



Connecticut State Department of Education

Health Services Program Information Survey Report

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Developed for:

The Connecticut State Department of Education

By

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Executive Summary

Background

The Connecticut State Department of Education (CSDE), as part of its ongoing efforts to support and expand school health services provided to Connecticut students, is continuing the data collection process for school health services begun in 2004. This process is designed to assist the CSDE in understanding the status of school health services in Connecticut school districts, the needs of school districts and students in the area of school health services, and progress being made in these areas over time. As one component of these ongoing efforts, the CSDE commissioned the Center for Program Research & Evaluation (CPRE) at EdAdvance (formerly EDUCATION CONNECTION) to develop an online survey to collect information regarding the status of school health services from school districts throughout the state.

The survey development process was designed to encourage state and district staff participation through each stage in the process. The process included the initial consultation of the CSDE with the CPRE. The survey was developed for data collection after reviewing the professional literature related to school health services. The CSDE and the Connecticut State Health Records Committee (CSHRC) assisted EdAdvance in adapting the survey development process as necessary to meet the needs of school districts and the CSDE.

Additionally, as appropriate, questions were used from similar surveys administered by other states. These questions were intended to maximize survey reliability and allow Connecticut to compare results as necessary with results from other states.

The CSDE and CSHRC approved all aspects of survey development before the original survey administration. The survey was pilot-tested in spring 2003. Based on the pilot test results and consequent survey administrations, the survey has been revised as necessary in subsequent survey years.

Scales were developed to identify perceptions of the importance, satisfaction, or frequency of an item using a Likert-type scale. Demographic information was collected, including the type of district, types of districts served by the respondent; and the school district's name and identification number. Open-ended questions allowed respondents to comment freely on their expectations, needs, and satisfaction.

The survey was incorporated into the EdAdvance website to facilitate completion by respondents. The Coordinator of Health Services, School Nurse Supervisor, or equivalent in each Connecticut school district was asked to complete the online survey.

Questionnaire results were analyzed statistically using IBM SPSS Statistical software. Frequencies and means were obtained on all data as appropriate.

District Profiles

For 2019-2020 a total of 197 questionnaires were distributed, with **136** completed in time to be analyzed, yielding a response rate of **69.0%**.

96.3% of respondents represented public school districts, 1.5% from charter schools, and 2.2% from regional educational service centers (RESCs). Suburban districts accounted for 55.9% of responses, while urban districts were represented by 13.2%, and rural districts, 30.9%. All 136 districts completing the survey responded to demographic questions.

Conclusions and Recommendations

Nursing staff across most Connecticut school districts provided several insights into the status of health services in Connecticut districts, as indicated by the quantitative survey results and qualitative comments' breadth. The CSDE and EdAdvance staff examined data resulting from this, the seventeenth year of survey administration. That examination resulted in the following conclusions regarding school health services in Connecticut:

- The effects of the COVID-19 pandemic made data reporting in 2019-2020 difficult. Only 136 school districts completed the survey, the lowest number since this survey was first conducted seventeen years ago. Any comparison to previous year's data should be made with this fact in mind.
- There were 3,975 diagnosed concussions in 2019-2020, 33.7% of which occurred during interscholastic sports. Football and girls' soccer had the highest concussion incidences among the interscholastic sports.
- Epinephrine was administered in 33.8% of the reporting districts.
- Nearly 90% of districts have students with documented nut allergies.
- Mandated services (vision, scoliosis and hearing) provided by participating districts to students generated approximately 16,316 referrals to outside providers.
- The need for increased mental health services training and support on site is expressed in the majority of districts, a trend that has been apparent for the last seven years. Many nurses spoke to the increased need for these services once students began attending school remotely.
- In 2019-2020, 1,415 calls to 911 were reported by participating Connecticut public and private schools for students and adults combined.
- 115 Public school districts, and 39 Private schools identified a total of 16,158 students as being referred to obtain health insurance during 2019-2020.
- Approximately 96% of Public schools and 42% of Private schools report using computer software to collect and record school health information. SNAP is the software of choice in 65.7% of Public school districts, and 17.3% of Private schools.
- A majority of respondents indicated at least some involvement in teaching topics including Nutrition, Physical Activity, Human Sexuality, and Disease/Injury Prevention.

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Introduction

EdAdvance submits this report to the Connecticut State Department of Education (CSDE) to fulfill the task to collect survey data to assist the CSDE in identifying the status of school health service in Connecticut. Survey results are used to monitor the characteristics of and trends in school health services in Connecticut school districts at the elementary, middle, and high school levels. Data were collected through the administration of the Health Services Program Information Survey. This report summarizes the results of data collection for the 2019-2020 academic year.

Review of the Literature

The concepts outlined in a review of the literature were used to guide and focus data collection efforts and include the following:

Academic Performance and Health

- Nutrition
- Physical Health
- Mental Health
- Vision Care
- Oral Health
- Access to Health Care and Coverage

Status of Student Health

- Alcohol and Drug Use
- Injury & Violence Prevention (including suicide)
- Nutrition
- Physical Activity
- Sexual Behaviors
- Tobacco Use

Status of School Health Services

- Staffing
- Medication Administration
- Computer Software Available
- Role of School Health Services
- Guidelines and Ratios
- Health Care Provision in School Districts
- Effectiveness of School Health Services

Emerging Issues

- Concussion Occurrence (new in 2015)
- Food Safety
- Asthma
- Skin Cancer
- Type I Diabetes
- Type II Diabetes
- Dental Disease

Data Collection Process

Survey Development

Based on results of the 2009-2010 survey administration, a limited number of changes were made in the survey before the 2011 through 2015 administrations, and again for the 2015-2016 survey. The CSDE and the Connecticut State Health Records Committee assisted EdAdvance to adapt the survey as necessary to meet the needs of school districts and the CSDE. Ongoing adaptations have been made in collaboration with Kevin Glass, Ph.D., Director of the Center for Program Research & Evaluation at EdAdvance. The survey collected data in the following areas:

- Types and results of services provided in CT public and private schools
- Staff of health services in CT schools
 - number of Staff
 - nurse/student ratios
 - qualifications of staff
 - specialists linked to nursing services
- Availability of health coordination and education activities
- Involvement of health services staff with health coordination and education activities
- Software available to support health service data collection
- Demographic information including:
 - District Reference Group (DRG)
 - Type of district

- Number of students dismissed and reasons for dismissal in public and private schools
- Number of students without health insurance in public and private schools
- Number of, and reasons for 9-1-1 calls in public and private schools
- Concussion Diagnosis and Frequency
- Rural/urban/suburban: and private/public school/district
- Types of schools to which the districts provide health services
- Name and identification of district, and
- Name of survey respondent

Reliability was maximized through a comprehensive pilot testing process and the development of questions following generally accepted standards. Survey validity is primarily determined using a survey development process that collects all relevant, vital concepts and is usually assessed non-statistically by a panel of experts. This survey was developed in close partnership with CSDE. It is expected that the questionnaire is sufficiently valid and reliable.

Survey Administration

The survey was posted to EdAdvance's website to increase ease of completion. Survey directions, sources of data necessary for survey completion, and results of prior surveys are also available for downloading from the CSDE and EdAdvance websites.

