Connecticut State Department of Education

Health Services Program Information Survey Report

October 21, 2025
Developed for:

The Connecticut State Department of Education

By
Elizabeth A. Radday, Ed.D., Director
Center for Program Research & Evaluation

Contact:

EdAdvance
P.O. Box 909
355 Goshen Road
Litchfield, CT 06759-0909
Phone: 860-567-0863

Connecticut State Department of Education
Chlo-Anne Bobrowski
Education Manager

450 Columbus Boulevard,
Suite 504,
Hartford, CT
06103

Executive Summary

Executive Summary

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 that began 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. The process included the CSDE's initial consultation with the CPRE. The survey was developed for data collection after reviewing the professional literature on 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.

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 using a Likert-type scale to identify perceptions of an item's importance, satisfaction, or frequency. 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 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 2024-2025, **174** surveys were completed and submitted in time to be analyzed (a 14.47% increase from the 2023-2024 school year response number of 152).
Suburban districts accounted for 51% of responses, while urban districts were represented by 14%, and rural districts were 35%.

Conclusions and Recommendations

Nursing staff from numerous school districts in Connecticut offered valuable insights into the state of health services across the region. These insights were gleaned from quantitative survey responses and the expansive qualitative comments. After a meticulous analysis of the data collected during the survey's twenty-first year of administration, CSDE and EdAdvance staff drew the following conclusions regarding the landscape of school health services in Connecticut:

- This year represented significant improvement in response rate. Since 2022-2023 the response rate has remained over 70%. This year was 87%.
- In the 2024-2025 academic year, there were 4,632 diagnosed concussions, showing a significant increase from the previous year's figure of 4,016 .
- Football, girls' soccer, and boys' soccer continued to account for the highest number of diagnosed concussions among interscholastic sports. Cheerleading also rose toward the top as a tie with boys' soccer for the third most common occurrence of concussions.
- The pressing need for enhanced mental health services training and support was a recurring theme across many districts, a trend observed over the past five to ten years. Numerous nurses highlighted the heightened demand for these services, citing a perceived rise in students diagnosed with anxiety issues. Over 24,000 students were screened for mental health issues and over 5,000 referrals were made to external providers.
- Responding districts reported over 65,000 students diagnosed with asthma, a significant increase from last year's reported 56,000.
- The number of homeless students increased to 3,564. This number has risen each year since 2022-2002 but remains lower than the 2021-2022 count of 5,240.

Table of Contents

Executive Summary 2

Conclusions and Recommendations 3

Introduction 8

Review of the Literature 8

Data Collection Process 8

Survey Development 8

Survey Administration 9

Data Analysis Methodology 9

Results 9

Demographics 9

Table 1: District Type 9

Concussion Findings 10

Table 2: Students Diagnosed with Concussion 10

Table 3: Diagnosed Concussions by Activity 10

Of all diagnosed concussions that occurred during school-related sports events, occurrences are broken out by each school sport below. 10

Table 4: Students Requiring Accommodations 11

Table 5: Average Length of Time for Accommodations 11

Table 6: Students Missing School Days Due to a Diagnosed Concussion 12

Student Health 12

Table 7: Students with Specific Healthcare Care Needs 12

Table 8: Dietary Accommodations by Diagnoses 13

Table 9: Number of Students with Life-Threatening Food Allergies Administered Epinephrine by the Following Individuals 14

Table 10: Districts Performing Procedures 14

Table 11: Percentage of Students Returned to Class within ½ Hour 14

Table 12: Reason for Student Dismissal 14

Table 13: Dismissal Destination 14

Table 14: 911 Calls 15

Table 15: Students Referred to Receive Health Insurance and Number of Homeless Children 15

