



Connecticut State Department of Education

Health Services Program Information Survey Report

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Developed for:

The Connecticut State Department of Education

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Executive Summary

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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 school health services, and the 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 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. After reviewing the professional literature related to school health services, the survey was developed for data collection. 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.

The CSDE and the CSHRC provided suggestions to EdAdvance for areas and categories for which they sought information. 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.

EdAdvance staff developed specific questionnaire items based on these suggestions and questions asked on other state health questionnaires. The CSDE and CSHRC approved all aspects of survey development before survey administration. The survey was pilot tested in the spring of 2003. Based on the pilot test results and consequent survey administrations, the survey has been revised as necessary over time.

Scales were developed to identify perceptions of an item's importance, satisfaction, or frequency using a Likert-type scale. Open-ended questions let respondents comment freely on their expectations, needs, and satisfaction. Survey questions have been revised each year slightly based on district requests or survey data analysis results.

The survey was incorporated into the EdAdvance website to facilitate completion by respondents. The Coordinator of Health Services (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.

Profile of Districts Who Participated in the Data Collection Process:

For 2021-22 a total of 197 questionnaires were distributed, with **152** completed in time to be analyzed, yielding a response rate of **77.2%** (an 8.2% increase from the 2020-21 school year). Suburban districts accounted for 53.3% of responses, while urban districts were represented by 15.1%, and rural districts, 31.6%.

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 the eighteenth year of survey administration. That examination resulted in the following conclusions regarding school health services in Connecticut:

- Responses across all categories increased when compared to 2020-21. This can be attributed to the return of in-person learning for all districts.
- There were 3,701 diagnosed concussions in 2021-2022. This number was significantly higher than the previous COVID-impacted year (1,526). It is comparable to the number of concussions reported in 2019-20 (3,975).
- Football, girls', and boys' soccer accounted for the largest number of diagnosed concussions occurring in interscholastic sports.
- The need for increased mental health services training and support is expressed in many districts, a trend that has been apparent for the last five to ten years. Many nurses spoke to the increased need for these services due to a perceived increase in students diagnosed with anxiety issues. When respondents were asked, "Is there anything you would like the State Department of Education to know about the health of students in your district?" almost 60% spoke about student mental health concerns. Nearly 28,000 students received mental health screenings, and over 8,000 were referred to an outside provider.
- Responding districts reported over 58,000 students with Asthma.
- There were 5,240 students who were identified as homeless. This is the first year such data was included.
- Almost 98% of districts reported nurse involvement in COVID-19 contact tracing.
- The number of districts using PowerSchool to track student health increased significantly.

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DRAFT

Introduction

EdAdvance submits this report to the Connecticut State Department of Education (CSDE) to collect survey data to assist the CSDE in identifying the status of school health services in Connecticut.

Survey results are used to monitor the characteristics of and trends in school health services in CT 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 data collection results for the 2021-22 academic year. This is the eighteenth year for which data has been collected.

Review of the Literature

A summary of national literature regarding the importance of school health services and student health to student academic performance was provided in the 2003-04 report and will not be repeated here. The concepts outlined in this 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
- Food Safety
- Asthma
- Skin Cancer
- Type I Diabetes
- Type II Diabetes
- Dental Disease
- COVID
- Homelessness

Data Collection Process

Survey Development

All survey development processes were described in the 2003-04 report and will not be repeated here. Based on the results of the 2009-10 survey administration, a limited number of changes were made in the survey before the 2011 through 2015 administrations and again for the 2015-16 survey. Additional questions were added in 2022 to determine the role of school health personnel in COVID related activities. The CSDE and the Connecticut State Health Records Committee assisted EdAdvance in adapting 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:

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

EdAdvance posted the survey on its website to increase the ease of completion. Survey directions, data sources necessary for survey completion, and results of the seventeen prior survey administrations are also available for downloading from the EdAdvance website.

Chlo-Anne Bobrowski, the CSDE Education Manager, introduced participants to the purpose and history of the survey and shared it with the group online. Ms. Bobrowski answered questions concerning the 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 or the equivalent in Connecticut, informing them that they would shortly receive a letter requesting 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, **152** responses were sufficiently completed in time to be analyzed, yielding a response rate of **77.2%**.

Data Analysis Methodology

Survey results were analyzed using IBM SPSS Statistical software. The total number of individuals, frequencies, and means were obtained as appropriate. Open-ended questions were analyzed for themes using NVIVO software.

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.

Demographics

Table 1: District Type

Type of District	Number of Districts Responding	Percent
Suburban	81	53.3%
Rural	48	31.6%
Urban	23	15.1%

Concussion Evaluation

Across all districts, survey participants reported that there were **3,701** diagnosed concussions during the 2021-22 school year (compared to 1,526 during the heavily COVID-impacted year of 2020-21). The number of FEMALE vs. MALE students diagnosed with a concussion by grade level during the school year is detailed in the table below:

Table 2: Students Diagnosed with Concussion

Grade	Female	Male	Total
Pre-Kindergarten	2	1	3
Kindergarten	19	11	30
1 st Grade	27	26	53
2 nd Grade	25	59	84
3 rd Grade	47	38	85
4 th Grade	62	105	167
5 th Grade	59	167	226
6 th Grade	98	140	238
7 th Grade	175	156	331
8 th Grade	198	220	418
9 th Grade	300	242	542
10 th Grade	330	262	592
11 th Grade	296	246	542
12 th Grade	283	192	475

Of the diagnosed concussions that occurred during the 2021-22 school year, the number of occurrences in reporting districts during the categories listed below:

Table 3: Diagnosed Concussions by Activity

Category	Concussions
School Athletics - Interscholastic	1099
Outside of School - Other	979
Non-School Sports Related (i.e. Local Town Recreational Sports)	524
Don't Know	284
Physical Education Class	210
School Recess	190
Other	138
Any Other School Sponsored Activities	122
School Athletics - Intramural	43

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

Table 4: Diagnosed Concussions by Sport

Sport	Concussions
Other	478
Football	360
Girls Soccer	170
Boys Soccer	151
Cheerleading	107
Girls Basketball	100
Boys Ice Hockey	77
Boys Basketball	74
Girls Lacrosse	66
Boys Lacrosse	59
Girls Volleyball	55
Wrestling	51
Softball	46
Field Hockey	44
Baseball	34
Rugby	22
Swimming and Diving	19
Girls Ice Hockey	13
Track and Field	13
Dance Team	10

Of students diagnosed with concussions during the 2021-22 school year, the accommodations below were provided for the following number of students.

