses were mixed about the availability of the nurse in the school. For instance, most students indicated they strongly agreed the hours of operation were convenient, however, service improvement suggestions repeatedly included having the nurse at the school more often, increasing the number of hours the nurse is available at the school and increasing the awareness of office hours and services provided by the nurse’s office.” (p. 11)

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Literature Review on School Nurses

A database search was conducted using CINAHL Plus with Full text on January 29, 2014 by the Simcoe Muskoka District Health Unit Hub Librarian. Journal articles published from January 1, 2004 onward were limited by publication type to Meta Analysis, Meta Synthesis, Practice Guidelines, Review, or Systematic Review. Additional relevant articles were also included in the review. Approximately 45 articles subsequently retrieved were relevant to this discussion.

It is noted that randomized controlled trials of school nursing are not commonly done (Cowell, 2010). Also, models of school nursing in the U.S. differ greatly from the proposed Ontario model, as the U.S. engages nurses in clinical care of students' medical health issues. In the U.K., ecological and life course frameworks are informing a public health approach to providing school based health services and are moving away from seek and treat to prevent and promote approaches. School nurses are playing a leadership role within multi-disciplinary school based teams.

The following includes articles from the SMDHU literature search and additional references, grouped under topic headings. The citation, url and brief commentary for each is provided.

Academic Achievement

Costante, C.C., School health nursing services role in education: the No Child Left Behind Act of 2001. *Journal of School Nursing* (Allen Press Publishing Services Inc.), 2006. 22(3): p. 142-147

This article describes the various roles of school nurses, from 1:1 to school-wide work, and how these contribute to improving school attendance and high school completion. It describes the school nurse's roles in the creation of a positive, healthy, and safe environment. It states, "It is the position of the NASN that every child deserves a school nurse who is baccalaureate-prepared and licensed by the state as a registered nurse." (p. 146). It describes the specialty of school nursing and the need for ongoing professional development.

Abstract available at: <http://jsn.sagepub.com/content/22/3/142.abstract>

Puskar, K.R. and Bernardo, L.M. Mental Health and Academic Achievement: Role of School Nurses.

Journal for Specialists in Pediatric Nursing, 2007. 12(4): 215-23

Excellent article describing in significant detail the full scope of nursing practice in schools, as it contributes to student mental health and academic achievement. Includes nursing interventions at the individual, systems, and community levels.

Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1744-6155.2007.00117.x/abstract>

Bonaiuto, M.M., School nurse case management: achieving health and educational outcomes. *Journal of School Nursing*, 2007. 23(4): 202-9

This article describes the outcomes of a 4-year process improvement project designed to show the impact of school nurse case management on attendance, behavior, academic performance, quality of life, and health compliance in a large southeastern urban school district
Abstract available at: <http://jsn.sagepub.com/content/23/4/202.abstract>

Barriers to School Nursing Practice

American Academy of Pediatrics Council on School Health POLICY STATEMENT: The Role of the School Nurse in Providing School Health Services, including Introduction and Preface. *Journal of School Nursing*, October 2008 24: 267-274

While this document primarily addresses the school nurse roles in providing direct health care to students, screening and referral, it also articulates roles that are relevant in Ontario—promoting a healthy school environment, promoting health, providing leadership for health policies and programs, and functioning as a liaison between school personnel, family, health care professionals, and the community. The preface describes how, at the time of writing in 2008, it had been 106 years since the beginning of school nursing in the United States.

Abstract available at: <http://intl-jsn.sagepub.com/content/24/5/269.abstract>

Keller, T. and J.W. Ryberg, A differentiated practice model for school nursing. *Journal of School Nursing* (Allen Press Publishing Services Inc.), 2004. 20(5): 249-256

This article describes a model of differentiated school nursing practice where school nurse role responsibilities are divided among three levels of practitioners: generalist, master's prepared, and school nurse policy analyst. Each level features an increased scope of responsibility based on higher educational attainment.