Services Provided in Connecticut School Districts 15

Table 16: Number of Students Receiving Services 15

Table 17: Number of Students Referred to Outside Provider as the Result Mandated Screenings 15
Staffing of Health Services in Connecticut School Districts 15
Table 18: Number and Classification of Staff 15
Table 19: Medical Advisor Specialties 16
Table 20: Nurse to Student Ratio 16
Table 21: Qualifications of Nurse Leaders 17
Health Coordination / Education 17
Table 22: Health Care Management Services 17
Table 23: Collaboration with Colleagues to Implement Health Programs 17
Table 24: Involvement in Teaching 18
Table 25: Student Referrals to Sexual Health Services 18
Table 26: Computer Software Used 18
Table 27: Health Services 19
Table 28: How do you support students dealing with stress, anxiety, or other mental health challenges? 19
A small number of schools indicated that their role is to primarily refer students to internal school resources (social workers, school psychologists, school counselors) for mental health needs. Some schools that have School-Based Health Centers occasionally collaborate with their behavioral health specialists. One school indicated that nurses do not make any external referrals for mental health care and instead make referrals within their school system and those providers are responsible for making external referrals 20
Table 29: How do you address issues like bullying or trauma that may affect a student's health? 20
Table 30: How do you communicate with families about their child's health and safety? 21
Survey Open-Ended Questions 22
The survey provided respondents with the opportunity to answer open-ended questions at the conclusion of each section. Responses to each question were thoroughly examined to identify recurring themes. Subsequently, three primary themes were extracted for each question, and the responses were synthesized and summarized accordingly. 22
Student Health 22
1. **Mental and Behavioral Health Supports:** There is a strong and consistent demand for accessible, comprehensive mental health services, particularly school-based options at the high school level. Districts are seeking more school counselors and mental health professionals to meet rising student and family needs. They also desire expanded supports for parents navigating children's mental health challenges, school-based programs and partnerships for ongoing, stigma-free access to care, and behavioral and social-emotional learning (SEL) integrated throughout PK–12, including life skills, coping strategies, and socialization opportunities. Furthermore, districts are looking for funding for

alternative schools that can better serve students with complex behavioral health needs. 22

2. **Nurse and Health Infrastructure Needs:** Regarding Nurse and Health Infrastructure Needs, nursing staff report increasing medical complexity and workload. This situation requires improved nurse-to-student ratios and competitive salaries to attract and retain qualified staff, as well as professional development that is free and available online. Districts also need clear guidance on health protocols (e.g., field trips, medication management, scoliosis screenings), enhanced coordination between nurses, athletic staff, and other health professionals, and updated state resources and funding for school health infrastructure, including clean air initiatives and essential safety devices (e.g., LifeVac). 23

3. **Physical Health, Equity, and Social Determinants of Health:** Finally, concerning Physical Health, Equity, and Social Determinants of Health, districts highlight deep connections between student health and socioeconomic conditions. They are calling for expanded access to nutritious meals, free lunch programs, and weekend backpack food supports. Increased attention to food insecurity, poverty, and limited health literacy, which directly impact student well-being, is also requested. Districts seek accessible health care through local physicals, immunizations, and extended HUSKY coverage for undocumented students, menstrual equity and female health needs (including open restroom access and free menstrual products), and funding for more School-Based Health Centers (SBHCs) and Family Resource Centers (FRCs) to serve as local health access points. Broader state investment in district health budgets, grants for nursing care, and policy updates to reflect current student health realities are also desired. 23

Services Provided 23

Staffing of Health Services in School Districts 24

Qualifications of Health Services Staff 25

Coordination of Health Services and Health Education 26

Data Strengths and Limitations 27

● Discrepancies in response rates across questions, with numerous instances of missing data. Particularly, districts often omit responses for questions where the answer is "0." However, it's important to note that missing data cannot automatically be assumed to represent zero. This inconsistency in reporting may skew the data towards a more positive direction. 27

● Reliance solely on one data collection tool without supplementary data from focus groups, interviews, or other triangulated methods. 27

● Challenges posed by multiple submissions from various districts, complicating the determination of which responses should be included in the final analysis and which require cleaning. 27

Conclusions 27

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 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 2024-25 academic year. This is the twenty-first 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

The 2003-04 report described all survey development processes and will not be repeated here. Based on the 2009-10 survey administration results, a limited number of changes were made in the survey before the 2011 through 2015 administrations and again for the 2015-16 survey. 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 Elizabeth Radday, Ed.D., Director of the Center for Program Research & Evaluation at EdAdvance.

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. The questionnaire is expected to be sufficiently valid and reliable.

Survey Administration

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. Dr. Radday also attended two online Community of Practice meetings with school nurses to introduce the survey and answer any questions.

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 an email link requesting they complete the survey. The letter directed recipients to the EdAdvance Qualtrics survey website for survey completion.

The CSDE and EdAdvance responded to questions and concerns regarding the survey as they arose. Of the 199 questionnaires distributed, **174** responses were sufficiently completed in time to be analyzed, yielding a response rate of **87.4%**.

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 anonymized and analyzed for themes using Google's Gemini AI application.