Table 5: Students Requiring Accommodations

Accommodation	Students
Physical Activity Accommodations	2643
Academic Accommodations	2461
Individual Health Care Plan	711
No accommodations required	343
Section 504 Plan	81
Homebound Instruction	40

Of diagnosed concussions during the 2021-22 school year, the AVERAGE length of time (in days) that accommodations were needed.

Table 6: Average Length of Time for Accommodations

Accommodation	Average Days
Physical Activity Accommodations	12.4
Academic Accommodations	11.8
Section 504 Plan	11.3
Individual Health Care Plan	6.3
Homebound Instruction	3.0
Not Known	2.3

The number of students (if known) who missed school days due to diagnosed concussions during the 2021-22 school year.

Table 7: Students Missing School Days Due to a Diagnosed Concussion

Category	Students Missing Days
Less than 5 school days	2399
5 to 10 school days	285
11 to 15 school days	38
16 to 20 school days	24
21 to 60 school days	17
61 to 120 school days	5
Greater than 120 school days	0
Less than 5 school days	2399

Student Health

Responding districts provided data on a wide variety of topics related to student health. The 2021-22 survey gathered information on the healthcare needs of students served in these districts. The results are summarized below.

Table 8: Students with Specific Health Care Needs

Health Care Need	# Of Students
Asthma	58303
Allergies - Other	28212
Behavioral/Emotional - ADHD/ADD	24635
Allergies - Food (life threatening)	21487
Behavioral/Emotional - Anxiety	12053
Speech Disorders	11767
Autism Spectrum Disorders	9785
Behavioral/Emotional - Depression	6380
Behavioral/Emotional - Other	5169
Severe Hearing Impairment	4189

Seizure Disorder	3521
Migraine Headaches	3510
Orthopedic Impairment	2967
Neurological Impairment	2899
Cardiac Conditions	2601
Allergies - Bee Sting	1909
Severe Vision Impairment	1828
Diabetes Type I	1188
Allergies - Latex	1089
Arthritis	1036
Behavioral/Emotional - eating disorders	785
Lyme Disease	714
Blood Dyscrasias - Other	672
Cerebral Palsy	544
Blood Dyscrasias - Sickle Cell Trait	531
Swallowing Dysfunction	391
Cancer	367
Diabetes Type II	301
Blood Dyscrasias - Hemophilia	209
Spina Bifida	99

A total of **18,819** students across all reporting school districts have special dietary needs documented by an appropriate medical statement that is maintained on file.

Table 9: Dietary Accommodations by Diagnoses

Dietary Accommodation	# Of Districts	% Of Responding Districts
Peanut allergies	146	96.1%
Tree nut allergies	146	96.1%
Lactose intolerance	145	95.4%
Egg allergies	140	92.1%
Shellfish allergies	140	92.1%
Milk allergies	139	91.4%
Other allergies	137	90.1%
Fish allergies	136	89.5%
Other food intolerances	136	89.5%
Wheat allergies	133	87.5%
Diabetes	133	87.5%
Celiac disease	129	84.9%
Seed allergies	128	84.2%
Soy allergies	128	84.2%
Other diagnoses	113	74.3%

Other Food Allergy Diagnoses - The most reported: Glycogen Storage Disease, Crohn's Disease, Fruits, food dyes, and gluten restriction.

Table 10: Emergency Medication Administration

Emergency Administration	# Of Districts Who Administered	% Of Responding Districts
Epinephrine	55	36.2%
Diastat	21	13.8%
Glucagon	7	4.6%
Naloxone	7	4.6%
Cardiopulmonary Resuscitation	3	2.0%
Automatic External Defibrillator	2	1.3%

937 students with DIAGNOSED and 23 students with UNDIAGNOSED life-threatening food allergies required the administration of epinephrine during the 2021-22 school year.

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

Staff	Epinephrine Administration to DIAGNOSED Students	Epinephrine Administration to UNDIAGNOSED Students
School Nurse (RN) / Nurse	108	25
Other Personnel	4	0

Table 12: Districts Performing Procedures

Procedure	Districts Performing Procedure	% Of Responding Districts
Insulin Pump Management	124	81.6%
Nebulizer Treatments	92	60.5%
Other Treatments	64	42.1%
Suctioning	38	25.0%
Oxygen Therapy	34	22.4%
Ostomy Care	28	18.4%
Tracheostomy Care	24	15.8%
Nasogastric Tube Feedings	9	5.9%
Ventilator Care	6	3.9%
IV Therapy	3	2.0%
Blood Sugar Testing	0	0.0%
Catheterizations	0	0.0%
Gastrostomy Tube Feedings	0	0.0%

Other procedures most often performed in schools were wound care, breathing treatments, and inhaler therapy.

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

% Student Returned within ½ Hour	% Response
0-25%	1.4%
26-50%	2.7%
51-75%	16.2%
76-100%	79.7%

Table 14: Reason for Student Dismissal

Reason for Dismissal	% Students Dismissed
Illness	82.3%
Injury	9.1%
Other	3.8%

Table 15: Dismissal Destination

Dismissal Destination	% to Destination
Home	89.4%
Other Healthcare Provider	5.3%
Emergency Room	2.4%

Table 16: 911 Calls

	# Of Calls
For Students	1480
For Staff	305

Respondents to the survey were asked to rank the reasons for 911 calls. The order of responses from most to least frequent was:

1. Anaphylaxis
2. Seizure
3. Other
4. Injuries

Table 17: Students Referred to Receive Health Insurance and Number of Homeless Children

	Health Insurance Referrals	Homeless Children and Youth¹
# Of Districts Reporting	148	148
Students	6682	5240

Services Provided in Connecticut School Districts

Table 18: Number of Students Receiving Services

Health Service	# Receiving Service	# Referred to Outside Provider
Mental Health Consultation/Screening	22737	8117
Pediculosis (Head Check)	9419	2798
Nutrition Screening	6780	1878
Body Mass Index Screening	6537	789

Table 19: Number of Students Referred to Outside Provider as the Result Mandated Service

Mandated Service	# Referred to Outside Provider
Vision	14971
Hearing	2884
Scoliosis	1070

Table 20: COVID Testing

Nurses Involved in COVID-19²	# Of Districts
Contact Tracing	143
Vaccine Administration	54
Testing	43

¹ This is the first year this data was requested.

² This is the first year this data was requested

Staffing of Health Services in Connecticut School Districts

Table 21: Number and Classification of Staff

Staff Type	Nursing Staff Classification	Total Staff
Registered Nurse	School Nurse	1013
	Nurse Leader (with school nurse assignment)	79
	Nurse Leader (no school nurse with assignment)	58
	One-to-One Nurse	49
	Permanent Float Nurse	37
	<i>Total RN Staff</i>	<i>1236</i>
Nursing Support	Health Aid	136
	Licensed Practical Nurse	85
	Nursing Clerk/Other Support Staff	49
	<i>Total Support Staff</i>	<i>270</i>
Total Staff		1506

District Medical Advisor:

86.3% of survey participants indicated that a medical advisor provided monthly services. Approximately 80% received services less than 10 hours per month, and one district more than 40 hours of service from a medical provider per month.

