North Carolina School Health Programs

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Contact Information

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Disclosures

• You must attend entire session to receive CE credit

• No conflicts of interest or relevant financial interests to disclose

• No commercial support, endorsement of products, or off-label product use contained in workshop materials
Objectives

- Explore the various dynamics surrounding clinical services for NC students.
- Explore existing challenges that impact these services.
- Review the roles of the school nurse and school health center practitioner.
- Identify opportunities to advance health and learning through collaboration among districts and health departments.
- Provide resources to address health behaviors.
Introduction

North Carolina takes the position that health and education are interdependent; therefore, the identification of health related barriers to learning are crucial to the provision of an appropriate educational plan for every student. To meet that objective, North Carolina has instituted comprehensive school health services in every school district. Through the work of the North Carolina Division of Public Health, the North Carolina Department of Public Instruction, local health departments, and local education agencies, the state makes comprehensive school health services a priority.

N.C. School Health Program Manual, 2014
School Health: A brief history

1911- First record of school nursing
1922- School health efforts turned to correcting identified health problems
1938- Began planning for health and physical education
1947- First coordinated school health program
School Health: A brief history

1992 - Comprehensive Adolescent Health Care Projects in the form of school-based and school-linked health centers

1998 - NC Healthy Schools

2004 - Expansion of school nurses

2010 - Healthy Youth Act

2013 - HIV/STD prevention in schools and communities through CDC funding

Ref: 31
School Health: A brief history

2014- Whole School, Whole Community, Whole Child (WSCC)

“It is time to truly align the sectors and place the child at the center. Both public health and education serve the same students, often in the same settings. We must do more to work together and collaborate.”

WAYNE H. GILES, DIRECTOR, DIVISION OF POPULATION HEALTH, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, CDC
Adolescent Health Issues

- Early pregnancy and childbirth
- HIV/STD
- Other infectious diseases
- Mental health
- Violence
- Alcohol and drugs
- Injuries
- Malnutrition and obesity
- Exercise and nutrition
- Tobacco use
YRBS Results & Data
The 2013 NC YRBS data among high school students:

- 47% of students have had sexual intercourse.
- 7% had sexual intercourse for the first time before age 13 years.
- 15% had sexual intercourse with four or more persons during their life.
- 32% had sexual intercourse with at least one person during the 3 months before the survey.
- 39% did not use a condom during last sexual intercourse.
Health Education

- Health enhancing education
- Preventive clinical services in the community through increased testing and treatment
- Safe and supportive environment
  - School Climate and safety
    - Bullying and sexual harassment (electronic aggression)
    - School connectedness;
    - Parent engagement in schools.
Addressing Reproductive Health Through Health Education

- NC is one of 20 states that mandates additional reproductive health education
- Health education programs should be medically accurate
- Consistent with scientific evidence
- Tailored to students’ contexts
- Support the needs and educational practices of communities
- Use effective classroom instructional methods

Ref: 5,7,8,9,12,13,23,24,26,27,30,35,36,41,43
## School Health

### School Nurse vs School-Based Health Center

<table>
<thead>
<tr>
<th>School Nurses Role</th>
<th>SBHC Role</th>
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<tbody>
<tr>
<td>Provide group and one on one health education</td>
<td>Practitioners might offer education resources or be a guest speaker in class</td>
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<tr>
<td>Provide counseling, education and referral</td>
<td>May be a referral resource, provide physical exams and function within the local agreement</td>
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<tr>
<td>Create a safe place for all students to ask</td>
<td>Be a safe place to seek information</td>
</tr>
<tr>
<td>Be knowledgeable about local resources</td>
<td>If unable to provide all necessary services then be knowledgeable about resources</td>
</tr>
<tr>
<td>Are bound by FERPA</td>
<td>Are bound by HIPAA</td>
</tr>
<tr>
<td>Follow local policy &amp; procedure</td>
<td>Contraceptives may not be distributed or made available on school property. N.C. Gen. Stat. § 115C-81</td>
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</tbody>
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The Role of the School Nurse

- Provide and/or support education appropriately
- Referral process relative to pregnancy, STD and HIV testing
- One on one counseling
- Assist students in maneuvering healthcare infrastructure
The Role of the School Nurse

Challenges

• Recommended nurse to student ratio
• Funding
• Administrative support needed for success
• Nursing procedures and treatments require physician orders and parental consent
The Role of the School Health Center (SHC)

- Services vary due to local need and resources
- SHCs provide primary and preventive care, mental health, nutrition and dental services to students
- Increase access to primary health care
- Services must be disclosed to parents for prior consent
The Role of the SHC

Challenges

• Due to N.C. Gen. Stat. § 115C-81, “Contraceptives may not be distributed or made available on school property”

• Services must be disclosed to parents for prior consent

• SHCs are limited in number and geographic location with approximately 60 SHCs across the state

• Funding and third party billing issues
The Role of Local Practitioners

- NC § 90-21.5 Minors consent sufficient for certain medical health services
- National guidelines include provisions for reproductive health services
- Provide preventive services including STD/HIV testing
- Coordinate with schools, SHCs and local health departments to provide services to adolescents
The Role of Local Practitioners

Challenges

• Annual adolescent well visits are recommended by AAP and in NC 78.2% of adolescents get 1 or more preventive medical care visits (similar to national rate of 81.7% US)
• Practitioners may have difficulty discussing sensitive health topics
• Lack of transportation
• Office hours may conflict with student class schedule
School Nurse & SHC Impact on Health National Perspective

- 73,697 Registered nurses work in schools
- ~2,000 School-based health centers
  - Serve at least one grade of adolescents (6-12)

Findings

- On-campus counselors = lower pregnancy rates
- School-based referral program (SHC)=increased adolescent use of reproductive health services
Safe and Supportive Environments: Impact on Health

Climate and safety

- Bullying and sexual harassment
  - (electronic aggression)
- School connectedness
- Parent engagement in schools
Resources

The Office of Adolescent Health offers several online learning opportunities for organizations in the adolescent pregnancy prevention and parenting fields, as well as others providing services to adolescents.

http://www.hhs.gov/ash/oah/resources-and-publications/learning/#.U5uBi1_n9OU
Things to think about......

- Local systems may explore the dynamics surrounding clinical services for health
- Collaboration among schools systems, SHCs, local health departments, and community resources to examine challenges that impact services for reproductive health.
- Find ways to eliminate barriers to screening and treatment for reproductive health.
- Identify opportunities to advance health and learning through collaboration among school systems, health departments and community resources
- Create resources to address adolescents’ health behaviors
Questions/Comments
References


