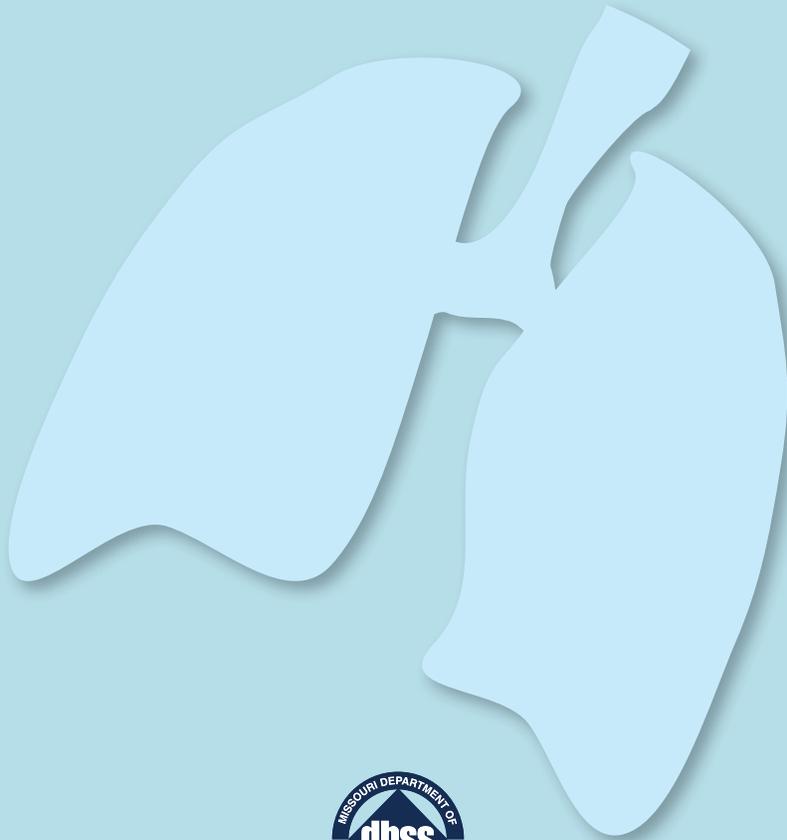




Issue Brief:
Evaluation Project Results Report
School Nurse Roundtable:
St. Louis Area

Missouri Asthma Prevention and Control Program



Missouri Department of Health and Senior Services
Missouri Asthma Prevention and Control Program
920 Wildwood, P. O. Box 570
Jefferson City, Missouri 65102-0570

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYERS
Services provided on a nondiscriminatory basis.



Issue Brief:
Evaluation Project Results Report
School Nurse Roundtable:
St. Louis Area

Issue Date: August 30, 2013

Project

School Nurse Roundtable: St. Louis Area

Primary Evaluation Question(s)

1. What are the most substantial accomplishments that school nurses have made over the last two years?
2. What resources should the Missouri Asthma Prevention and Control Program to provide to your school's nurses? students? teachers/staff?

For More Information

Eric S. Armbrecht, PhD

Lead Evaluator, Missouri Asthma Prevention and Control Program

eric@openhealth.us

314.307.5162

Funding for this project was provided the US Centers for Disease Control and Prevention under federal award number 5U59EH000510-04, Addressing Asthma from a Public Health Perspective.



Contents

Conclusions.....	4
Recommendations for Program Improvement.....	5
Evaluation Project Methods.....	6
Results	7
Generalizability & Limitations	11
Contributors.....	12
Attachment A	13

Conclusions

Participants emphasized the importance of simple, easy-to-use tools and educational materials.

Improvements in asthma care were among the “most substantial accomplishments” that school nurses have made over the past two years, according to a group of 13 school nurse (SN) leaders from the St. Louis area. These improvements were reported as reductions in ER/hospitalization use and classroom teacher education about health/illness issues, including asthma. Other accomplishments included increased use of Individualized Health Plans (IHPs) and school wellness committee involvement.

Participants requested the Missouri Asthma Prevention and Control Program (MAPCP) to continue “doing what [it’s] doing” in developing resources for SNs, promoting linkages between the health care systems and SNs and supporting SNs as community leaders. But, they also identified specific needs for assistance with asthma status assessment, identification of students at-risk for ER use, IHPs for students with asthma and communicating with primary care providers.