Table 22: Medical Advisor Specialties

Specialty	% Of Districts with Medical Advisor Specialty
Pediatrics	35.9%
Family Medicine	26.1%
Adolescent Health	17.1%
General Medicine	8.1%
Public Health	6.8%
Internal Medicine	4.3%
Sports Medicine	1.7%

District Dental Services:

Results for 2021-22 show that the majority (74.7%) of responding districts do NOT provide Dental services to their students. Among those who do, 4.4% received services from a dentist, and 48.9% received services from a dental hygienist. Finally, 46.7% of districts that received dental services did so from other sources, primarily from community health partners.

Staffing Levels

There was also a total of 1,116 full-time equivalents (FTE) registered nurses and 307 FTE nursing support staff employed in Connecticut among reporting districts. 84.9% of districts reported have a designated nurse leader who is a nurse.

Table 23: 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	16.4%	69.2%	12.3%	2.1%
Secondary	15.8%	34.9%	34.9%	14.4%

Results suggest that most 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 for every 225 students in populations with complex healthcare 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 24: Qualifications of Nurse Leaders

	Nurse Leader 1	Nurse Leader 2	Nurse Leader 3	Nurse Leader 4	Nurse Leader 5
Total Number	146	18	9	6	5
BS Nursing	74	10	5	4	4
Associate Degree in Nursing	30	3	1	1	1
Masters, Nursing	15	5	3	1	
Diploma RN	10				
Other Bachelor's Degree	9				
Masters, Public Health	5				
Masters, Health Education	2				
MBA	1				

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 bachelor’s in nursing degrees, followed by AD in Nursing.

Health Coordination / Education

Table 25: Health Care Management Services

	Always	Sometimes	Never	Don't Know
Development of Individual Healthcare Plan	91.8%	6.8%		1.4%
Development of Individual Emergency Plan	80.1%	18.5%		1.4%
Development of 504 Plan	25.3%	72.6%	0.7%	1.4%
Staff training to meet individual student health needs	79.5%	19.2%		1.4%

Table 26: Collaboration with Colleagues to Implement Health Programs

Type of Program	% Of Districts
Emotional and Mental Health	71.9%
Injury Prevention and Safety	71.9%
Asthma	64.4%
Physical Activity and Fitness	50.7%
Foodborne Illness Prevention	39.7%
Suicide Prevention	38.4%
Alcohol or Other Drug Use Prevention	36.3%
Tobacco-Use Prevention	32.9%
Human Sexuality	29.5%
Pregnancy Prevention	19.9%
STD Prevention	18.5%
HIV Prevention	12.3%

Table 27: Involvement in Teaching

	Always	Sometimes	Never	Don't Know
Disease Prevention	32.9%	57.5%	1.4%	8.2%
Injury Prevention	26.7%	58.2%	2.1%	13.0%
Human Sexuality Education	8.2%	47.9%	2.7%	41.1%
Nutrition	16.4%	67.1%	0.7%	15.8%
Substance Abuse Prevention	11.0%	56.2%	3.4%	29.5%
Physical Activity	14.4%	61.6%	0.7%	23.3%

Table 28: Student Referrals to Sexual Health Services

Type of Sexual Health Service	% Of Districts Providing Referrals
A list of youth-friendly organizations to which youth can be referred for sexual health services.	38.4%
A written procedure for maintaining student confidentiality throughout the referral	33.6%
Organizational partnerships, whether formal or informal, between districts and youth-friendly sexual health service providers.	32.9%
A written procedure for making referrals.	25.3%

Table 29: Computer Software Used

Software	% Of Districts Using
SNAP	67.1%
PowerSchool	52.7%
Other District-Wide Data Program	2.1%
Health Master	0.7%
None	0.7%

Table 30: Health Services

Type of Health Service	% Of Districts Providing
School-Based Health Center	26.7%
Reproductive Health Services	8.9%

Survey Open-Ended Questions

The survey allowed respondents to complete open-ended questions at the end of every section. Responses for each question were analyzed by theme. The tables below represent the responses that discussed the specific theme. Those responses that could not be categorized were identified as Miscellaneous.

Student Health

Question: Is there anything you would like the State Department of Education to know about the health of students in your district?

Table 31: Know About Student Health

Theme	% Of Respondents Who Included
Mental Health	57.3%
Nutrition	9.8%
Miscellaneous	8.5%
COVID	7.3%
Resources & Staffing	7.3%
Family Resources	6.1%
Screenings	3.7%

Responses categorized by theme:

Mental Health

Mental health referrals have tripled. The lack of outside providers is an issue.

Anxiety / Depression Mental Health issues increased, and resources were scarce.

Significant increase in mental health diagnoses

Mental issues and referrals are handled by our Guidance Department and our School Psychologist.

Behavioral/emotional/mental health support is needed.

Need more school evaluations for kids in emotional crisis.

Declining Mental Health (Anxiety, depression, and behavioral increasing)

Increased number of students with anxiety and anxiety-related health issues (ex: Migraines, Stomach issues, other behavioral)

Mental health is a big concern and priority

The mental health component is significant. Students are dealing with emotional and social stresses and risky behavior issues.

Mental health needs are increasing.

We have seen a large increase in behavioral and emotional issues

Many of our 911 calls this year were mental health related. We are seeing an increase in the number of students diagnosed with serious mental health and behavioral issues, especially ADHD, depression, and anxiety.

A large increase in mental health issues and nurse visits.

Increase in emotional concerns. Students and parents are having difficulty coping

Physical and mental health issues are intertwined and increasing at a fast pace resulting in more complex and time-consuming student health visits.

Not enough mental health professionals for the number of students with mental health issues

We offer behavioral health services through CHR in the building during school hours. This has been a phenomenal resource for our families.

Mental health needs have significantly increased.

We need help with mental health; there was a huge increase in depression/ anxiety

Mental health needs have increased

Mental health issues remain the single most troubling issue with our students. It was significant before the pandemic and has only been exacerbated since. The nurses are often sent these students, and they are not prepared to address their needs effectively.

Mental health needs are on the rise exponentially. Two students died by suicide this year.

Increased behavioral and mental health issues

Increased number of students with mental health concerns

Increase in psych issues such as anxiety

There are not enough mental health services in school

Mental Health concerns continue to be a high-priority issue with a lack of resources for families and, at times lack of follow-through by families

Anxiety levels have increased since Covid

Increase in mental health issues, i.e., depression, anxiety, suicidal ideations, gender anxiety.