Dr. Stephanie Knutson, the CSDE Education Consultant, Bureau of Health/Nutrition, Family Services, and Adult Education, introduced participants to the purpose and history of the survey and shared it with the group online. Ms. Knutson answered questions concerning survey completion's practicalities, state expectations for its completion, and expected use of the data.

The CSDE sent a letter of intent to each Coordinator of Health Services, School Nurse Supervisor or the equivalent in Connecticut, informing them that they would be receiving a letter requesting that they complete the survey. The letter directed recipients to the EdAdvance website for survey completion.

The CSDE and EdAdvance responded to questions and concerns regarding the survey as they arose. Of the 197 questionnaires distributed, **136** responses were sufficiently completed in time to be analyzed, yielding a response rate of **69.0%**.

Data Analysis Methodology

Survey results were analyzed using IBM SPSS Statistical software. The total number of individuals, frequencies, and means were obtained as appropriate.

Results

The response totals mean frequencies or mean responses are listed below as appropriate. Responses of “Don’t Know” were not calculated in the analysis.

Concussion Evaluation

Across all districts, survey participants reported that there were **3,975** diagnosed concussions during the 2019-2020 school year. The number of FEMALE vs. MALE students diagnosed with a concussion by grade level during the school year is detailed in Table 1.

Table 1: Students Diagnosed with Concussion

Grade	Female	Male	Total
Pre-Kindergarten	8	6	14
Kindergarten	17	20	37
1st Grade	19	37	56
2nd Grade	26	36	62
3rd Grade	29	54	83
4th Grade	54	86	140
5th Grade	71	146	217
6th Grade	113	158	271
7th Grade	159	183	342
8th Grade	191	231	422
9th Grade	362	313	675
10th Grade	310	287	597
11th Grade	321	281	602
12th Grade	306	264	570

Of the diagnosed concussions that occurred during the 2019-2020 school year, the number of occurrences in reporting districts during the categories listed in Table 2.

Table 2: Diagnosed Concussions by Activity

Category	Concussions
School Athletics – Interscholastic	1,336
Outside of school – Other	913
Non-school sports-related (i.e. local town recreation sports)	571
Don’t know	272
Physical Education Class	241
School Athletics – Intramural	197
School Recess	174
Other	148
Any other school-sponsored activities	110

Of all diagnosed concussions that occurred during school-related sports events, occurrences are broken out by each school sport in Table 3.

Table 3: Diagnosed Concussions by Sport

Sport	Concussions
Football	470
Girls Soccer	236
Other	235
Boys Soccer	203
Cheerleading	159
Ice Hockey	121
Girls Basketball	105
Boys Basketball	102
Girls Volleyball	88
Field Hockey	60
Swimming and Diving	45

Wrestling	44
Baseball	17
Boys Lacrosse	14
Softball	14
Dance Team	12
Girls Lacrosse	12
Track and Field	12
Boys Volleyball	5
Rugby	5

Of students diagnosed with concussions during the 2019-2020 school year, the accommodations provided are detailed in Table 4.

Table 4: Students Requiring Accommodations

Accommodation	Students
Physical Activity Accommodations	3,153
Academic Accommodations	2,668
Individual Health Care Plans	1,187
Section 504 Plan	184
No Accommodations Required	172
Homebound Instruction	44

Of diagnosed concussions during the 2019-2020 school year, the AVERAGE length of time (in days) that accommodations were needed are outlined in Table 5.

Table 5: Average Length of Time for Accommodations

Accommodation	Average Days
Physical Activity Accommodations	20.3
Academic Accommodations	18.7
Section 504 Plans	14.7
Individual Health Care Plan	13.4
Homebound Instruction	3.3
Not known	1.4

The number of students (if known) who missed school days due to diagnosed concussions during the 2019-2020 school year are outlined in Table 6.

Table 6: Students Missing School Days Due to a Diagnosed Concussion

Category	Students Missing Days
Less than 5 school days	2,512
5-10 school days	495
11-15 school days	79
16-20 school days	27
21-60 school days	19
61-120 school days	3
Greater than 120 school days	0
Unknown	397

Student Health

Responding districts provided data on a wide variety of topics related to student health. The 2019-2020 survey gathered information on the health care needs of students in Public and Private schools served in these districts. Results are summarized below.

Table 7: Students with Specific Health Care Needs

Specific Health Care Need	Total Students Public	Total Students Private	Total Students
Allergies-Bee Sting	1,686	94	1,780
Allergies-Food (life threatening)	16,428	1,007	17,435
Allergies-Latex	1,224	55	1,279
Allergies - Other	22,141	907	23,048
Arthritis	409	34	443
Asthma	49,876	2,124	52,000
Autism Spectrum Disorders	7,749	146	7,895
Behavioral/Emotional-ADHD/ADD	21,486	940	22,426
Behavioral/Emotional-Anxiety	9,536	592	10,128
Behavioral/Emotional-Depression	4,375	308	4,683
Behavioral/Emotional-Eating Disorders	604	31	635
Behavioral/Emotional-Other	5,017	208	5,225
Blood Dyscrasias-Hemophilia	230	16	246
Blood Dyscrasias-Sickle Cell Trait	368	18	386
Blood Dyscrasias-Other	652	34	686
Cancer	311	17	328
Cardiac Conditions	2,375	115	2,490
Cerebral Palsy	519	12	531
Diabetes Type I	1,064	47	1,111
Diabetes Type II	183	7	190
Lyme Disease	717	70	787
Migraine Headaches	3,203	253	3,456
Neurological Impairment	2,173	131	2,304
Orthopedic Impairment	2,363	127	2,490
Seizure Disorder	2,758	113	2,871
Speech Defects	8,414	180	8,594
Severe Vision Impairment	1,623	61	1,684
Severe Hearing Impairment	1,784	60	1,844
Spina Bifida	100	2	102
Swallowing Dysfunction	375	7	382

In 2019-2020, 129 Public school districts, and 43 Private schools provided information on the number of students with specific health care needs. A total of **16,077** students across all reporting school districts (Public and Private schools) have special dietary needs documented by an appropriate medical statement that is maintained on file.

Table 8: Dietary Accommodations by Diagnoses

Diagnosis	% of Districts Having Students with this Diagnoses
Tree nut allergies	89.7%
Peanut allergies	89.0%
Egg allergies	85.3%
Milk allergies	84.6%
Lactose intolerance	84.6%
Shellfish allergies	82.4%
Diabetes	82.4%
Wheat allergies	79.4%
Celiac disease	77.2%
Soy allergies	76.5%
Seed allergies	75.7%
Other allergies	75.7%
Fish allergies	75.0%
Other food intolerances	70.6%
Other diagnoses	47.1%

Other Food Allergy Diagnoses - The five most reported: Glycogen Storage Disease, Crohn’s Disease, Fruits (primarily strawberries, blueberries), food dyes, and gluten restriction.

Table 9: Emergency Medication Administration

Emergency Medication Administration	% of Districts
Epinephrine	33.8%
Diastat	12.5%
Glucagon	0.7%
Automatic External Defibrillator	0.0%
Cardio Pulmonary Resuscitation	0.0%

Responding districts reporting emergency medication interventions indicated that epinephrine was administered by 33.8% of them. Diastat use was reported by 12.5% of districts, and Glucagon use by 0.7%. 116 students with diagnosed life-threatening food allergies required administration of epinephrine during the 2019-2020 school year.