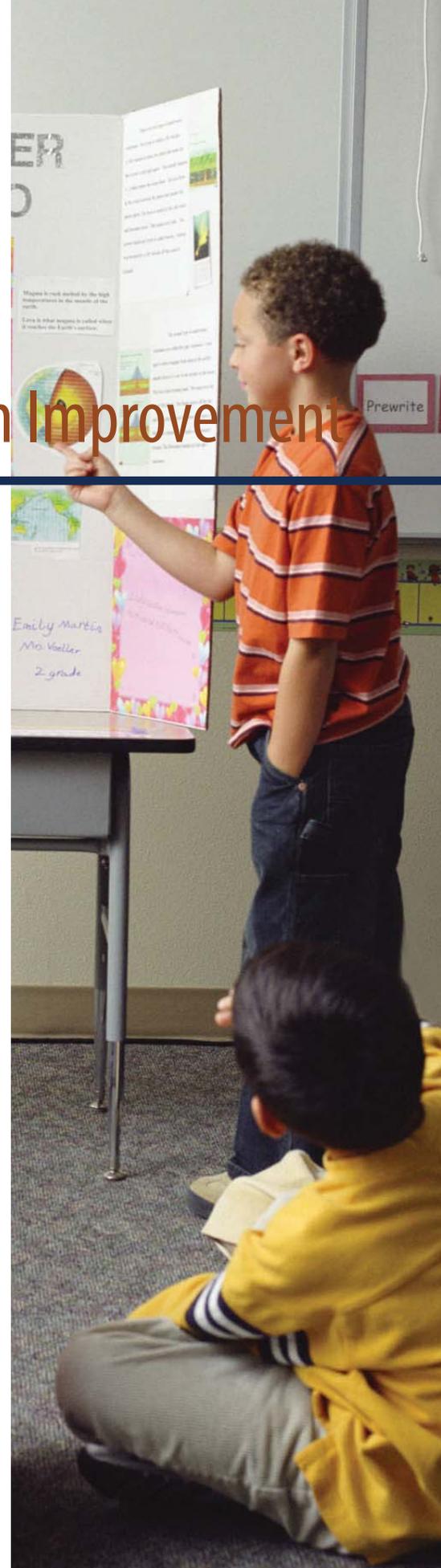
Participants expressed concern for asthma management skills of new SNs—a notable, recurring statewide challenge given the large number of new SNs each year. The participants emphasized the importance of simple, easy-to-use tools and educational materials.

Recommendations for Program Improvement

The following are recommendations for program improvement.

- Develop strategy for reaching new SNs.
- Assess needs and develop solutions for standardized asthma model for incorporation into Individual Health Plans.
- Build capacity for the MAPCP to have more direct communication and involvement with SNs, rather than depending on alliances with partners, such as the School Health Program and University of Missouri.
- Create program for linking school nurses with one another through a learning collaborative that addresses asthma as well as other top priority topics.
- Annually promote materials for teacher/school staff training by SNs.

“A program needs to be created to link school nurses with one another.”



Evaluation Project Methods

22 school nurse leaders from the greater St. Louis area were invited to attend a roundtable discussion.

Working through State School Nurse Consultant Marjorie Cole, RN, the Missouri Asthma Prevention and Control Program (MAPCP) invited 22 school nurse leaders from the greater St. Louis area to attend a special roundtable discussion on July 30, 2013, at the Hilton Frontenac Hotel and Conference Center. The invitees were selected based on their leadership roles within the school districts in St. Louis City, St. Louis County, St. Charles County and Jefferson County. Thirteen school nurse leaders attended and participated in the 90-minute discussion facilitated by Eric Armbrecht, PhD. A discussion guide with ten questions was used by Dr. Armbrecht. The questions explored topics of interest to program planning as well as assessment of MAPCP's impact in service to school nurses. Refer to Attachment A, page 13.

A hotel meeting room was set-up with a U-shaped table that seated everyone. This format allowed all participants to see each other and hear one another without the use of electronic amplification. One flip chart was available for the facilitator's use to take notes, which were visible to all. Dr. Armbrecht coordinated event day logistics with the assistance of hotel staff.

The focus group leader allowed discussion after each question was presented, initially calling on participants who volunteered to share ideas and concepts that answered the question; the discussion migrated freely across multiple topics generally related to the question. Periodically, the focus group leader summarized remarks and asked for clarification while making handwritten notes on the flip chart paper in the front of the room. No audio or video recordings were made. The focus group leader encouraged input from all participants, and avoided conversation domination by any one person. In the end, participation was well-balanced, lively and productive; all participants contributed at least one key idea that was recorded in notes kept by the focus group leader.

Results

About the Participants

Thirteen school nurse leaders attended the roundtable discussion. Twelve of 13 participants managed other SNs across multiple sites in their respective districts. Three observers and the facilitator were also present.