Increase in substance abuse

There is a marked need for increased mental health help

There is a need for more mental health resources in schools.

There is an increase in mental health issues.

We need more training on Mental health issues/prevention

There was an uptick in the number of students with mental/behavioral health needs.

There is a substantial increase in mental health needs.

Increased mental health needs

Mental health support for students we have had an increase in the number of students with anxiety and depression since COVID

Increase mental health issues

Increasing trends of anxiety and depression among our students of all ages.

We have an increasing need for mental health services that are more readily available.

We are seeing many more mental health issues

We continue to address social/emotional issues surrounding non-attending or truancy issues.

Increase in mental illness/anxiety

Worse health than expected in elementary grades - - - social-emotional needs increasing

Requiring more emotional intervention time.

Many more students are struggling with mental health concerns. Students require more support from nurses and school counselors regularly

Nutrition

Nutrition and general health issues are dealt with on an as-needed basis.

Support with proper nutrition/hygiene needs

Obesity is increasing

Weight management concerns

Obesity

Most of the students come to school very hungry

There is an increase in overweight and obese students.

As I look out over the athletic field from my office window, I am struck by the number of students who appear to be obese. Some can do no more than three jumping jacks without rest. Our nurses often get students in the health office asking for their inhalers with clear lungs.... they are out of shape. And we manage elementary students with a diabetes diagnosis who come to school with nothing but highly processed and sugary foods for snacks and lunch. In general, I've seen 1st graders take out a Pepsi and Doritos for a snack. We seem to be failing as adults (parents) in passing good eating habits along to our children. It is truly troubling.

Miscellaneous

Generally, the students in our schools are healthy, and parents are conscientious about keeping up with annual physicals and notifying their providers of any health concerns

Vaping

There are a lot of undiagnosed and under-reported medical conditions.

Asthma is a prevalent diagnosis; many students who may require emergency medications in school do not have those brought in by parent/guardian

More medically fragile students are attending public school. Noncompliance with physicals and immunizations is an issue.

Students learn better when they are in the building

All in all, they are pretty healthy physically and emotionally; it has been a struggle for many of the students post-COVID; attendance and perseverance are lacking.

Resources & Staffing

The school-based clinic health department and surrounding community clinics have been an asset in maintaining the wellness of students in the schools

The health needs of students are becoming more complex. More education is needed from the school nurse to the student, staff, and families involved. This is increasing the load on the school nurse.

A school nurse in every building is something that should be required. The building administrator is left to handle the needs when a nurse is unavailable, and this is not a safe practice.

The staffing crisis has decreased the availability of related services such as speech.

We need a functioning school-based health center

COVID has had a significant impact on the effectiveness of nursing services, with nurses being asked to assume the role of epidemiologist, primary provider, and diagnostician. It must change

COVID

Over 300 Covid cases in the district.

The health office did PCR testing every Friday on approximately 100 students and staff all year.

Most of our resources (esp. nurse time) were spent on COVID-19 in terms of contact tracing, consulting, evaluating, teaching, etc.

Many students do not follow up with PCP or don't even have a PCP.

The health office did PCR testing every Friday on approximately 100 students and staff all year.

They were more anxious when masks were mandated.

Family Resources

Lack of routine dental care even if on insurance.

Increased financial concerns for families

Many students lack a primary healthcare provider. They often access the emergency room or local urgent care centers for healthcare.

Free breakfast/lunch during COVID has been a lifesaver for many of our students/families

Make it easier for a family to apply for Husky Ins.

Screenings

Our vision screening showed an increase (from 19% to 20.6%) of students failing and needing a vision referral.

Our district was able to conduct all screenings again this year, despite COVID and the disruptions it caused.

Can the screening mandates be scaled back, particularly scoliosis? It seems time-consuming & wasteful in our current environment

Question: Is there anything you would like from the State Department of Education to help improve the health of students in your district?

Table 32: Improve About Student Health

Themes	% Of Respondents Who Included
Mental Health	43.8%
School Health Resources	13.5%
Miscellaneous	13.5%
Nutrition	9.0%
COVID	5.6%
Family Resources	5.6%
Vision	3.4%
Dental Services	3.4%
Procedures	2.2%

Mental Health

Support with mental health referrals.

Provide funding to schools and towns to support Mental Health needs for students and staff.

Continuing education or additional training to address the management of mental health disorders in the school setting

Behavioral/Mental Health is needed.

More mental health services within the schools, not ESS, are too many barriers to receiving help.

Our student's emotional health.

Resources for mental health

More Mental Health Clinic access for students.

Additional mental health services

Better and more access to mental health services in schools and in the local community.

Support in providing more accessible mental health care.

Mental health services

Provide more mental health training for nursing/support staff.

Increased mental health counseling.

More mental health professionals to hand students off to.

More mental health staff

More mental health services in the Northwest corner that specialize in pediatrics.

Increase need for mental health / emotional health services in schools - esp. post-COVID.

Increase mental health services

Increase social workers/psychologists and special education services. Many illnesses involve students requiring increased mental health services.

Increase funding for mental health services. Teach children how to identify their feelings and express them from a young age - don't wait until high school. EARLY intervention

More mental health services in the Northwest corner that specialize in pediatrics.

More support for students with mental health diagnoses.

Provide tools on how to care for students who suffer from mental health/anxiety

Better tools to help address mental health issues

We need more mental health help for students.

Continue to provide additional funding for mental health services in schools

More information on "mindfulness" and ways to deal with anxiety.

Mental Health

Mental health awareness

More mental health assistance, including staff training

More mental health services-send behavioral specialists

Increase funds for mental illness

Mental health, for our immigrating population a way to quickly be seen by a Physician so they can start school as soon as possible.

There is a growing increase in stress-related health issues: Headaches, and stomach aches, that, along with the growing mental health crisis and the significant risks for climate change (sun, insect-borne diseases), are growing problems that need to be addressed more adequately.

More assistance with resources for students and families with mental health issues. Assistance with educating medical providers about what is required on a mandatory physical form. Many skip mandated screening items, and it costs the nurses much time trying to contact families and physicians to get them done.

Advocacy at the state level for more funding and initiatives designated for physical and behavioral healthcare for individuals with autism. This population is underserved and underrepresented. There is a lack of practitioners specializing in the care of children and young adults with special needs. The support of the SDE would be incredibly valuable in meeting the needs of our students.

There is a continued need for guidance counselors, mental health professionals, and social workers.

Staffing and funding for mental health counseling and programs.

School Health Resources

REQUIRE 1 school nurse in every building. 2 if medical needs or population are greater than the average school.