Abstract available at: <http://intl-jsn.sagepub.com/content/20/5/249.abstract>

Maughan, E. and K.D. Troup, The Integration of Counseling and Nursing Services into Schools: A Comparative Review. *Journal of School Nursing* (Sage Publications Inc.), 2011. 27(4): 293-303

This article has direct relevance to CHNIG's Policy Paper on School Public Health Nursing. It describes the need for legislation, funding, education, certification and data related to school nursing.

Abstract available at: <http://intl-jsn.sagepub.com/content/27/4/293.abstract>

Smith, J.A., Marginalization and school nursing. *Journal of School Nursing* (Allen Press Publishing Services Inc.), 2004. 20(6): 311-316

This article discusses barriers to practice and the need to articulate scope of practice/roles of school nurses.

Abstract available at: <http://intl-jsn.sagepub.com/content/20/6/311.abstract>

Bullying

Borup, I. and Holstein, B.E. School children who are victims of bullying report benefit from health dialogues with the school health nurse. *Health Education Journal* March 2007 66 (1): 58-67

This article addresses the effects of dialogues with school health nurses among Danish schoolchildren (11, 13 and 15 year's olds) who were victims of bullying.

Abstract available at: <http://hej.sagepub.com/content/66/1/58.abstract>

Cooper, G.D., P.T. Clements, and K.E. Holt, Examining Childhood Bullying and Adolescent Suicide: Implications for School Nurses. *Journal of School Nursing* (Sage Publications Inc.), 2012. 28(4): 275-283

This article describes the unique position of school nurses in being able to engage not only in 1-1 but in district-wide action.

Abstract available at: <http://jsn.sagepub.com/content/28/4/275.abstract>

Dresler-Hawke, E. and D. Whitehead, The Behavioral Ecological Model as a framework for school-based anti-bullying health promotion interventions. *Journal of School Nursing* (Sage Publications Inc.), 2009. 25(3): 195-204

This article describes a CSH approach to addressing bullying, that utilizes a nurse's full scope of practice—1:1, school, community, society.

Abstract available at: <http://jsn.sagepub.com/content/25/3/195.abstract>

Robinson, S., Victimization of obese adolescents. *Journal of School Nursing* (Allen Press Publishing Services Inc.), 2006. 22(4): 201-206

This article includes a table of "Strategies for Addressing Weight-Based Peer Victimization" based on information from multiple sources. These strategies illustrate school nurses working within their full scope of practice—with victims, bullies, school administration and faculty, and parents; and addressing prevention through education and the creation of a supportive environment.

Abstract available at: <http://jsn.sagepub.com/content/22/4/201.abstract>

Liu, J, & Graves, N. Childhood bullying: A review of constructs, concepts and nursing implications. (2011) *Public Health Nursing* 28(6): 556-568

This article summarizes empirical evidence for predictors of bullying and victimization, which can provide strategies for intervention and prevention by public health nursing professionals. It proposes that public health nurses can assist in the identification of other co-occurring health issues in the child, family or population such as substance abuse, depression.

Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1446.2011.00972.x/abstract>

Comprehensive School Health / Health Promoting Schools / Healthy Schools

Aronsson, J., (2013). How can SCPHN school nurses contribute to the sustainability agenda? *Community Practitioner*, 86(7): 38-39

The author describes how a Specialist Community Public Health Nurse/School Nurse can contribute to increasing students' access to green space. It refers to a community development approach. It could have more strongly articulated how using a youth engagement approach could advance these efforts.

Abstract available at: <http://connection.ebscohost.com/c/articles/89344169/how-can-scpnh-school-nurses-contribute-sustainability-agenda>

Whitehead, D. (2006). The health-promoting school: what role for nursing? *Journal of Clinical Nursing*, 15: 264–271

An extensive review of the literature of the school nurse's role in the health promoting school movement suggest that nurses need to broaden their traditional reliance on health education role and integrate broad-based health promotion concepts into their practice.

Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2702.2006.01294.x/abstract>

Ruglis, J. and Freudenberg, N. (2010) Toward a Healthy High Schools Movement: Strategies for Mobilizing Public Health for Educational Reform. *American Journal of Public Health*: 100(9): 1565-1570

This article makes reference to expanding the role of the school nurse (p. 1568).

Abstract available at: <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2009.186619>

Chabot, G., Godin, G., Gagnon, M-P. (2010). Determinants of the intention of elementary school nurses to adopt a redefined role in health promotion at school. *Implementation Science* 5:93

This study identified the determinants of the intention of elementary school nurses in Quebec to adopt new responsibilities and roles within a health-promoting school approach.

Article available at: <http://www.implementationscience.com/content/5/1/93>

Evaluation, Program Planning and Research

Adams, S. and McCarthy, A.M. (2007). Evidence-based practice guidelines and school nursing. *Journal of School Nursing*, 23(3): 128-136

This article reinforces the need for school nurses to utilize EBP guidelines, and where to access existing ones.

Abstract available at: <http://jsn.sagepub.com/content/23/3/128.abstract>

Adams, S. and McCarthy, A.M. (2005). Evidence-based practice and school nursing. *Journal of School Nursing* (21(5): 258-265

This article describes barriers and facilitating factors for the use of research findings in school nurses' clinical practice.

Abstract available at: <http://jsn.sagepub.com/content/21/5/258.abstract>

Baisch, M.J., Lundeen, S.P. and Murphy, M.K. (2011). Evidence-based research on the value of school nurses in an urban school system. *Journal of School Health*, 81(2): 74-80

This article primarily refers to school nurses' support with medical concerns, but would be similar for any health concerns voiced by students. The value of school nurses and cost savings to the school boards and schools is well-described.

Abstract available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2010.00563.x/abstract>

Cowell, J. M. (2010). Preliminary Studies in School Nursing and School Health Services Research. *The Journal of School Nursing*, 26(1): 8-10

This article discusses common characteristics of preliminary studies, also identified as pilot or feasibility studies. The author concludes that preliminary research studies are useful for school nursing practice.

Article available at: <http://jsn.sagepub.com/content/26/1/8.extract>

Engelke, M.K., Guttu, M., and Warren, M.B. (2009). Defining, delivering, and documenting the outcomes of case management by school nurses. *Journal of School Nursing*, 25(6): 417-426

This article suggests 6 main categories of goals for case management work with students, as well as various outcome measures. It emphasizes that outcome measures need to "include how case management by school nurses contributes not only to the success of individual children but to the coordinated school health program" [CSH] (p. 424).

Abstract available at: <http://jsn.sagepub.com/content/25/6/417.abstract>

Malone, S.K. and Bergren, M.D. (2010). School Nurses Save Lives: Can We Provide the Data? *Journal of School Nursing*, 26(5): 344-351

This article concludes that, "Accurate definitions of the FTR term and sound evidence into predictors of FTR may provide the data to demonstrate that school nurses are a reasonable and cost-effective investment for meeting the obligations of schools and communities to keep children safe in school" (p. 350).

Abstract available at: <http://jsn.sagepub.com/content/26/5/344.abstract>

Vessey, J.A. (2007). Development of the Massachusetts School Nurse Research Network (MASNRN): a practice-based research network to improve the quality of school nursing practice. *Journal of School Nursing*, 23(2): 65-72

This article describes the development of Massachusetts School Nurse Research Network (MASNRN), a practiced based research network designed to investigate health issues common across schools and to validate school nursing practice.

Abstract available at: <http://jsn.sagepub.com/content/23/2/65.abstract>

Wyatt, T.H., Krauskopf, P.B. and Davidson, R. (2008). Using focus groups for program planning and evaluation. *Journal of School Nursing*, 24(2): 71-77

This article highlights the valuable youth engagement role of school nurses for program planning and evaluation.