Table 10: Number of Students diagnosed with Life Threatening Food Allergies Administered Epinephrine by the Following Individuals

Staff	Total Epinephrine Administration
School Nurse (RN) / Nurse	93 ¹
Other Personnel	0

Table 11: Number of Students undiagnosed with Life Threatening Food Allergies Administered Epinephrine by the Following Individuals

Staff	Total Epinephrine Administration
School Nurse (RN) / Nurse	29
Other Personnel	1

Table 12: Districts Performing Procedures

Procedure	% Public School Districts Performing Service in School Setting	% Private School Districts Performing Service in School Setting
Blood Sugar Testing	84.6%	41.9%
Nebulizer Treatments	82.4%	58.1%
Insulin Pump Management	76.5%	37.2%
Gastrostomy Tube Feedings	53.7%	7.0%
Catheterizations	27.2%	7.0%
Suctioning	27.2%	4.7%
Other Treatments	25.0%	2.3%
Oxygen Therapy	22.1%	0.0%
Ostomy Care	19.9%	2.3%
Tracheostomy Care	16.9%	2.3%
Ventilator Care	9.6%	0.0%
Nasogastric Tube Feedings	5.1%	2.3%
IV Therapy	2.2%	2.3%

Other procedures most often performed in Public schools were wound care and breathing treatments. The other procedure most often performed in Private schools was inhaler therapy.

Table 13: Percentage of Students Returned to Class within ½ Hour

% Student Returned within ½ Hour	% Response
0-25%	0.8%
26-50%	0.8%

¹ The difference between this number and the one listed in the previous paragraph can be explained by user input error

51-75%	7.6%
76-100%	90.8%

Approximately 91% of survey participants indicated that between 76-100% of students were returned to their classrooms within a ½ hour of receiving a nursing intervention.

Table 14: Reason for Student Dismissal

Reason for Dismissal	% Public School Students Dismissed	% Private School Students Dismissed
Illness	87.3% ²	87.6%
Injury	8.0%	7.2%
Other	4.0%	3.2%

The majority of dismissals for both Public and Private school students were due to illness, while 8.0% of Public school students, and 3.9% of Private school students were sent home because of injuries.

Table 15: Dismissal Destination

Dismissal Destination	Public School Districts	Private School Districts
Home	90.6%	92.6%
Emergency Room	2.0%	1.0%
Other Healthcare Provider	6.2%	4.5%

The majority of students at both Public and Private schools who were dismissed for health reasons went home. 2.0% of Public school students and 1.0% of Private school students were sent to an emergency room.

Table 16: 911 Calls

Number of 911 Calls	Public Schools	Private Schools
For Students	1,152	34
For Staff	263	15
Most Common Order of Reason for 911 Call for Students and Staff ³		
Injuries		
Other		
Seizure		
Anaphylaxis		

² The sum of values not totaling 100% in Tables 14 and 15 can be explained by user input error

³ Respondents were asked to rank the reason for 911 Call from Most Frequent Reason (1) to Least Frequent Reason (4). The order listed in the table is the average of those rankings across all schools.

Table 17: Students Referred to Receive Health Insurance

	Public Schools	Private Schools
# of Districts Reporting	115	39
Total Students Referred	15,849 ⁴	309

In 2019-2020, 115 Public school districts, and 39 Private schools provided information on the number of students without Health Insurance coverage. For Public and Private combined, 16,158 students were reported to have been referred for coverage during the school year.

Services Provided in Connecticut School Districts

Table 18A: Number of Students Receiving Services

Health Services	Public-Schools		Private Schools	
	# Receiving Service	# Referred to Outside Provider	# Receiving Service	# Referred to Outside Provider
Pediculosis (Head Check)	19,040	2,155	1,454	26
Body Mass Index Screening	11,362	246	1,272	2
Mental Health Consultation/Screening	6,735	2,338	446	214
Nutrition Screening	1,068	165	92	10

In 2019-2020, 121 Public school districts, and 40 Private schools provided information on the number of students receiving these services.

Table 18B: Number of Students Referred to Outside Provider as the Result Mandated Service

Mandated Service	Public Schools	Private Schools
Vision	12,277	376
Scoliosis	961	44
Hearing	3,078	160

In 2019-2020, 118 Public school districts, and 37 Private schools provided information on the number of students referred to an outside provider as the result of these mandated services.

Staffing of Health Services in Connecticut School Districts

Nursing Staff

⁴ A large percentage (83.3%) of these students were reported in Hartford

Table 19: Number and Classification of Staff

Staff Type	Nursing Staff Classification	Total Staff
Registered Nurse	Nurse Leader (no school nurse with assignment)	39
	Nurse Leader (with school nurse assignment)	109
	One-to-One Nurse	47
	Permanent Float Nurse	23
	School Nurse	879
	<i>Total RN Staff</i>	<i>1,097</i>
Nursing Support	Licensed Practical Nurse	57
	Health Aid	90
	Nursing Clerk/Other Support Staff	43
	<i>Total Support Staff</i>	<i>190</i>
Total Staff		1,287

For 2019-2020, Nurse Leaders were again designated as either assigned to schools or not assigned to schools. In reporting districts, Nurse Leaders comprised 9.9% of full-time equivalent of school health services staff. 86.5% were reported as registered nurses who do not hold leadership positions. The majority of remaining staff were classified as nursing support staff.

Additional Staff

District Medical Advisor:

94.1% of survey participants in 136 districts indicated that a medical advisor provided monthly services. Approximately 96% received services less than 10 hours per month and one district more than 40 hours of service by a medical provider per month.

Medical Advisors serving Connecticut school districts specialize in the following areas:

- Adolescent Health 13.0%
- Family Medicine 25.4%
- General Medicine 6.5%
- Internal Medicine 2.2%
- Pediatrics 42.7%
- Public Health 4.3%
- Sports Medicine 1.1%
- Other 4.9%

District Dental Services:

Results for 2019-2020 show that the majority (72.5%) of responding districts do not provide Dental services to their students. Among those who do, 5.4% received services from a dentist, and 94.6% received services from a dental hygienist.

Staffing Levels

For the school year 2019-2020, 84.4% of participating districts reported having a nurse leader designee who is a nurse. There was also a total of 1,229.15 full-time equivalents (FTE) registered nurses and 227 FTE nursing support staff employed in Connecticut among reporting districts.

Staffing by Grade Level and School:

Table 20: Nurse to Student Ratio

	One Nurse to less than 250 Students	One Nurse to 251-500 Students	One Nurse to 501-750 Students	One Nurse to more than 750 Students
Elementary	14.4%	71.2%	13.6%	0.8%
Secondary	10.7%	38.8%	31.4%	19.0%

Results suggest that a majority of Connecticut school districts continued to meet national guidelines recommending that districts have a nurse to student ratio of no less than 1 nurse to every 750 students in the general population. Also, the guidelines recommend one nurse to every 225 students in populations with complex health care needs, and 1 nurse per student for individual students who require daily and continuous professional nursing services. It is important to note that no information is collected regarding the acuity levels of the populations of students reported.