Results

The response total's 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	88	51%
Rural	61	35%
Urban	25	14%

Concussion Findings

Across all districts, survey participants reported that there were **4,632** diagnosed concussions during the 2024-245 school year (compared to 4,016 during the 2023-24 school year). 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	**5**	**9**	**14**
Kindergarten	**11**	**24**	**35**
1st Grade	**23**	**35**	**58**
2nd Grade	**32**	**48**	**78**
3rd Grade	**48**	**60**	**108**
4th Grade	77	133	210
5th Grade	110	165	275
6th Grade	104	179	283
7th Grade	168	216	384
8th Grade	190	260	450
9th Grade	385	503	888
10th Grade	307	406	713
11th Grade	326	364	690
12th Grade	309	350	659

There is a significant increase in concussions in high school compared to the younger grades, which may be attributed to the increase of interscholastic sports offerings. Of the diagnosed concussions that occurred during the 2024-2025 school year, the number of occurrences in reporting districts during the categories listed below:

Table 3: Diagnosed Concussions by Activity

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

Sport	Concussions
Football	584
Other	207
Girls Soccer	172
Boys Soccer	144
Cheerleading	144
Boys Basketball	105
Girls Basketball	84
Boys Lacrosse	82
Boys Ice Hockey	99
Wrestling	123
Girls Lacrosse	43

Girls Volleyball	64
Field Hockey	34
Softball	33
Baseball	43
Rugby	47
Track and Field	19
Girls Ice Hockey	25
Swimming and Diving	15
Boys Volleyball	19
Gymnastics	20
Dance Team	14
Girls Tennis	0
Boys Cross Country	6
Girls Cross Country	6
Boys Tennis	0
Boys Golf	1
Girls Golf	2

There were several other reasons for concussions with the most common being skiing and snowboarding. Other reasons included falls or accidents at home or during recess. The "other" occurrences could be broadly categorized as happening during recreational activities, unstructured play, and accidents/altercations. The majority of concussions (1,928) occurred in interscholastic sports.

For students diagnosed with concussions during the 2024-25 school year, the accommodations below were provided for the following number of students.

Table 4: Students Requiring Accommodations

Accommodation	Students
Physical Activity Accommodations	3231
Academic Accommodations	2860
Individual Health Care Plan	698
No accommodations required	457
Section 504 Plan	98
Homebound Instruction	36

Of diagnosed concussions during the 2024-2025 school year, the AVERAGE length (in days) that accommodations were needed is in the table below.

Table 5: Average Length of Time for Accommodations

Accommodation	Average Days
Physical Activity Accommodations	18.51
Academic Accommodations	23.6
Section 504 Plan	7.8
Individual Health Care Plan	8.6

Homebound Instruction	1.4
Not Known	1.1

The number of students (if known) who missed school days due to diagnosed concussions during the 2024-2025 school year is in the table below

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

# Days Missed	# Students
Less than five school days	2,789
5 to 10 school days	333
11 to 15 school days	82
16 to 20 school days	18
21 to 60 school days	11
61 to 120 school days	2
Greater than 120 school days	1
Don't Know	204

Student Health

Responding districts provided data on various topics related to student health. The 2024-2025 survey gathered information on the healthcare needs of students served in these districts. The results are summarized below.

Table 7: Students with Specific Healthcare Care Needs

Health Care Need	# of Students
Asthma	65,602
Allergies - Other	34,545
Behavioral/Emotional - ADHD/ADD	31,294
Allergies - Food (life-threatening)	21,986
Behavioral/Emotional - Anxiety	15,295
Speech Disorders	15,739
Autism Spectrum Disorders	13,942
Allergies - Bee Sting	2,706
Behavioral/Emotional - Depression	6,228
Behavioral/Emotional - Other	5,480
Migraine Headaches	3,889
Seizure Disorder	4,345
Neurological Impairment	4,724
Cardiac Conditions	2979
Orthopedic Impairment	3,123
Severe Vision Impairment	2,501
Severe Hearing Impairment	2,159
Diabetes Type I	1,361
Allergies - Latex	814

Blood Dyscrasias - Other	1084
Behavioral/Emotional - Eating Disorders	793
Lyme Disease	691
Cerebral Palsy	666
Swallowing Dysfunction	440
Blood Dyscrasias - Sickle Cell Trait	490
Arthritis	436
Cancer	389
Diabetes Type II	302
Blood Dyscrasias - Hemophilia	240
Spina Bifida	217
Cochlear Implants	299
Crohn's Disease	367
Irritable Bowel Syndrome	657
Diverticulitis	174
Long Covid	48
Hypertension	168

Approximately **15,898** students across all reporting school districts have special dietary needs documented by an appropriate medical statement maintained on file.