The participating school nurse leaders represented districts total student enrollment ranging from 2,700 to 22,500. The combined enrollment of all participating districts was approximately 98,500.

Accomplishments of School Nurses in the Past Two Years

The participants identified seven “most substantial accomplishments” of SNs in the past two years. Two were directly connected with asthma: (1) less use of hospitals for asthma as well as other conditions and (2) educating teachers about the illness/health status of students, including but not limited to asthma.

The participants also described examples of SNs moving beyond direct care for children to becoming a school-wide resource for educating teachers about specific health needs of children, including but not limited to asthma. Among the other most substantial accomplishments listed were: (3) involvement with school wellness committees, (4) training teachers/school staff on how to use epi pen, (5) linking the Individualized Health Plan (IHP) with 504s, (6) increasing use of IHPs, and (7) partnering with physical education teachers (e.g., concussion tool kit) for injury prevention and management.



Results

Many new student nurse leaders are mid-career nurses who come from hospital settings.

Missouri Asthma Prevention and Control Program Resources

School Nurses. All of the participants were aware of the MAPCP. There was consensus that the MAPCP should continue “doing what [it’s] doing” in terms of developing resources for SNs, promoting linkages between health care systems and SNs and supporting SNs as community leaders.

The participants indicated SNs need assistance with assessment of asthma status, identification of students at-risk for ER use, development of IHPs for students with asthma, obtaining physician approvals for Asthma Action Plans, communicating with primary care providers and training teachers/school staff. Simple, standard forms were recommended.

Many participants cautioned against comprehensive resources and for the MAPCP to err on the side of focused simplicity. Moreover, it was recommended that MAPCP have more direct communication and involvement with SNs (such as, helping SNs network with one another), rather than depending on alliances with partners, such as the School Health Program and University of Missouri, to relay information.

The participants identified a need for the MAPCP and other public health programs to reach new SNs (i.e., those in their first few years of service), which work in a considerable portion of school districts each year. Many new SNs are mid-career nurses who come from hospital settings where they are trained for reactive care and thorough documentation, but successful modern school nursing is focused on prevention, chronic care management and care coordination. One

Results

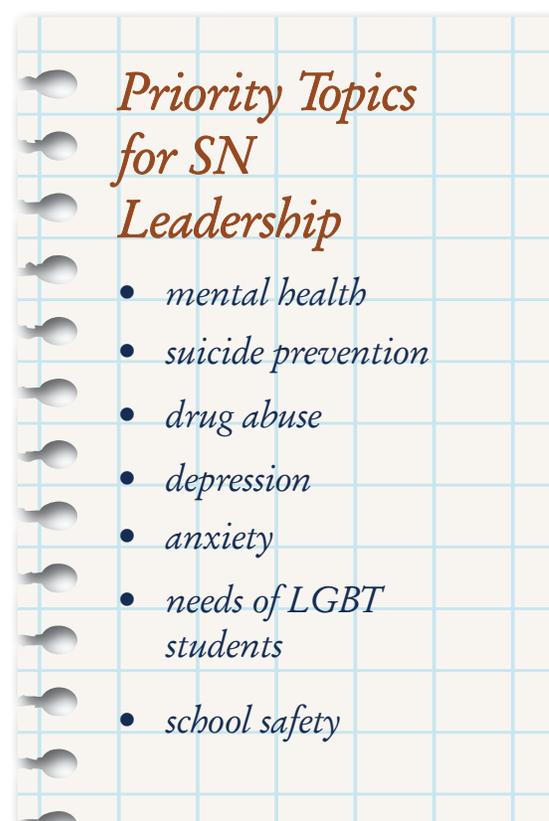
participant recommended that MAPCP seek to be a “hotline” that all SNs use as their first call to get advice on managing challenging asthma cases and accessing community-based resources, such as AAFA’s Project Concern.¹

Students. The participants recommended that MAPCP promote and/or develop educational materials that meet the skills and interactive technology preferences of today’s students, such as smartphone and tablet applications.

Teachers. Roundtable participants recommended that MAPCP promote and/or develop resources for physical education teachers and coaches, such as Winning with Asthma; encourage use of field trip bags for students with asthma; develop curriculum for physical education teachers to use at the middle and high school grade levels. One participant cited recent successes for SNs working with physical education teachers as a foundation upon which additional partnerships focused on asthma could be built.

Priorities for Leadership

None of the participants identified asthma as a priority topic for SN leadership. Rather, they listed a variety of mental health and social adjustment issues, including suicide prevention, drug abuse (e.g., screening), depression, anxiety and addressing special needs of LGBT students. School safety (i.e., crisis management, preparedness, intruder drills) was another area that participants believed would benefit from SN leadership.