Table 21: Qualifications of Nurse Leaders

	Nurse Leader 1	Nurse Leader 2	Nurse Leader 3	Nurse Leader 4	Nurse Leader 5
Total Number	136	13	3	1	1
Diploma RN	11.0%	38.5%	0.0%	0.0%	0.0%
Associate Degree in Nursing	11.8%	15.4%	0.0%	0.0%	0.0%
Other Associates Degree	0.7%	0.0%	0.0%	0.0%	0.0%
BS Nursing	48.5%	46.2%	33.3%	100.0%	100.0%
Other Bachelor's Degree	8.8%	0.0%	33.3%	0.0%	0.0%
MS Nursing	11.8%	0.0%	33.3%	0.0%	0.0%
Master of Public Health	5.9%	0.0%	0.0%	0.0%	0.0%
Masters in Health Education	0.7%	0.0%	0.0%	0.0%	0.0%
MBA	0.7%	0.0%	0.0%	0.0%	0.0%

Districts reported the qualifications of each nurse leader in their district. A district with more than one nurse leader reported additional qualifications under Nurse Leader 2 – 5 above. The most common degrees among nurse leaders were bachelors in nursing degrees, followed by Diploma Registered Nurse. Over 40% of districts reported having at least one nurse leader with a BS Nursing degree.

Health Coordination / Education

Table 22: Health Care Management Services

	Always	Sometimes	Never	Don't Know
Development of Individual Healthcare Plan	87.1%	12.1%	0.8%	0.0%

Development of Individual Emergency Plan	85.6%	13.6%	0.8%	0.0%
Development of 504 Plan	19.1%	80.9%	0.0%	0.0%
Staff training to meet individual student health needs	82.4%	17.6%	0.0%	0.0%

Table 23: Computer Software Used

Software	Public Schools	Private Schools
SNAP	65.7%	17.3%
Other District-Wide Data Program	29.1%	17.3%
None	3.7%	57.7%
Health Master	1.5%	1.9%
School Nurse Manager	0.0%	0.0%
Not Known	0.0%	5.8%

Among participating Public-School districts, 65.7% relied on computer-based SNAP software to collect student health information, while 57.7% of Private school respondents indicated that no computer-based software was used to maintain student health records.

Table 24: Collaboration with Colleagues to Implement Health Programs

Type of Program	Collaboration
Injury prevention and safety	83.6%
Emotional and mental health	80.6%
Asthma	72.2%
Physical activity and fitness	72.1%
Violence prevention (e.g., bullying, fighting, or homicide)	65.1%
Tobacco-use prevention	57.5%
Alcohol or other drug use prevention	56.7%
Foodborne illness prevention	50.8%
Suicide prevention	49.6%
Human sexuality	48.4%
STD prevention	27.6%
Pregnancy prevention	25.2%
HIV prevention	21.8%

Health programs listed in the above table were implemented to varying degrees in Public and Private school districts in the 2019-2020 school year. The data from responding districts reflected that approximately more than 80% of districts collaborated with school health services staff on the topics of Injury Prevention and Safety and Emotional & Mental Health.

Table 25: Involvement in Teaching

	Always	Sometimes	Never	Don't Know
Disease Prevention	27.9%	61.2%	10.9%	0.0%
Injury Prevention	19.5%	69.5%	10.9%	0.0%
Human Sexuality Education	15.9%	50.8%	32.5%	0.8%
Other	9.6%	32.5%	36.1%	21.7%
Substance Abuse Prevention	7.1%	63.5%	28.6%	0.8%
Nutrition	7.0%	77.5%	15.5%	0.0%
Physical Activity	6.3%	73.4%	20.3%	0.0%

In participating districts, many respondents frequently identified with ‘Sometimes’ being involved in teaching the above-listed content areas, particularly in the areas of Injury and Disease Prevention. Among districts listing ‘Other’ content areas, topics most often included hygiene and medication management. Many respondents indicated that teaching was typically done one-on-one with students when they came to the nursing office.

Table 26: Student Referrals to Sexual Health Services

Type of Sexual Health Service	Districts Providing Referrals
A list of Youth-Friendly organizations to which youth can be referred for sexual health services	48.4%
Formal or informal organizational Partnerships between districts, and Youth-Friendly sexual health service providers	41.1%
A written procedure for maintaining student confidentiality throughout the referral process	27.6%
A written procedure for making referrals	20.8%

Close to 50% of responding districts indicated that they provided a list of youth-friendly organizations to which youth could be referred for sexual health services, and approximately 40% claimed to offer formal or informal organizational partnerships between districts and youth-friendly sexual health service providers. In 2019-2020, 22.1% of districts reported having a school-based health center within their district, and 7.8% of respondents stated that their district provided reproductive health services.

Table 27: District Type

Type of District	Number of Districts Responding	Percent
Urban	18	13.2%
Suburban	76	55.9%
Rural	42	30.9%
Total	136	

Table 28: District Type

Type of School District	Number of Districts Responding	Percent
Public School District	131	96.3%
Charter School	2	1.5%
Regional Educational Service Center	3	2.2%
Total	136	

Survey Open-Ended Questions

The most frequently addressed topics by respondents in the open-ended question format are summarized below.

Student Health

Survey participants wanted the CT State Department of Education to know about some of the following concerns that would facilitate increasing demand for support in their districts.

- *Mental health among student population has been deteriorating over the years. This imposes a higher amount of time that needs to be spent with each individual student*
- *There has been a steady increase in mental health diagnoses including anxiety, depression, school avoidance, cell phone addiction, and social media addiction. Decreased ability to socialize appropriately with peers.*
- *Mental health seems to be growing and support dwindling.*
- *Anxiety and suicidal ideations are a big concern for middle school students; there has also been an increase in depression among that age group.*
- *I would like it to be made easier to apply for Husky Ins. for students who do not have insurance.*
- *We have seen an increase use of vaping. We have many of our families that are at the poverty level. Attendance is an issue. No way to enforce attendance by other agencies. Mental Health services for the pediatric population are hard to secure and there is a long wait period.*
- *COVID-19 effects reporting this year*
- *Vaping and fatigue related to increased screen time have become a chronic issue at the middle and high school level, as well as increased headaches related to increased screen time.*
- *Increased mental health concerns*
- *There are many students with anxiety/depression/panic attacks. It would be beneficial to have more training in this area.*
- *911 calls for psychosocial emotional issues; students' behavior unsafe to self and others.*