Abstract available at: <http://jsn.sagepub.com/content/24/2/71.abstract>

Family Violence

Kolar, K.R. and Davey, D. (2007). Silent victims: children exposed to family violence. *Journal of School Nursing*. 23(2): 86-91

This article refers to the document “Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health” from <http://www.endabuse.org>. The article also emphasizes that “the school nurse is in an optimal position to identify children who live with violence in their homes and implement strategies to improve their circumstances...Referral for further psychosocial evaluation and treatment is a common aspect of the school nurse’s professional responsibility in working with children”(p. 91).

Abstract available at: <http://jsn.sagepub.com/content/23/2/86.abstract>

Immunization

Whelan, NW, Steenbeek, A, Martin-Misener, R., Scott, J, Smith, B., D’angelo-Scott, H., (2014). Engaging parents and schools improves uptake of the human papillomavirus (HPV) vaccine: Examining the role of the public health nurse. *Vaccine* 32: 4665–4671

A Canadian retrospective, exploratory correlational study examines the relationships between school-based strategies implemented by public health nurses and improving the uptake of the HPV vaccine.

Abstract available at: <http://www.sciencedirect.com/science/article/pii/S0264410X14008159>

Grandahll, M, Tydén,T, Rosenblad, A, Oscarsson, M, Nevéus, T and Stenhammar C., (2014). School nurses’ attitudes and experiences regarding the human papillomavirus vaccination programme in Sweden: a population-based survey. *BMC Public Health*, 14: 540

The article describes a study to investigate the attitudes and experiences of school nurses regarding the school-based HPV vaccination programme 1 year after its implementation.

Article available at: <http://www.biomedcentral.com/1471-2458/14/540>

Brabin, L, Stretch, R, Roberts, S.A., Elton, P, Baxter, D, McCann, R. (2011). The school nurse, the school and HPV vaccination: A qualitative study of factors affecting HPV vaccine uptake. *Vaccine* 29: 3192–3196

This article discusses the impact of delivering HPV vaccinations on school nurses’ roles in the UK.

Abstract available at: <http://www.sciencedirect.com/science/article/pii/S0264410X11002519>

Mental Health

Davis, N.M. (2005). Depression in children and adolescents. *Journal of School Nursing*, 21(6): 311-317

This article concludes, "School nurses are in an optimal position to identify those students who are at risk for depression...Finally, school nurses are the key to educating the community about depression in children and adolescents. Educating the community about youth depression is vital in reducing the stigma of mental illness and alerting the community about the need for services to treat mental health problems" (p. 316).

Abstract available at: <http://jsn.sagepub.com/content/21/6/311.abstract>

DeSocio, J. and J. Hootman. (2004). Children's mental health and school success. *Journal of School Nursing* (Allen Press Publishing Services Inc.), 20(4): 189-196

An integrative review of the literature confirmed that poor academic functioning and inconsistent school attendance were early signs of emerging or existing mental health problems in childhood and adolescence. School nursing is well positioned to respond to their needs for mental health promotion, illness prevention and early intervention.

Abstract available at: <http://jsn.sagepub.com/content/20/4/189.abstract>

Frame, K. (2004). The STARS Program: social empowerment training for preadolescents with attention deficit hyperactivity disorder (ADHD) [corrected] [published erratum appears in J SCH NURS 2004 Dec;20(6):310]. *Journal of School Nursing*, 20(5): 257-261

This article describes the STARS curriculum (Social Empowerment Training and Responsibilities for Students with ADHD), a nursing intervention designed to improve perceptions of scholastic competence, social acceptance, and behavioral conduct in preadolescents diagnosed with ADHD. This is an example of school nurses work with support groups.