¹Asthma and Allergy Foundation of America (St. Louis Chapter) operates a program that provides free or deeply discounted medication for children with asthma; the program also assists clients with health insurance enrollment and pharmaceutical company charity programs.

Results



Context and Climate

Roundtable participants reported that the practice of school nursing has changed considerably over the past decade. SNs are being asked to “do more... with the same” and more laws are dictating what they can and must do. Job security is very low; fear of job loss affects SN performance and lowers willingness to take initiative.

Many participants reported that SNs are taking on a much larger duty in primary medical care, but few have access to a student’s primary care provider (i.e., physician, nurse practitioner), which makes care coordination and chronic care very difficult.

While SNs are willing to be involved in general health education, few are involved with curriculum or in-classroom instruction due to teaching certification requirements and lack of back-up for running the SN office.

*“SNs are asked to do more...with the same”
—more laws are dictating what they can
and must do.*

Generalizability & Limitations

Qualitative methods, such as the roundtable discussion employed by this project, are designed to elicit themes and ideas from participants. The results are not intended to be generalizable to other parts of Missouri. No statistical measures of any kind are possible. However, the comments, ideas and themes revealed by the participants are highly valuable to the MAPCP in its efforts to assess its performance and plan for future programs.

Limitations

Qualitative methods, such as the roundtable discussion, are designed to elicit themes and ideas from participants and not yield statistical measures of any kind.

Participants in this project were drawn from the greater St. Louis area. Responses from SNs in other parts of Missouri may provide information and lead to different answers to the stated evaluation questions.



Table 1. Number and rate of asthma emergency department (ED) visits among children 0-17 years of age by zip code, St. Louis City, 2008-2010.

Zip Code*	Number	Rate per 1,000
63104	481	40.6
63106	605	45.3
63107	510	53.1
63111	520	35.1
63112	461	33.5
63113	420	42.0
63115	678	42.8
63116	564	20.6
63118	793	36.3
63120	328	36.2
63147	319	39.0

*Zip codes with more than 300 ED visits for asthma among children 0 to 17 years of age during this 3-year period.

Missouri Department of Health and Senior Services. www.health.mo.gov/data/mica/EmergencyRoom/MICA

U.S. Census Bureau. 2010 Census. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>



Contributors

This evaluation project was made possible through a collaboration of the MAPCP staff and partners. The following individuals made important contributions to the development and implementation of this project, including survey design, survey administration, data analysis and report writing.

Eric S. Armbrecht, PhD: Lead Evaluator, Missouri Asthma Prevention and Control Program; Principal, Open Health LLC

Marjorie Cole, RN: State School Nurse Consultant, Missouri Department of Health and Senior Services

Sherri Homan, PhD, RN: Public Health Epidemiologist, Missouri Department of Health and Senior Services

Peggy Gaddy, RRT, MBA: Asthma Program Manager, Missouri Department of Health and Senior Services

Attachment A: School Nurse Roundtable Discussion

July 30, 2013, St. Louis, Missouri

QUESTION 1: As you reflect back on the past two years, what are the most substantial accomplishments that school nurses have made in your school(s)?

QUESTION 2: There are many worthy priorities for school nurses. But, time and resources are limited to improve the quality of all services, programs and/or policies. What are the pressing issues that need leadership from school nurses today?

QUESTION 3: What programs or policies from other schools are you interested in implementing in your schools?

QUESTION 4: What resources do you want the Missouri Asthma Prevention and Control Program to provide to your school's nurses? students? teachers/staff?

QUESTION 5: The Missouri Asthma Prevention and Control Program recommends proactive assessment of asthma symptoms and lung function as part of the school nurse's role in case management and care coordination for children with asthma. What steps should be taken to make this recommendation a standard practice?

QUESTION 6: Threats of funding cuts (and loss of stability) are a constant pressure on school nurses. How could the Missouri School Health Program or Missouri Asthma Prevention and Control Program provide support to school nurses in their efforts to minimize these threats? [Question not asked directly due to limitations on time. Some responses were covered in answers to other questions.]

QUESTION 7: The business of education is changing. What changes do you anticipate happening to the role of the school nurse and health services provided in the school setting?

QUESTION 8: What is or should be the role of a school nurse in general health education (i.e., student instruction)?

QUESTION 9: What advice would you give to a new school nurse about leadership?

QUESTION 10: How can the Missouri Asthma Prevention and Control Program improve upon its contributions to school nurses?

Notes





Missouri Asthma Prevention and Control Program