Offer free professional development to school nurses that are relevant to school health

I would like to see official training from Dept of Education on all screenings required in schools. Good for new staff and good for refresher courses for nurses who have been in other schools where screening is not always done.

There needs to be an update in the recommendations for the school nurse-to-student ratio. The ratios are confusing because it says "well students". But "well" is a loose term.

Increased funding for health professionals, including school nurses

More Para support and medical equipment

Funding for School-Based Health Centers at the elementary level.

Publish a minimal nurse/student ratio for schools based on acuity not just # of students in each school

It would be great to provide a grant for a School-Based Health Clinic.

We need substitute school nurses! Unfortunately, for a few days, we did not have a school nurse due to staffing shortages.

Maintain 2 nurses in each building to assure student health and safety.

Provide more funding for School Health

Miscellaneous

Lice support

Hygiene supplies are included in the state budget.

Messaging families: if your student is ill, stay home and contact the school for advice.

One nurse suggests perhaps easier access to parenting classes on how to care for minor illnesses at home.

Sexual health education

Need to drive home at the state level that students should remain home when sick. Students need to be healthy, then ready and able to learn. We often have parents sending students to school sick. They send them in sick sometimes due to attendance issues. Young children will be sick many times during a school year. This needs to be taken into account, and districts should not be penalized for some attendance issues.

Provide education to administration and staff about the important role the school nurse has and how treating the "whole child" includes collaboration with the entire team to support the child and enhance success in the classroom.

SBHC needs more counselors and easier accessibility

Parent education regarding the importance of flu shots, covid shots, and all required immunizations.

Vaccine clinics before school starts and before the end of winter break.

Decrease academic burden, ban cell phones

Nutrition

Support/Education provided to parents regarding proper nutrition.

Address the issue of obesity

Many of the students are sedentary.

More focus on everyday well-being, nutrition, hydration, sleep & electronics; quality of food choices

Obesity is still a concern.

Improve adult diets. Work with the DPH to restrict what can be purchased with food assistance programs and require shopping/cooking skills so our kids have a healthier home environment. Work with the local markets to do the same. Offer the market incentives for healthy community work.

Obesity/healthy eating

Carbs are often not correctly calculated by the director of food services. Carb counts need to be individually verified by the nurse and kitchen staff. There are 2 diabetic students in school requiring insulin coverage.

COVID

Normalize school, school activities, and school attendance as much as possible despite the continuing pandemic.

Let's consider the frequency we are asking these kids to test for C19 at this point.

Mandated covid vaccines

Change the COVID quarantine and isolation rules; make them more in alignment with other respiratory communicable diseases.

Continue the no-mask mandate.

Family Resources

More free community health clinics for the underinsured and insurance.

Continue with free breakfast and lunch

Continue lunch programs

Better and more access to free or low-cost/sliding scale medical services ("medical home"). Financial support for families to purchase needed medications (especially asthma inhalers & epi-pens). Many students do without because their families cannot afford to purchase the prescription.

Better supports in place to assist families & schools.

Vision

EYEGLASSES! Our local Lions club no longer helps us obtain free eyeglasses for students.

To bring to the school's vision programs to help families with no insurance.

Need to increase funding for vision services, i.e. eye exams and corrective lenses.

Dental Services

We utilized the mobile dental van out of Generations in Putnam in the past. This was not possible during COVID. I hope to start this up again when possible.

Pediatricians need to educate for birth to 3 dental care, especially for families without access to fluoridated water.

Inform us of any dental clinics so we can put the word out to our students.

Procedures

Provide clear guidance for displaced homeless regarding the timeline to comply with health assessments and immunizations.

Services Provided

Question: Is there anything you would like the State Department of Education to know about the health services provided to students in your district?

Table 33: Know About Health Services Provided

Themes	% Of Respondents Who Included
Mental Health	32.7%
COVID	30.6%
Resources & Staffing	22.4%
Miscellaneous	14.3%

Mental Health

Increase in mental health services

As mentioned before, mental health, anxiety, etc . issues are handled by Guidance and School Psychologists. I work with students with nutritional issues and healthy choices in daily living.

Mental Health needs for students have dramatically increased as well.

We will be increasing CHC services to provide more mental health treatment for our services

Drug use and mental health are also concerns of our school nurses

Behavior management and mental health

Need to increase mental health services

More and more, the health office is becoming a "go-to" for students and staff with emotional issues, de-escalation, and toileting issues

We have a mental health-based center in only one school and could use one in each school.

Our students are requiring much more mental health support than ever before.

Many referrals for mental health counseling

Poor mental health services for the younger students

Increase in mental health concerns with children and an increase in anxiety noted

More mental health services

All students were screened for mental health via Dessa or a self-assessment in the high school. Many were given a list of resources, not necessarily due to that screening.

More mental health providers are needed

Covid

School nurses' workload increased significantly due to additional COVID responsibilities

School nurses were overtaxed with the sole responsibility of overseeing/enforcing COVID protocols year-round (non-stop), evenings, weekends, and holidays without pay. Significant impact on regular health services duties, requirements, and workflow.

Staffing and nursing pay increased because of Covid and difficulty finding any substitute nurses.

We partnered with our local health department and school-based health center to help support the COVID vaccine clinics offered in the community.

Covid 19 support requires many extra hours of staff for follow-up, absences, etc.

The school nurses were volunteers to administer COVID-19 vaccinations at clinics sponsored by the Health District, held at schools after hours

The school nurse leader was the COVID liaison and was involved in all COVID activities.

School nurses do all the contact tracings in the district; we provided test kits to students and staff.

Covid resulted in numerous hours of work for the school nurses, who were not reimbursed for their hours, Administration says they are exempt, but contact tracing and other documentation could be handled by other staff.

Access to home testing has had a huge impact on our ability to quickly, conveniently, and equitably get students and staff tested so that we can appropriately quarantine and/or return students and staff to the school.

School nurses were involved in setting up vaccine clinics with our local health dept

This year and last, school nurses have worked and continue to work to keep students healthy in school by educating parents, staff, and students on Covid protocols, contact tracing, and being the health resource in the building for COVID in addition to all other duties

I helped plan vaccination clinics for the school/community. I obtained a CLIA waiver for the school. I helped start Project COVID DeteCT in the building

COVID has been the priority for the past two years. It has not allowed others at times much-needed programming

As I am sure you already know, school nurses were stretched beyond their limits this year. So relieved that contact tracing was taken out of the loop...tough enough without it.

Resources & Staffing

The need for school nurse services is increasing, and the scope of work is expanding.

All RN in each school Enforce State regulations, and we have a medical advisor

Nurse to student ratio ranges from 1:250 in smaller elementary schools to 1:1200 in larger high schools

not adequate due to staffing and funding

Need increased resources. No social worker and only a part-time school psychologist at the elementary level.