Abstract available at: <http://jsn.sagepub.com/content/20/5/257.abstract>

Olson, P.M. and Pacheco, M.R. (2005). Bipolar disorder in school-age children. *Journal of School Nursing*, 21(3): 152-157

This article emphasizes the role of school nurses in early identification and referral, as well as education of family and staff.

Abstract available at: <http://jsn.sagepub.com/content/21/3/152.abstract>

O'Mara, L. and Lind, C. (2013). What do we know about school mental health promotion programs for children and youth? *Advances in School Mental Health Promotion*, 6(3): 203–224

The authors state:

From the review process, we conclude that mental health promoting practice that involves whole school approaches using inter-sectorial partnerships (including school nurses, teachers, administrators, students, parents and community organizations) shows the most promise for lasting impact. Interventions associated with positive

outcomes include those that are aimed more broadly at promoting mental health (rather than preventing mental illness), adopt interventions continuously (over one year), aim to involve changes to the school climate (rather than deliver brief person-centred programs), extend beyond practice in the classroom, replicate positive behavioural implementations in different sites, adopt a health promotion or whole school approach or use strategies directed at school aged high-risk children to enhance coping, focus on improving self-esteem and address self-concept and coping as a general approach to curriculum (Green et al., 2005; Maxwell et al., 2008; Murray et al., 2007; Tennant et al., 2007; Wells et al., 2003). Universal programs should focus on promoting positive mental health, developing generic coping skills and stress management (Licence, 2004). Although often invisible in the literature (Lister-Sharp et al., 1999), we conclude that a theoretical basis to programming is an important component to drive practice decision-making. (p. 220)

Abstract available at: <http://www.tandfonline.com/doi/abs/10.1080/1754730X.2013.811952>

Nutrition

Malone, S.K. (2005). Improving the quality of students' dietary intake in the school setting. *Journal of School Nursing*, 21(2): 70-76

This article discusses the importance of school environments to develop healthy dietary habits and describes the role that school nurses can play in improving the quality of students' dietary intake in school settings.

Abstract available at: <http://jsn.sagepub.com/content/21/2/70.abstract>

Parent Support

Read, M., Small, P., Donaher, K., Gilsanz, P. and Sheetz, A. (2009). Evaluating Parent Satisfaction of School Nursing Services. *The Journal of School Nursing* 25: 205-213

This article presents the results of a satisfaction survey of parents/guardians of students who use the school nursing services offered by the Massachusetts Department of Public Health. Respondents reported a high level of satisfaction with these services.

Abstract available at: <http://jsn.sagepub.com/content/25/3/205.abstract>

School-Based Health Centres

Clayton, S., Chin, T., Blackburn, S. and Echeverria, C. (2010). Different Setting, Different Care: Integrating Prevention and Clinical Care in School-Based Health Centers. *American Journal of Public Health*, 100(9): 1592-1596

School-based health centers (SBHCs) can increase students' access to care by making health services affordable and convenient. Health services can integrate clinical care with public

health interventions and environmental change strategies. The article describes California SBHC programs focusing on obesity prevention, asthma, mental health, and oral health. Abstract available at: [10.2105/AJPH.2009.186668](https://doi.org/10.2105/AJPH.2009.186668)

Manning, A.R. (2009). Bridging the gap from availability to accessibility: providing health and mental health services in schools. *Journal of Evidence-Based Social Work*, 6(1): 40-57

This article mentions that 53% of schools have not only a school nurse, but follow the recommended ration of 1:750 (p. 50). It states that a potential amendment to the Public Health Service Act was recently introduced aimed at establishing and maintaining school-based health clinics, and that these can greatly reduce accessibility issues for children without a primary care provider. (p. 49)

Abstract available at:

http://www.tandfonline.com/doi/abs/10.1080/15433710802633411?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%3dpubmed

Strunk, J.A. (2008). The effect of school-based health clinics on teenage pregnancy and parenting outcomes: an integrated literature review. *Journal of School Nursing*, 24(1): 13-20

This article provides a metasynthesis of the literature and summarizes the literature relating to the effect of school-based clinics on teenage pregnancy and parenting outcomes.