- *Due to Pandemic/COVID-19 school closed March 16, 2020 for the school year. Students learned virtually*
- *Diabetic population is increasing. Student with Glycogen disorder. Increased number of 504 plans. Increased injuries at recess.*
- *Mental health issues continue to be a big concern. This year, our Middle School added a part-time Social Worker, not funded by the BOE, in addition to the full-time school Social Worker. Even with this additional resource, it still wasn't enough.*
- *Several calls made to parents (at all schools), for children sent to school sick (elevated temperature, nausea, vomiting, or just not feeling well) at the start of the day and told to "try it" by parent and needed to be picked up.*
- *Schools closed due to COVID-19 from March 13th - end of school year. May affect numbers in survey.*
- *Rising rate of mental health*
- *Anxiety with and without a confirmed MD diagnosis continues to increase. Other increased health issues include: Vaping, suicidal thoughts/attempts/self-injurious behaviors/depression.*
- *We are seeing a significant increase in students with mental health issues. We send them to our ED or call 211 but find they return rapidly with not much done to address the underlying issues. We have had to refer often up to 3 times before significant help is obtained for these students and their families*
- *The overall health of the students is well maintained through regular PCP appointments, RN follow-up with parents, and support from the staff. Using every opportunity to teach students about their medication (s), treatment, and answering their questions, there can be improvement of their knowledge of health issues. During the school year they are encouraged to ask questions about their health as well. Students and parents have access to the staff even in these unprecedented times.*
- *Student mental health issues increasing the amount of time dealing with these students can be significant.*
- *Mental health is a big factor in the health of students in our district. The stay at home and stay safe is impacting the families. Since the outbreak of COVID-19, the children are living in fear of not having a parent at home or not returning from the hospital. Many of our students do not have access to assessment and basic treatments at home (Tylenol, neb tx, etc.). The assessment and treatments provided in our clinics make it possible for students to participate fully academically, socially and physically in and out of school. Students in our schools have multiple needs and issues in the school environment. Yes, as an experienced nurse, I provide safe and efficient care to my student and I would like the State Department of Education to know that we definitely need a nurse at each school's site. Some parents don't know the immunizations needed for their students as they grow and it's the job of the school nurse to remind them. Students might have some symptoms of a chronic disease that the parent doesn't know and it's the nurse responsibility to bring to their attention. With this being said, I believe that education and health go hand-and-hand! There continues to be unmet health needs in my school, there are gaps in medical, dental, emotional, and behavioral health needs that the parents for whatever barriers are not able to meet. We do have 20-25% of our population that may not qualify for Husky, other than that our parents are not responsive to health needs of some of the children when it comes to getting glasses, following up on referrals, managing weight and obesity, taking care of cavities before they become emergent. Because of these unmet*

health needs and gaps in care, students come to school without glasses and hearing aids they need, without proper follow up for dental care, and the most troubling is coming to school with outburst and aggressive behavior related to unmet emotional needs. Students are eager to learn about their health and the effects that habits have on that health. The school nurse and school-based health clinic serve to provide not just sick visit support but also as a source of education for health habits for life. Many of our students do not have access to assessment and basic treatments at home (Tylenol, neb tx, etc.). The assessment and treatments provided in our clinics make it possible for students to participate fully academically, socially and physically in and out of school. Students in our schools have multiple needs and issues in the school environment.

- *There is a growing concern with the behaviors that not only impact the student suffering but all the students sharing a classroom with the student. There is also a question about the "true" number of students still impacted by asthma as the diagnosis follows students on their health exam forms but the nurses do not receive any orders for treatment or medications or school health office visits for asthma complaints as the student age up through the district.*
- *There are several prominent barriers to care in this urban district: not enough mental health services, language barriers, transportation issues*
- *The district could use a school-based health center as there are many pockets of underprivileged students in [our] district.*
- *Many times, students are sent to schools with fevers. Some have been medicated, some not. Then we can't reach the parent. This is now especially concerning with COVID-19. Parents also avoid healthcare due to high cost of co-pay/deductible.*
- *Non-compliance with immunizations remains a consistent issue for students entering 7th grade. Information about the dangers of energy drinks.*
- *We have a large immigrant population who arrive without any health insurance or health and immunization records. School Based Health Centers at the middle and high schools are so beneficial in providing health care to this population.*
- *Need more mental health--physical complaints seem to be more related to anxiety, fear, and depression.*
- *The mental health needs of students are increasing. Increasing number of students struggling with anxiety/depression. Students lack coping techniques leading to an increase in school avoidance due to anxiety.*
- *Significant anxiety and depression, and physical symptoms associated with anxiety, even in the youngest students. Provide anxiety and support on a daily basis. A large number of psychiatric needs. Many medically fragile children*
- *We continue to struggle helping our students access primary preventative care. Many our students and families need access to affordable mental health care*
- *Increase in acute mental health/behavioral health issues resulting in an increase of 911 calls. Increase of food allergies in students. Daily controlled medication administration has increased due to increase of mental health/ ADHD/anxiety/behavioral issues. Increase of Type 1 Diabetic management of younger students - grade Pre-K -grade 5. Increase of Pre-K-Kindergarten students not potty - trained and soiling issues.*
- *The international students have unique health needs*
- *Mental health needs are prevalent among students and our community lacks enough staff to fully support their needs.*

- *There is clearly a large increase in mental health related nursing visits, aggression/behavioral issues.*
- *Please note that not all information is available from home to complete this survey due to the COVID-19 situation*
- *Increasing mental health issues which will be presumably exacerbated by the pandemic*

Districts requested assistance from the CSDE in a broad range of areas. Respondents most often cited the following needs:

- *Enforce that school districts follows Physical and Immunization requirements to be in schools. More activity for the community living in poverty. Obtaining physicals remain an issue. I have worked as a substitute nurse at some school-based clinics and we should keep them opened to help students to get check in school to prevent absenteeism and also to help parents from missing work to take students to outside clinics. We need more funding for parent engagement activities, a lot of the things the teachers and health staff say they need is more participation and engagement from parents. We need parents to know and understand how important attendance is, how important it is to stay home when sick, how important coming and being engaged with the teacher and PTO and especially how important it is to follow up on vision, hearing, dental, and mental health referrals so the student can come to school and focus on learning. Continue to support our school nurses, our school-based health centers, and our dental clinics. Provide staffing, financial and administrative support to keep our services intact. In addition, a very very important factor is our mental health clinicians and their role without students. We need more funding for parent engagement activities, a lot of the things the teachers and health staff say they need is more participation and engagement from parents. We need parents to know and understand how important attendance is, how important it is to stay home when sick, how important coming and being engaged with the teacher and PTO and especially how important it is to follow up on vision, hearing, dental, and mental health referrals so the student can come to school and focus on learning.*
- *Improved recognition and acknowledgement that health and wellness impact the achievement gap. Healthier students = improved academic performance Funding from the CT Department of Public Health for School nurse health and wellness initiatives.*
- *Private school nurse: suggest a vaccination clinic onsite for influenza*
- *One especially needy school does not have a school-based health center because the building doesn't have proper facilities to accommodate the requirements for a center*
- *Consider providing return-to-school parameters for general illness as well as students and staff out with COVID-19*
- *Would like increased availability of free or low-cost Epi-Pens for school district*
- *Consistency of policies/protocols throughout state. Remove RN from religious exemption waiver. Remove religious exemptions altogether.*
- *Mobile asthma clinic, immunization clinic*
- *Help us improve asthma management and get our nurses more teaching/trainings*
- *Support School Based Health Centers for all grade levels and all students.*
- *Mandate a school nurse in every school*
- *1-we currently have a Health Center in our Middle School building which has NO access to vaccines. 2-please get rid of the Religious Exemption for vaccines*

