SIDEBAR

Public Health and Schools—Natural Partners

Ann O. Nichols

The vital role of public health systems and services has never been more evident than during the past year. The COVID-19 pandemic has illuminated the ways in which public health is integrated into aspects of daily life. Before the pandemic, few people could probably name the 10 essential public health services, but over past months many have become aware of them, ranging from understanding essential service workers to the mechanisms of viral spread in schools [1]. Former Surgeon General Dr. Joycelyn Elders stated, "We can't educate children who are not healthy, and we can't keep them healthy if they're not educated. There has to be a marriage between health and education" [2]. While schools are at the forefront of current public health efforts, they also represent a regular public health partner serving student and population health over the years.

The health and well-being of a community is reflected in its schools. Communities benefit from any health-related efforts that exist in schools to support student wellness and eliminate health-related barriers to education. The exposure of school children and adolescents to knowledge and self-care practices regarding health can carry into adulthood. The history of school health programs has developed hand-in-hand with that of public health from the early days when public health nursing largely focused on the local school population as a way to improve community health. The first known school nursing program in North Carolina was provided through the Wayside Workers of the Home Moravian Church in East and West Salem Schools in 1911 [3]. Throughout the past century, the public health nurse role has traditionally included the provision of school health services [4].

What benefits and successes can be attributed to this marriage between schools and public health? Many may recall examples from personal history, such as the receipt of a polio vaccine on a sugar cube at school, or the discovery of seeing more detail than ever imagined while wearing glasses prescribed through a school vision screening referral. Some broader benefits and successes have included: ensuring access to education through provision of related health services for students with disabilities (1977); health assessments to identify physical and developmental needs that may impact learning (1987); better nutritional access, vision and hearing screening, dental and oral health inspections with connections to care, communicable disease identification and treatment, and assuring childhood immunizations for preventable diseases (1979); connections to health insurance and medical homes (1998); and curriculum directed toward physical activity and health education (1978, 2003). Individual student health has also benefited through efforts that include funding for school health centers (1992), provisions for care of students with diabetes (2002), availability of epinephrine for undiagnosed anaphylaxis (2014), accessibility to asthma medication (2005), banning tobacco products from school campuses (2007), and return to play and school after concussion (2011). Many of these efforts are supported through statute and policy and implemented through the partnership of local and state health and education agencies [5].

Today, school nursing is a specialty practice subset of public health nursing. North Carolina schools and communities have benefited from slow improvement in student access to the services of a school nurse through a

combination of state (2004) and local funding. In 1996, although many school districts had no nurse, the average North Carolina school nurse served a caseload of 2,481 students [6]. By 2020, that had improved to an average 1,007 students [6]. While better access to health services in school is a success, lack of recommended staff ratios for all specialized instructional support staff (nurses, social workers, counselors, psychologists) to adequately meet the physical and mental health needs of students also represents a challenge. This is particularly concerning for the 25% of US students living with chronic health conditions and growing student mental health needs, which have been compounded by life during the pandemic [7].

In non-COVID-19 times, the challenges faced by school nurses often include competition for time in the school day, available community resources, coordination of care with providers, and privacy law confusion. These challenges will still exist when students are fully back in buildings, and new ones are anticipated. Among the most critical are loss of momentum for previous health initiatives, student mental health sequelae from pandemic life, interruptions in preventive services, and decline in uptake of vaccines in children [8]. These challenges require strategies for assessment of student mental and physical health needs with more available referral resources, as well as the support staff needed to implement those strategies.

Of benefit to all, the marriage between public health and education has never been stronger than it is now. Necessity and a common goal have removed previous barriers to collaboration, grown relationships, and improved mutual understanding of the work of supporting student health and success. Appreciation and preservation of this shared role in collaborative partnership should be valued and protected to serve students and communities well into the future. NCMJ

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