Abstract available at: <http://jsn.sagepub.com/content/24/1/13.abstract>

Mason-Jones, A.J, Crips, C., Momberg, M, Koech, J., De Koker, P., Mathews, C. (2012). A systematic review of the role of school-based healthcare in adolescent sexual, reproductive, and mental health. *Systematic Reviews Journal*, 1:49, 1-12

This article concludes that there is a paucity of high quality research which evaluates SBHC and its effects on adolescent sexual, reproductive, and mental health. SBHC is popular with young people, and provides important mental and reproductive health services. Students with mental health needs seem to benefit most from SBHC. School-based health services should complement and not replace health services in the community.

Article available at: <http://www.systematicreviewsjournal.com/content/1/1/49>

Langille D, Asbridge M, Kisely S, Leblanc M, Schaller E, Lynk A, Allen M. (2008). The relationship of sex and risk behaviours to students' use of school-based health centres in Cape Breton, Nova Scotia. *Pediatric Child Health*, 13: 605–609

This article presents the results of a cross-sectional survey of 1,629 students (831 boys, 798 girls) from three schools with SBHC in Nova Scotia. More girls than boys used SBHC services, with girls more likely to use reproductive health services than boys. All high-risk behaviors were significantly more likely to be exhibited by SBHC users.

Article available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2603514/>

Szumilas M, Kutcher S, LeBlanc JC, Langille DB. (2010). Use of school-based health centres for mental health support in Cape Breton, Nova Scotia. *Can J Psychiatry*, 55(5): 319–328

This article reports a secondary analysis of the previous study above. Over half of the survey respondents report needs for mental health support with 4 times as many girls than boys using the SBHC for this purpose. Being female, lower SES, sexual health risk-taking and suicidal behaviour all were significantly associated with use of SBHC.

Article available at: <http://publications.cpa-apc.org/media.php?mid=972>

Freeman, S, Sgro, M, Wormsbecker, AE, Vandermorris, AK, Thorpe, KE, Mamdani, M. (2013). Feasibility study on the Model Schools Pediatric Health Initiative pilot project. *Pediatric Child Health*, 18(7): 361-366

A retrospective chart review of the first year of an elementary SBHC in Toronto was conducted. Of the 127 children who attended, 74% received a new diagnosis and 90% received a treatment plan. Almost 80% were from low income families and 91.6% were from families who first language was not English.

Article available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3804636/>

Self-Injury

McDonald, C. (2006). Self-mutilation in adolescents. *Journal of School Nursing*, 22(4): 193-200

This article describes the role of school nurses in relation to identification, referral, prevention and education.

Abstract available at: <http://jsn.sagepub.com/content/22/4/193.abstract>

Shapiro, S. (2008). Addressing self-injury in the school setting. *Journal of School Nursing*, 24(3): 124-130

This article describes the full scope of practice of school nurses—1:1, groups, school-wide, and school staff interventions. It discusses concrete steps to address self-injury system-wide.