- *Funding to implement School Based Health Centers at the elementary level would improve access to health care for the many uninsured students in this population.*
- *We would like to recommend better food for breakfast for kids in school. There is not enough protein offered (like eggs and bacon) and too many carbs and sugar in breakfast bars, and cereals, and yogurts, and pastries.*
- *Add school health aides to assist the school nurse with volume of students and so many students are so needy today. More time to assist students with psych issues especially in middle school & high school population especially during a crisis.*
- *Do away with Religious Exemptions.*
- *It would be very helpful to our busy school nurses if you could provide a blank EXCEL spreadsheet which they could maintain and update throughout the year. By year's end, it is difficult for them to tally all the concussions, injuries, and referrals. Thank you.*
- *Better funding for nursing departments.*
- *There is a greater need for dental services and medical providers that are able to evaluate and prescribe for mental health needs in adolescents.*
- *Anxiety Programs. More support for the emotional needs of students. Increased staff support to assist the increasing number of children with anxiety.*
- *Access to convenient, affordable mental health and primary care.*
- *Provide support and funding for the increase of staff in order to manage the daily mental health/behavioral/emotional health needs of students.*
- *Nurse needs an office with more privacy for student visits. Assistance with preparing school for returning students next year after COVID-19 pandemic, PPE, cleaning regulations, supplies and written materials. Improved healthy lunches. Increase access to food programs for students during weekends and school breaks. Increase number of mental health care professional available at schools.*
- *More mental health counselors*
- *Increased support to nursing services. This will allow nurses to provide more and better direct care services to students in need. Provide health education materials at no cost.*
- *More mental health services/support. More unstructured/active time (Away from phone and social media)*
- *Mental health support now more than ever. Social- emotional support*
- *More resources and guidelines about the start up to the new school year amid COVID-19, including resources for the mental health aspect of the students, managing traffic flow in the HR and guidance on increased staffing to help ensure safety to all*
- *Healthy snacks. More access to SBHC.*
- *Dental wellness checks.*
- *vaping education outreach to parents/guardians about the importance of attendance*
- *Technology training for nursing staff to mirror online platforms*
- *Increase demand for mental health services*
- *Would help if the PCPs could complete the HARs as requested and follow up with comments rather than just checking boxes. For example, if they do a vision screening and the result shows the need for a referral and they do not check that a referral was made. Often frustrating as we cannot communicate with the doctor unless we also get a release from the parent. So, the more information the doc can provide the easier it makes our job.*
- *Improve school lunch program*

- *It would be beneficial to let up on attendance requirements and allow students to school from home when sick. There are too many students coming to school sick. The nurse's office at the high school only has 1 nurse for 940 students. The office needs another nurse.*
- *P/s help as more school psy and social workers. More guidance for school based special programs for behavioral students - nursing support r/t protective holds, assessment of student, time away from Health room*
- *I organize a mobile flu clinic in our building every fall to help ease access to the influenza immunization. I struggle because the company that comes will not accept families with Husky insurance. I am uncomfortable offering this and not including this important demographic.*
- *Continue to provide opportunities for Continuing Education and updates in School Health Services for School Nurses.*
- *More health ads to encourage students to be immunized, Reinforcement regarding food safety precautions.*
- *Advocate for additional funding sources to add needed personnel, especially with the current pandemic.*
- *Guidance for COVID-19 19 protocols for the fall Tracking of Immune disorders*
- *It is an ongoing issue to get parents to follow-through on mandated health screenings and immunizations, etc. with no way to enforce it (exclude student from school is not an option as students have no control over parents following through and not fair for child to miss school...parents know that we will not be impeded student's education). This is an ongoing issue with no solution.*
- *Directives for potential COVID-19 screening and managing this virus in the upcoming school year.*
- *More understanding that academics need to come second to mental health in our students and more testing is not going to help students*
- *More mental health support is needed for students i.e.: mobile crisis teams more readily available. Substance abuse support for students*
- *I would enjoy more learning opportunities about common pediatric issues, as well as more meetings with fellow school nurses. The more information that I can learn, the better I will be able to help my students enjoy a healthy life.*
- *More continuing education opportunities pertaining to diagnosis and current treatments of conditions affecting our students (i.e. diabetes, asthma, mental health issues, etc.)*

Services Provided /Staffing Levels

Respondents shared the following concerns they wanted the State Department of Education to know regarding Health Services provided to CT school districts:

- *I find myself spending a considerable amount of time providing assessment, intervention, monitoring and support to students with mental health issues. In my public school, I provide safe and efficient care to my students and I would like the State Department of Education to know that we definitely need a nurse at each school's site. Some parents don't know the immunizations needed for their students as they grow and it's the job of the school nurse to remind them. Students might have some symptoms of a chronic disease that the parent doesn't know and it's the nurse responsibility to bring to their*

attention. School nurses work with academic staff to develop individualized plan of care for the student. With this being said, I believe that education and health go hand-and-hand! We provide holistic and comprehensive care to all students of Hartford Public Schools in each school and with the School Based Health Clinics which all families are welcome to use. There are students all over the city with very complex medical and behavioral health needs and I think our team is dedicated and competent in meeting those needs and I think the parents and staff appreciate having a nurse in each school. Health screenings done in the schools serves to provide valuable early intervention and support to students and families. Invaluable.

- *The responsibilities for school nurses are being stretched with the uptick in behavioral and emotional health issues. They are attending more meetings in collaboration with special education and interventionists. Additional funding from SDE and/or CT DPH for health office aids would be beneficial for serving the students and our staff population.*
- *It's a struggle for the nurse as the school aide hours are very limited in this district*
- *More complex nursing needs are being required of the school nurse staff to manage*
- *We have seen an increase in vape incidents. * nurses are very under-funded but work hard to help our students and families.*
- *Due to COVID-19 and school closure, we were not able to finish our screenings. Most Hearing and vision were completed but Scoliosis screenings were not.*
- *We do so much emotional support and help people with services like finding food etc. One of my schools deals with other languages where the parents don't read English or their native language so that presents a great challenge. That takes a great deal of time. I often make their doctor appointments for them and assist them so that health care happens. School is a bridge for them. None of that goes on reports or fits in any box for anyone to understand. You have to be here.*
- *Due to the COVID-19 pandemic, our school closed and went to distance learning on March 13, and our buildings have remain closed. Our public schools have SNAP as the EMR and nurses working remotely from home were able to run reports and access data for this report. However, the data is incomplete as mandated screenings were not completed this year. Only 2 of the 7 non-public schools that we serve have computer documentation. The other 5 schools document everything in hard copy. As their buildings have been closed, those 5 schools were not able to submit data for this report. In addition, their mandated screenings were not all completed due to school closing.*
- *Most children did not have their screenings done when we were excused due to the pandemic. Our Private school did not have a permanent nurse, there were only substitute nurses, who were unfamiliar with the data collection/survey process*
- *Unable to provide data on our private school. The school nurse is not working and unavailable during the COVID-19 shutdown.*
- *We began partnering with local provider to offer school based mental health services to students twice a week. We currently have one full time school psychologist and two full time social workers; however, their time is often consumed with weekly scheduled appointments, meetings such as 504 and PPT meetings that they are not available for a non-urgent student that is looking to talk with someone about a concern or struggle. They are available for emergency situations, but there is a large group of students that aren't serviced by these professionals because they don't fall into a category of need.*
- *Unable to complete scoliosis screening due to COVID-19 and school closure Increase in Mental health visits daily, referrals to school guidance dept. with several resulting in*

outside referrals to agencies. Many mandated screening referrals were for children unable to be tested due to cognitive issues.