Wish the school could provide more services. For example, medication like tums for stomach aches.

The health office is extremely busy providing health services to the students in our district.

Students would benefit from a school-based health center, we currently have none.

A dental clinic is needed

Screenings are such an important component of illness prevention or early recognition of illness. Currently, the nurse covering the office and all the issues related to school nursing has to do the screenings as well. Unfortunately, there can be many interruptions in the screening process as a result.

Due to our population, we are not able to perform routine screenings. Our director notifies parents of this annually.

Miscellaneous

We have some very dedicated and professional rns and health aides that go above and beyond their responsibilities to keep our students safe and healthy.

School-based health clinics; dental services; social workers

The questions regarding mental health screenings and nutrition screenings we are unable to access because they are performed by school-based health centers within the school. They were performed; I just do not have the numbers.

Many families rely on the school health office as their first point of medical care.

SBHC has begun and we would like to see it continue

Educators do not have a clear understanding of all the services and assessments that school nurses need to do daily.

The children in this district all go for annual physical exams with their PCPs. Therefore weight, height, and BMI are documented in PE provided by parents.

Question: Is there anything you would like from the State Department of Education to better provide services to students in your district?

Table 34: Improve About Health Services Provided

Theme	% Of Respondents Who Included
Mental Health	34.7%
Resources & Staffing	32.7%
Miscellaneous	16.3%
School-Based Health Center	6.1%
Screenings	6.1%
COVID	4.1%

Mental Health

Mental Health Clinic

More mental health funding

Mental health service closer to the community

Provide emotional support and mental health services

Suggest MSW complete a mental health section

More mental health beds available to our children

Access to mental health treatment

Mental health services, resources on vaping and nicotine use

Nursing is also seeing more students with mental health concerns that are unable to get see the psychologist/social worker as they are working with other students at their time of need

Provide a mental health-based center in each school.

Mental health services

More mental health professionals

Increase in mental health services

Districts need more mental health professionals to address the needs of children.

Increase mental health services.

Better access to mental health services/providers.

An increased amount of depression and anxiety in parochial schools. The need for an SW or therapist is vital

Resources & Staffing

Support those districts requesting increased RN staffing patterns. Support those districts requesting Team Leader/Supervisor be a separate position other than combined with a full-time school nurse role. Has been an enormous strain on unpaid extra hours to accomplish both roles' requirements.

More funding is required specific to school health

Health teaching materials

Additional support for the schools to provide time outside of the school day when students come to the nurse's offices to conduct follow-up services.

Professional development for current school health issues for school nurses

Increase staffing for pre-K through 5 classrooms due to increases need for students' acuity/para support, speech, autism, and behavioral modification plans.

To support the importance of having health assistants in the nurse's office.

Maintain 2 RNs to care for students and Covid tracking information.

The CSDE should provide funding that is earmarked for nurses to meet the demands of the evolving school nurse role adequately and safely. Also, I do not feel like this survey adequately reflects what is happening in our health offices. It is time that it is updated to include social/emotional issues, toileting, and absenteeism.

Need sub-RNs

Special Education & 504 Plans guidance/training would be very helpful on the CSDE website for school nurses

Assistance in advocacy and resources for our population.

The number of student visits has almost doubled this year compared to the last 4 years when we ran reports in SNAP.

Speak with DPH about further educating physician offices about vaccine information, including spacing, and the importance of legible and accurate records.

Every school needs at least one nurse with support staff in their school. It is a disservice and unsafe not to have a nurse available to the students and staff to not make this a requirement for all districts. We must recognize that school nurses don't need to be certified staff to be paid equitably to teachers. We are highly trained licensed medical professionals and the only person in a school besides the principal that is responsible and available to all students and staff.

More opportunities for school nurse information sessions. Please bring back the School Nurse Bulletin!

Miscellaneous

A link to free Eyeglasses

Is it safe for undocumented students to apply for health insurance

Assistance with meeting State required vaccinations. Guidance to have consistency for all schools to meet state vaccination requirements.

Our district has gotten several students from Ukraine. It would be very helpful to have a point person in the state to contact for translation of immunizations and health records. Also, general support for school nurses to help transition the family into the school system with their medical information.

Come up with some strong penalties for poor attendance and lateness.

Would like to have standing orders for Tylenol/Motrin/inhalers/hydrocortisone

Social media and nutritional awareness

Better education on the role of diet in health, specifically migraines and diabetes

School-Based Health Center

School-based health clinic

Funding for School-Based Health Centers at the elementary level. We have a large population of medically underserved and undocumented students.

Provide a school-based health center at the middle and high school levels.

Screenings

Provide schools with SPOT vision screen devices to better assess students.

State support for removing mass screenings and exclusions for head lice (as per the National Association of School Nurses' recommendations) would be appreciated.

Glucose testing

COVID

Please remember that with COVID concerns waning, absences are still encouraged for all sick students. That is a problem for credit and AP high school courses where attendance is required for full credit. You can't say "stay home" and penalize credit when a student does the right thing for him/herself and others.

Continue to supply school districts with free COVID-19 tests.

Staffing of Health Services in School Districts

Question: Is there anything you would like the State Department of Education to know about the staffing of health services in your district?

Table 35: Know About Staffing

Themes	% Of Respondents Who Included
Additional Staffing Required	81.3%
Miscellaneous	8.3%
Adequate Staffing	6.3%
Dental Screening	4.2%

Additional Staffing Required

Need another nurse.

Also, more mental health counselors.

My experience is that it is difficult to secure and maintain new School Nurses.

Medical Advisor serves all elementary schools in Region One and is always available when there is a problem. We meet with Medical Advisor and Superintendent every 2 weeks to discuss current issues, (via zoom.)

We need a smaller nurse-to-student ratio. The K-8 schools are large, and 2 nurses should be required. We, for the first time, were approved for per diem substitute nurses equals a .5 position.

We need more nurses and support staff

Secondary school with one nurse/960 students (with health aide). Requested additional P/T nurse at secondary school in 22-23 budget, which was denied.

Inadequate staffing. consider LPNS due to the shortage of RNS

We could use more help, and subs are a nightmare to find

There is never enough staffing

Staffing increased because of Covid and the inability to find sub nurses

It has become increasingly more difficult to find full-time and substitute (per diem) Registered Nurses to work in the schools. These nurses can make much more money (hourly) working elsewhere. With all the state requirements and with the ever-increasing medical, behavioral, and mental health needs of our students, it is becoming more difficult for just 1 nurse to do everything that needs to be done within the course of the workday.

We had to use 3 agencies this school year for nurses to cover open schools due to retirements, resignations, and sick leaves.