Abstract available at: <http://jsn.sagepub.com/content/24/3/124.abstract>

Sexual Health

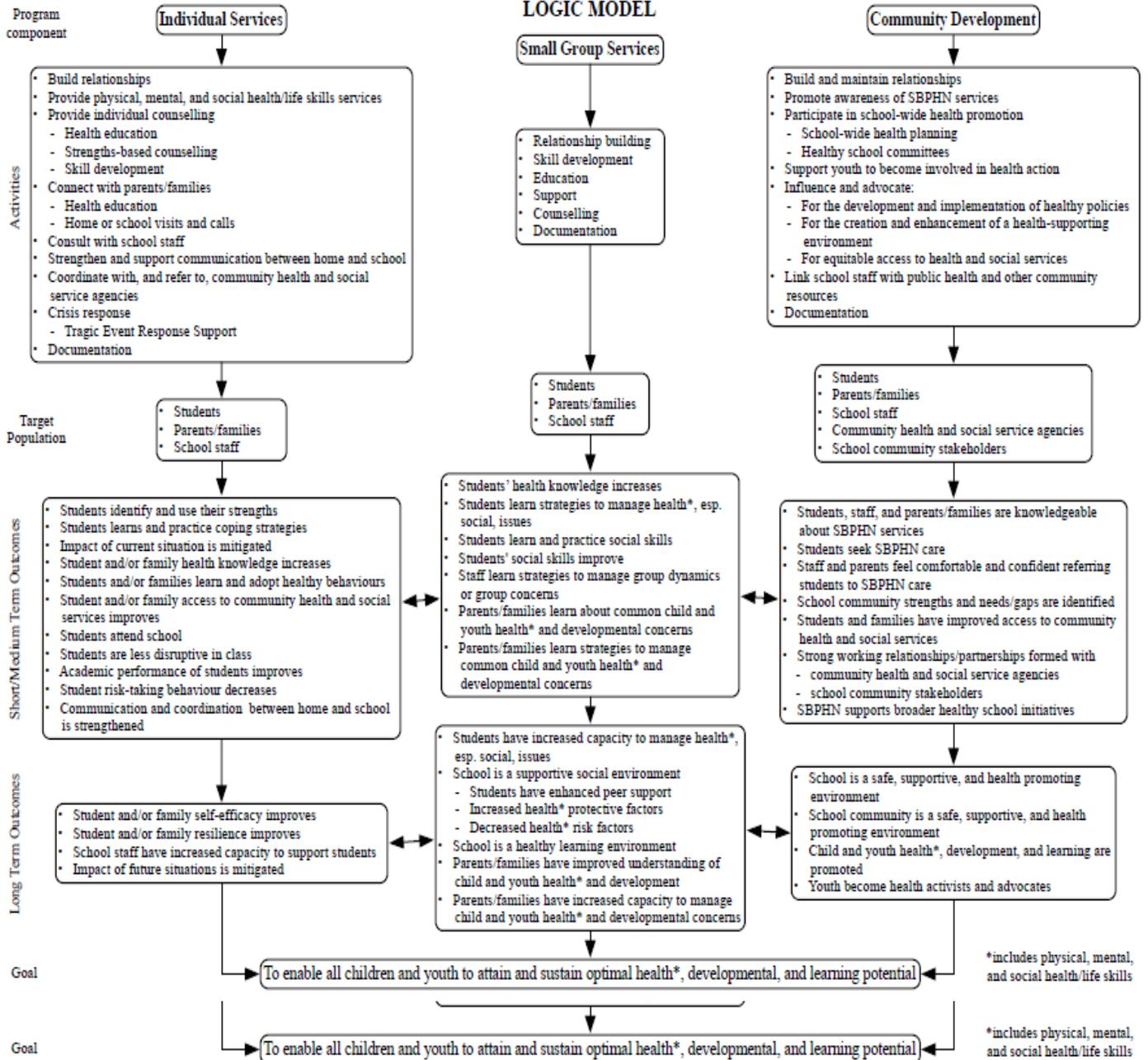
Chalmers, H., Aggleton, P., and Tyrer, P. (2006). Evaluation of a certification process for community nurses involved in sex and relationship education. *Health Education*, 106(4): 265-280

This article raises awareness and highlights issues surrounding a pilot certification scheme for community nurses in the UK involved in sex and relationships education.

Abstract available at: <http://www.emeraldinsight.com/doi/abs/10.1108/09654280610673454>

SCHOOL BASED PUBLIC HEALTH NURSE PROGRAM

March 12, 2009



References

Perth District Health Unit School Based Public Health Nurse Program Logic Model created by:
 Van de Hoef, S., MacDougall, C., Pavey, M. (2009)