- *As a large urban district, accessible & affordable health services are needed. We need more support for school-based health services to reach much of our population*
- *School Health Services provided by local Health District. There are 18 schools serviced that are public, parochial and private. There has been an increased acuity level of medical conditions and mental/emotional/ behavioral health care needs of students. Thus, requiring an increase of assessments, interventions, and case management of individual student care needs by the school health services staff. Staffing adjustments were made for individual health rooms because of this. There are 3 dental hygienists under the health district that provide routine oral health care to students in K-8 and address individual student acute needs in PreK- grade12.*
- *Mental Health consultation and screening is provided by school counselors, school psychologists and social workers. Many students were screened in February after the cutoff date of this 2/1/2020 report.*
- *In regards to mental health screenings: Nurses refer these students to the school social workers and school psychologists. We don't always know if there was follow-up to an outside provider, so the numbers may be inaccurate.*
- *Data is incomplete due to limited access to all information/ screening results from home.*
- *In school health clinics, behavioral and medical, have become a great asset in the system. Used on a daily basis to help keep kids in school.*
- *Parent Follow through is inconsistent at times*
- *We need more guidance in helping our families and students obtain health insurance*
- *Many students receive glasses from Husky providers, then they break or lose their glasses and cannot get another pair. This affects their learning. We have many parents/guardians who could benefit from positive parenting classes*
- *Unable to complete all mandated screenings due to pandemic COVID-19*
- *COVID-19 effects survey results this year*
- *Scoliosis and hearing screenings were not completed due to pandemic shutdown of schools.*
- *Need more mental health training*
- *Unable to do Scoliosis screenings due to homebound instruction due to COVID-19 pandemic.*
- *Gender identity and identification in PowerSchool/SNAP Help parents parent and not be a friend single parent and juggling activities social skills/reading social cues for challenged students*
- *I organize the Mobile Dental [Clinic]. They saw 28 children this year and provided oral care including cleanings, fluoride, X-rays and sealants. They work with the family for office visits if more intensive care is needed*
- *I conduct a quick head check prior to conducting a hearing screen*
- *Some screenings were not able to be completed due to the sudden closure of school for the rest of the year. Those screenings will be scheduled first at the time of return to school in the school building.*
- *Difficult to screen all students independently while managing the daily office flow. An additional trained person would be helpful. Large number of students with EpiPen orders for food allergies.*

- *Students who have been diagnosed with Asthma Inhalers, Allergies (requiring (Epi-Pens) has decreased as more students seem to be going through desensitize protocols with their MDs.*

Respondents would like the SDE to improve Health Services to students in school districts in the following ways:

- *More support for walk-in mental health services. This will keep health offices available for health needs.*
- *Mental health services*
- *Finding substitutes was very difficult this year. Provide a training at the state level for substitutes to assist in transitioning into the school nursing career*
- *Mental Health Services, wrap around services from outside agencies on a regular basis during school hours, substance abuse, prevention and violence in services and supports for students and employees*
- *Help get clerical assistance so can spend more time with students.*
- *Pass the bill on immunization*
- *Will the State give a formal extension for mandated physical exams and immunizations related to the quarantine and medical provider's offices not seeing patients for well visits? Please advise superintendents to work closely with their school nurses/supervisors when addressing COVID-19-19 planning. Would like more information from the Dept of Public Health related to COVID-19-19. Is the State going to supply PPE to schools?*
- *More instruction to physicians to work with school nurses to fill in the gaps.*
- *This district needs another nurse at the high school. 940 students to one nurse is not safe or practical.*
- *Additional Mental Health Staff, Social Workers, Guidance Counselors are needed.*
- *Continue to support School Nursing. Advocate for the recognition of School Nurses as professionals equal to certified school teachers on the State level, including state wide system of salary and retirement status that is equitable to teacher's status.*
- *A direct link from the health department related to student health that would incorporate educational planning.*
- *Standardized guidance for what PPE we will need, who needs to wear what, specific guidelines for exclusion/ re- entry after illness, etc.*
- *There has been an increase in behavioral problems with students ranging from academic noncompliance to anger (throwing things, spitting etc.) and the need to take out of the classroom and/or restrain. Behavioral therapist and/or support systems.*
- *Funding & support for potential increase health care supply needs.*
- *We definitely need more funding to provide mental health services to our students so they can overcome the many traumas they have experienced. We have a high number of physical, emotional and sexual abuse victims*
- *We need more funding for our School Based Health Clinics, having a full time APRN or a grant to cover another part time APRN would help fill in some of those gaps in care that we see in the [my area of the city].*
- *Increase need for training of school nurses specifically in mental health of student population. Screening training more accessible for all school nurses.*

- *Guidelines for reopening schools need to be reasonable and practical to ensure appropriate implementation given manpower, resources and physical infrastructure. Unavailability of appropriate PPE needs to be addressed to provide safe health care to students and staff.*
- *Better direction from DPH on infection control measures.*
- *Data this year will not be as accurate because of the early closing*
- *1-non-compliance with immunizations remain a consistent issue for students entering 7th grade 2-information about the dangers of energy drinks, please*
- *We need more social workers, nurses and ELL for sanctuary city students--we need more nurses to assist these students for support, resources, we have no place to send sanctuary students for access to medical and mental health*
- *Additional training to school nurses on mental health and mental health emergencies. Assistance in creating vaping cessation programs or offering vaping cessation training that nurses can then lead in their school settings.*
- *Training school nurses in pediatric mental health: Anxiety, Depression, Body Image Learning how to teach students coping strategies and learning the physical symptoms that could present from anxiety Online courses to explain and teach the correct way to talk with students about these issues.*
- *More development of standardized policies and procedures for School Health Services. Support the need for more available mental health services for students in schools.*
- *Increase funding/resources for the district. All students need breakfast services no matter of parent income.*
- *Scoliosis screenings make students very uncomfortable, given they have to partially undress. This is concerning to nurses, considering you are alone with the student. In 6th grade this is part of their physical with their HCP, and continues to be part of most adolescent physical exams.*
- *Survey data is incomplete due to limited access to information from home*

Staffing of Health Services in School Districts

Survey respondents continued in 2019-2020 to stress the importance of increasing staff presence to keep up with the demand for mental and physical health support services for students across all districts.

What respondents would like from the SDE to address district and school staffing needs:

- *Apart from the Director of Nursing/School Nurse Supervisor, we have a nurse designated as a Lead Nurse but this is a non-supervisory role according to the nurse's union contract. This nurse orients the new nurses and substitute nurses, and serves as a resource to her peers.*
- *The elementary school health offices are very busy and could benefit greatly by a health aide that could manage minor first aid issue and other office tasks.*
- *Not enough health aide staffing*
- *Our school district has seen the need for RN in every building and student health needs would be drastically affected if this was not in place*
- *Staffing tied to town budget, not BOE and not based on acuity needs of students. Continue to be frustrated with minimal salary increases and affordable health insurance.*

Nurse Leader is also full-time nurse in elementary level with no additional time built in for supervisory work.