Difficult to get nurses due to low pay

The ratio of nurse to student must change. Just as the role of school nurses has changed, so has the acuity of the students.

There is only one nurse in our district with no admin support. During COVID, this has been a 7 day a week job

School health is overwhelming. Our staffing numbers would be somewhat sufficient if the nurses were supported by the educational team. They would be more supportive by utilizing the health room in an appropriate way.

Huge need for per diem staffing

I recruited heavily over the past 2 years -the availability of sub nurses was woefully inadequate. I assume that was due primarily to COVID, but hourly rates also factored in.

Our district float is 0.8 FTE (wasn't an option), and the 2 "health aids" are CNAs that are assigned to specific students.

Have required additional RN r/t procedures and high medical acuity. RN does not feel that staffing is safe due to acuity.

Understaffed to meet the current needs and expectations of our student population

The complexity of student medical care has increased, but staffing hasn't increased; too many students per nurse

The poor ratio at the high school where 1 nurse has almost 1000 students; elementary nurses at 2 schools have no aides

Nurses are not provided hours over the summer to prepare for the first day of school. Also, acuity is not considered in staffing schools; just the numbers are looked at.

We are a PreK thru 8th-grade school. We have one nurse that serves the school with approximately 450.

We need 2 nurses for each school. The medical/emotional demands of the students plus the documentation needed in this digital era are demanding...plus it would be nice to get a lunch break.

We need support staff in our health offices. We don't have a sub-pool and are often not able to take earned/needed time off or must leave a school unattended.

Understaffed. One nurse to a school may be sufficient depending on the student population, but support staff would be helpful.

We have had a very difficult time finding nurse substitutes.

As stated earlier, as the roles and responsibilities of school health personnel continue to grow, more staff is needed to meet the need of our students adequately and safely.

We need substitute nurses!

School nurses in our district often do not have substitute coverage when out for illness or appointments.

Staffing was a challenge this year. No nurse substitutes. High student-to-nurse staffing ratios in middle and high school.

Understaffed

Generally, the nurse coordinator has a school, but due to COVID this year, we hired a 1-year position, so the nursing supervisor did not have a school, and we hired two LPN's 1-year position to help with contact tracing and increased visit volume. Other than the nursing supervisor, the most senior nurse has 1 year of experience in school nursing

I believe the ratios should be considered with the number of students to nurses who do not have a support staff. Our nurses see 30-100 kids a day per school

Extremely short-staffed with subs and pay is a huge barrier to hiring.

Extremely difficult to get substitute nurses; very few and often unable to get a sub when needed. We have two students with 1:1 nurse (one is a partial-day student). Both nurses are LPNs and hired from an outside agency

Miscellaneous

A medical assistant to file and update charts

Better pay is needed to entice nurses into the field

Dedicated nurses. Very weary from the demands of the job this year.

We have a boarding school population

Adequate Staffing

At this point, the staffing is appropriate for the three schools, with added support from health aides for the three schools.

Our Lead Nurse resigned partway through the year, and her duties were covered by several nurses for the remainder of the year.

We are lucky- we have a good nurse-to-student ratio

Dental Screening

Dental screening completed in K & 3rd grade by CT State Every Smile Counts.

We have provided dental services in the past but had stopped due to COVID. This may be something we bring back in the future.

Question: Is there anything you would like from the State Department of Education to improve the staffing of health services in your district?

Table 36: Improve About Staffing

Theme	% Of Respondents Who Included
Nurse-to-Student Ratio	35.3%
Support & Resources	29.4%
Licensing & Recruitment	26.5%
Miscellaneous	8.8%

Nurse-to-Student Ratio

Require at least one FT nurse for every 400 students in every school.

Please recommend two nurses at K-8 schools.

Improve the student-to-nurse ratio

Please consider a nurse-to-student ratio. 1 nurse covering 800-1300 students alone - does not reasonably allow sufficient time for student visits, medications, treatments, PPT & 504 meetings, staff training, documentation, recordkeeping, and following up with families and staff members.

Mandate better staffing ratios

It would be helpful if school aides were required; nurses are troubled and concerned about liability when they need to work alone with 300 to 400 children

Set and publish a minimum student-to-nurse ratio using an acuity scale

Promote lower student-to-nurse staffing ratios.

Decrease the student-to-nurse ratio

Safer staffing ratios

Increase funding to schools to ensure RN: student ratio

Legislation for more school nurses. At a minimum 1 BSN per 500 students.

Support & Resources

Encourage more nursing support in Education

More PD for our school nurses offered more frequently

Increase salary, benefits, and support

Provide funds earmarked for nursing staff only.

Please allocate more money to all districts to recruit, train and hire more school nurses!

Provide more assistance to the area

Establishing/maintaining a substitute school nurse registry would be so very helpful for districts struggling to find help, especially will staff illnesses.

Advocate awareness for the significant contributions of school nurses, especially during the COVID years.

It is very difficult to get additional support nursing staff in our area to help cover days off both due to illness, educational or personal

Database of available registered nurses who have school health experience

Licensing & Recruitment

Update the state requirements to be a school nurse

There should be a campaign to attract and keep nurses in the school health setting. Perception of what a school nurse does and what her education entails should be put at the forefront. Push for better pay to help attract and keep qualified nurses.

Please offer to all interested nurses a course on the basics of school nursing and/or substitute school nursing; also, strongly encourage the regional educational programs to create a list of sub nurses--for a little bitty school like mine, there are no options other than the occasional travel nurse to sub here.

Yes, we need more RN staff in schools. Please refer to the answers to the previous questions. The role and requirements have expanded over the last 10 years. The complexity of student medical and mental health issues has increased because of this, we need more nurses available to serve students, parents, and staff needs.

Staffing continues to be a challenge in the nursing department. Securing nurses for both vacant positions and especially for substitute nurses remains challenging.

Even with agency nurses, it is difficult to find coverage for sick and personal time

School nurses should be considered "certified" staff. They must renew their license each year and obtain continuing education credits.

Expand on the New School Nurse training that is offered by CNA each December.

We have a need for 1:1 LPN but have had difficulty finding one. Also, shortage of sub nurses.

Miscellaneous

It would be helpful to have a nurse leader position by a nurse who does not also have a school.

Would like to offer this to our entire school, as dental care is scarce in our communities.

Supervision should not be done by a person without a medical background.

Qualifications of Health Services Staff

Question: Is there anything you would like the State Department of Education to know about the qualifications of health services staff in your district?

Table 37: Know About Qualifications of Health Services Staff

Themes	% Of Respondents Who Included
Qualifications	69%
Future Needs	31%

Qualifications

The three health offices are staffed by RNs with BSN, and the health aides have many years of working as health aides.

Many of our school nurses have master's degrees, and we have 2 licensed APRNs and 2 more that just finished the APRN program that work as school nurses. Our school Nurse supervisor has 25 years of experience in school nursing. She has a long history of caring for students with special healthcare needs in the school setting and clearly understands 504 and IEP.

All the school nurses meet or exceed in their school nursing role.

All school nurses are BSN or Masters prepared

Our nurses are working as hard as ever and should be considered certified staff, especially because we are licensed providers.

All RNs are bachelors prepared, and two are working toward their NCSN

One nurse leader holds a B.S. and M.S. in Biology, along with an A.S. in Nursing

All RN's

We, as a district, require RNs in each of our schools.

The nurse leader and the staff nurse are the same person. There is only one nurse in our district

My school is so small that there is a single RN only--no supervisor, no subordinates, and no colleagues. I came to this position with previous experience.

We have one nurse (myself, BSN) and one CNA.

Norwalk has prided itself as only hiring RNs with a baccalaureate degree, but it is becoming more difficult to maintain this standard because of fewer eligible applicants.

The students deserve a BSN, one in each school, at a minimum.

We should have a nurse leader. Special Ed. Director is our supervisor at present. A nurse coordinator/supervisor is a necessity. Nurses should be supervised by someone in health care with similar qualifications and school nurse experience.

We are bachelor's and Master's level prepared. We should be recognized as certified staff as we do have the certification and education to meet the standards for that status.

All BSN staffs

All are well qualified.

Future Needs

I want to see school nurses become certified staff and be on the same salary schedules as teachers, counselors, social workers, and psychologists. We are just as important and educated and need to be recognized as such!!

There is no difference in the pay based on education for the nurses in the district

CT legislation has not updated the qualifications of a school nurse since 1982. As COVID has proved, school nurses are valuable members of the school team, licensed with their own scope of practice, and would strongly benefit if CSDE assisted in this process.

A registered nurse should be the minimum standard for nurses who are independently working in the school environment. LPNS and aids are important additions that help tremendously to provide school health services.

We need health assistants with a nurse in every school to assist with phone calls, paperwork, working the nurse to triage students, etc.

Some incentives to achieve a specialty in school nursing would be helpful for districts that do not support it.

I believe a BSN should be the standard for entry practice for school nurses.

Support and access to training resources are absolutely needed.

Coordination of Health Services and Health Education

Question: Is there anything you would like the State Department of Education to know about the coordination of health services or about health education provided to students in your district?

Table 38: Know About Coordination of Health Services and Health Education

Themes	% Of Respondents Who Included
Health Education	39.4%
School-Based Health Center	33.3%
Reproductive & Sexual Health Services	21.2%
Additional Assets Requested	6.1%

Health Education

Health education is provided by physical education teachers to students in our district. School nurses can only provide teaching to students as needed as they visit health offices

Due to the strict curriculum requirements and the overwhelming responsibilities in the health office, our school nurses do not have many opportunities to provide health education in the classroom.

Always the need for further education but not enough time to present

GPS nurses partner to assist in teaching growth and development for 5th graders, which are led by the Physical Education teachers/department curriculum.

There is a strong connection between injury, illness, nutrition, and school performance. Parents/schools need more support to provide for their children. Hungry, ill, or emotionally upset children do not perform well in school. More mental health support services and ongoing access to free breakfast/lunch.

Our health education does not formally start until high school. We really need health education to start in middle school.

I would like to be able to offer health education to my students and would like to know if that is okay to do without teaching certification.

Screening nurse for the school district who would focus just on screenings and follow-up referrals. This would improve the consistency, quality, and timeliness of screenings.

This district only has one elementary school. If services were needed, the school psychologist handles such matters and referrals.

There is a specific Health curriculum taught by certified teachers in grades 7, 8, and 10.

We are a private school for students with autism. Many of the basic self-care and health maintenance topics are covered in the student's education plans.

Done primarily through our health classes that are a part of the PE/Health curriculum.

Health education is provided by the PE Teacher during health class.

School-Based Health Center

I would like to see a school-based health center in every school, especially middle and high school. We have strong relationships with Family Centers and CHC.

Sexual Health and Reproductive Health Services go through our SBHC/ UCFS and are only at the high school level

CHC is slotted to have services/clinics in WLPS for the fall.

Beginning in fall 2023, there will be a partnership between Torrington Public Schools and Community Health and Wellness in Torrington, which will provide each school with an APRN and Mental Health workers to each school for several hours each week.

The coordination of services between the district and the SBHC is excellent; however, not all schools have the centers, so this presents a barrier to services for some students

We would welcome the expansion of School-Based Health Centers in the Norwalk district.

We would like to be able to offer our SBHC to all students in the district, and not those in the building where our SBHC is located. Most of our elementary school-aged children are unable to benefit from this program.

We use our SBHC a lot, they are incredible, and we couldn't take care of these students without them.

Wish we had a school-based health center

Our SBHC provides mental health services only currently

The partnership between SBHC and the schools that have them is incredibly valuable in providing a continuum of care for students. Particularly students of lesser means.

Reproductive & Sexual Health Services

Reproductive health primarily via School-Based Health Centers at the HS level

Sexual Health and Reproductive Health Services go through our SBHC/UCFS and are only at the high school level

Working on writing procedures for condom and birth control distribution with the assistance of the school-based health center

Reproductive health services are provided at our school-based health centers, which are NOT run by the school district (we provide them space, but they work for Community Health Center)

Nurses are not encouraged to provide reproductive/STD teaching based on religious or cultural reasons.

It would be helpful to be able to refer to organizations without a political agenda (either way!) for teen reproductive guidance.

Sex education should be taught at the high school level as well.

Additional Assets Requested

A health teacher would be a great asset to this school system

The high school nurse feels it would be beneficial to have a link between the health program and school health services

Data Strengths and Limitations

This report summarizes data collection efforts developed and implemented to present a comprehensive picture 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
- Improved question formatting and choices resulting from the feedback of respondents
- Inclusion of new questions around COVID and homelessness
- Improved analysis of open-ended questions
- A response rate of 77.2%
- Eighteen 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:

- 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.
- Many districts submitted multiple responses. It was challenging to determine which answer should be included in the final analysis and which should be cleaned.

Conclusions

In 2021-22, School health services survey participants provided a broad vista of perceptions about the status of health services in CT school districts, including 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 pandemic is still being felt in student health offices.
- The increase in mental health issues and concerns persists. This trend has been apparent for the last five to ten years and becomes more pronounced each year. Many respondents spoke to their concerns in the open-ended questions.
- Many districts leveraged student health offices to aid in COVID contact tracing and vaccine administration.
- School nurse to student ratios is improving in many districts. However, for others, it is still well below where most Nurse Leaders would feel comfortable.