- *Staffing is very light with high nurse to student ratios in most of our schools. We serve a population with many complex health needs. We have no support staff and have no nurse leader who is both a nurse and does not have their own school to manage.*
- *Due to budget cuts, 2 LPN's are being let go.*
- *We could use more support and certainly more staff as the students have become needier and the medical needs have increased, but again, the budget drives everything.*
- *The need outweighs the current staffing level*
- *Need more school nurses and support for students*
- *We need more nurses.*
- *We currently provide nursing staffing for two campuses, as well as the boarding component to our student population. Our nursing staff also cover evening and weekend coverage for our boarding students.*
- *We have 4 full time nurses for the public schools. We have a 15-hour nurse for screenings. /float We have 1 full time supervisor- takes care of students 1-2 days / week as second nurse. We have 3 day / week float (second nurse in our elementary school with 2 young diabetics.) We have 1 one to one nurse. We have 1 private school nurse that gets paid 20 hours by public school and 10 hours by private school. We have 1 Catholic school that we pay 22.5 hours for.*
- *School Health Services provided by local Health District. A school health services coordinator (not assigned to a school) oversees school health services. A public health nurse is assigned as a school nurse for the parochial and private schools.*
- *Staffing is inconsistent. Staffing needs to be done by acuity and not by school. There is no office assistants/clerical staff to help. No sub pool or per diem pool to help support nurses' absences.*
- *Our staffing is adequate at this time, although with the return to school with COVID-19 implications, we could need more staff in the future. Time will tell!*
- *More health aides are needed; the elementary nurses work alone and the high school nurse has minimal assistance*
- *School Nurse is not valued as a professional in the sense that we are paid on the same scale as Teachers, SW, and support services although we have in many cases more years of experience providing direct care to patients*
- *We have a nurse coordinator who works at a school. We also have a part time transportation RN.*
- *Please recommend more nursing support staff when we return post Pandemic. Additional staff will be required for health screenings, if students are ill and put in an isolation room, etc.*
- *We are in dire need of substitute nurses.*
- *We only have one nurse and a secretary in our high school nurse's office. This one nurse is responsible for 941 students.*
- *ABA: applied Behavioral Analysis program, DTI Discrete trial Instruction under direction of BCBA and LEAP: Learning, Excelling and Progressing (previously outplaced behave students) now in programs within our schools. Requiring nursing intervention/restraint/ assessment*
- *My district is PK - 8 and we have one nurse in the building for the entire school with no support staff.*

- *We have a Nurse as a 2 day a week Supervisor/3 day a week School Nurse*
- *Middle school nurses have a ratio of 1:360 High school nurses have a ratio of 1:735 with a health room assistant*
- *Continue to support an RN in every school, and number of RNs in school at the suggested Nurse to Student ratio recommended by NASN.*
- *Difficult time getting substitute nurses to cover for absences. Principals are covering health office if a nurse is not available to substitute (we are fortunate to have dedicated substitute nurses (3 RNs) to cover the majority of the time) This year there was just 2 occasions. It is an ongoing issue that we are trying to rectify but it is difficult to recruit substitute RNs.*
- *Our nurses do not get paid enough.*
- *My nurses are very busy and we are a small district. We often are the only health services some of our students have access to. We have a difficult time completing necessary health care plans due to the number of students we see daily.*
- *A health aide is desperately needed in the Elementary School and currently there is a 20 hour per week position in the budget for next school year. The budget has not been passed yet.*
- *We think that with the planning and implementation of safe re-opening of schools in the state, we are going to need additional professional nursing staff.*
- *We do have an RN who in my opinion functions as a lead nurse but does not have the designation and works 20 hours a week*

What survey participants would like the SDE to know about the coordination of Health Services, or about Health Education provided to students in their districts:

- *Mandated staff levels*
- *Any training that would benefit school nurses is always helpful.*
- *Advocate for additional staffing in light of new COVID-19 related health safeguards that need to be followed.*
- *Ratios laws in CT to keep safer working conditions for school nurses.*
- *Yes, please talk to the superintendents. I don't think they truly understand what we do and they don't understand when we tell them.*
- *Mandate school nurse in every school*
- *Staffing of health services has been appropriate for the 2019/2020 school year, but we have already been notified of cuts to health service staffing for the next school year due to COVID-19-19. Staffing of health services is crucial now more than ever given the increased importance of the role of the school nurse as schools plan for reopening. It needs to be an area supported not reduced due to budget issues and lack of revenue.*
- *We need monetary support to provide the needed number of professional nursing staff members to support the students in our schools. We currently have 6 significantly medically fragile students who require 1:1 nursing service. They are various ages, grade levels, and abilities so have 1 nurse support everyone is not an option. Free and appropriate public education means access to nursing to attend school. As a school district with a chronic care hospital in our city, it is imperative we have help so we can provide the services our students need.*
- *Provide support to increase the ratios of school nurses to students in order to manage increasing significant health care issues.*

- *Provide legislation regulating nurse: student ratios based on acuity and numbers. Assist with regulating office assistance for clerical work.*
- *Perhaps write to the superintendents directly to encourage better health room staffing; districts should also be encouraged to increase prep staffing before the start of this upcoming 2020-21 SY*
- *Our district is supportive of nursing in every school.*
- *Need consistent substitute to cover assignments for absences due to health, educational events, more time teaching student's health skills*
- *Please recommend the superintendents collaborate with their school nurses for COVID-19 back to school planning*
- *Lack of adequate sub coverage*
- *In-service for drug use/change in behavior tool: our kids take multiple meds ADHD, anti-psychotics, antidepressants, and how to assess for child - for example crushes them all and sniffs them up his nose. School psy is stretched responding to in house behavior kids and doing assessments Chronic Fatigue syndrome vs depression and lack of school attendance*
- *It would be great if we could have a part time float nurse.*
- *Adjust the student to nurse ratio for an elementary school that has greater than 30 preschool students. Currently our Elementary school has over 100 preschool students ages three and four. At the beginning of the school year we have preschool students as young as 2.9 years of age. Also, the kindergarten program has approximately 100 students. The younger students require more school nurse hours.*
- *We would like the State Dept. of Ed to impress upon our administration, the necessity of more professional nursing staff to assure safe reopening of our schools.*
- *Could use a type of pool for substitute nurses' agencies don't always have availability*

Data Strengths and Limitations

This report summarizes data collection efforts developed and implemented to present a comprehensive picture of the state of school health services in public and private schools in Connecticut.

To this end, the data collection effort had the following strengths:

- Highly accurate analysis of data collected from the School Health Services Survey (Health Services Program Information, 2020);
- Data received from a wide variety of types of schools including public and private schools, schools in each DRG, and urban, suburban and rural schools.
- A response rate of 69.0%
- Seventeen years of data collection

However, as with any research study, data collection and the use of data have some limitations. These include but are not limited to:

- The outbreak of the COVID-19 pandemic had a profound and dramatic impact on data reporting and collection. Any future comparisons to the 2019-2020 school year should be done with this consideration in mind.
- Differential response rate per question and a high percentage of questions with missing data. Specifically, districts often skip questions if the answer is "0". However, missing

data cannot be assumed to be zero. The percentage of districts that do not enter 0 into the appropriate space may lead to the data being skewed in a positive direction.

- Use of one data collection tool. There is no supporting data available from focus groups, interviews or other triangulated data collection methods.
- Changes in the data collection tool over time to reflect the changing needs and interests of the CSDE and participating districts. Before 2016, as a result of changes, some data was tracked longitudinally while some other topics were not, and some queries were discontinued.

Conclusions

In 2019-2020, School health services survey participants provided a broad vista of perceptions about the status of health services in CT school districts which included observations and suggestions for improvement, indicated by the volume of constructive comments posted following each survey category. The CSDE and EdAdvance staff analyzed the data, resulting in the following conclusions:

- The impact of the COVID-19 pandemic made accurate data collection difficult.
- The increase in mental health issues and concerns persists.
- There are concerns about the upcoming school year and whether teachers and nurses will be able to work in a safe environment.
- School nurse to student ratios are still well below where most Nurse Leaders would feel comfortable.