Table 8: Dietary Accommodations by Diagnoses

Dietary Accommodations	# of Districts Reporting	% of Districts
Tree nut allergies	162	93%
Peanut allergies	167	96%
Lactose intolerance	159	91%
Shellfish allergies	152	87%
Milk allergies	154	89%
Egg allergies	154	89%
Other allergies	151	87%
Diabetes	149	86%
Fish allergies	147	85%
Other food intolerances	146	84%
Wheat allergies	151	87%
Seed allergies	146	84%
Celiac disease	146	84%
Soy allergies	136	78%
Other diagnoses	113	65%

192 students with DIAGNOSED and 51 students with UNDIAGNOSED life-threatening food allergies required the administration of epinephrine during the 2024-2025 school year.

Table 9: 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	129	44
Other Personnel	7	2

Table 10: Districts Performing Procedures

Procedure	# of Districts	% of Districts
Blood Sugar Testing	149	86%
Insulin Pump Management	140	80%
Nebulizer Treatments	106	61%
Gastrostomy Tube Feedings	93	53%
Other Treatments	52	30%
Catheterizations	50	29%
Suctioning	50	29%
Ostomy Care	47	27%
Oxygen Therapy	39	22%
Tracheostomy Care	28	16%
Nasogastric Tube Feedings	17	10%
Ventilator Care	10	6%
IV Therapy	3	2%
Other treatments	52	30%

Table 11: Percentage of Students Returned to Class within ½ Hour

Students Returned within ½ Hour	% Response
0-25%	3%
26-50%	1%
51-75%	25%
76-100%	71%

Table 12: Reason for Student Dismissal

Reason for Dismissal	% Students Dismissed
Illness	82.6%
Injury	11.3%
Other	6.1%

Table 13: Dismissal Destination

Dismissal Destination	% to Destination
Home	90.3%

Other Healthcare Provider	6.4%
Emergency Room	3.3%

Table 14: 911 Calls

Reason of Call	# Of Calls
For Students	1889
For Staff	826

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

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

Table 15: Students Referred to Receive Health Insurance and Number of Homeless Children

	# of Students
Health Insurance Referrals	4,666
Homeless	3,564

Three large, urban districts account for ⅔ of the total referrals for health insurance. Three large, urban districts account for 45% of the homeless student population reported.

Services Provided in Connecticut School Districts

Table 16: Number of Students Receiving Services

Health Service	# Receiving Service	# Referred to Outside Provider
Mental Health Consultation/Screening	24,203	5,618
Body Mass Index Screening	6,312	379
Nutrition Screening	3726	599

Table 17: Number of Students Referred to Outside Provider as the Result Mandated Screenings

Mandated Service	# Referred to Outside Provider
Vision	17,138
Hearing	5,858
Scoliosis	1,389

Staffing of Health Services in Connecticut School Districts

Table 18: Number and Classification of Staff

Staff Type	Nursing Staff Classification	Total Staff
	School Nurse	1,119.2

Registered Nurses	Nurse Leader (no school nurse with assignment)	98.3
	Nurse Leader (with school nurse assignment)	108.1
	One-to-One Nurse	74.5
	Permanent Float Nurse	57.8
	Total RN Staff	*1457.9*
Nursing Support	Health Aid	126.5
	Licensed Practical Nurse	110
	Nursing Clerk/Other Support Staff	54.5
	Total Support Staff	*291*
Total Staff		1748.9

District Medical Advisor:
83% of survey participants indicated that a medical advisor provided monthly services (145 out of 174 districts). For the responding districts, the average amount of time spent by the medical advisor in the district per month was 3.7 hours.

Table 19: Medical Advisor Specialties

Specialty	% Of Districts with Medical Advisor Specialty
Pediatrics	82%
Family Medicine	62%
Adolescent Health	47%
General Medicine	38%
Public Health	23%
Internist	12%
Sports Medicine	7%
Orthopedics	3%
No District Medical Advisor	3%

District Dental Services:
Results for 2024-2025 show that the majority (82.2%) of responding districts do NOT provide Dental services to their students. Among those who do, 0% received services from a dentist, and 100% received services from a dental hygienist.

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 than750 Students	No response
Elementary	23%	63%	9%	1%	3%
Secondary	20%	40%	28%	9%	3%

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 for every 750 students in the general population. The guidelines also recommend one nurse for every 225 students in populations with complex healthcare needs and one nurse per student for individual students who require daily and continuous professional nursing services.

Table 21: Qualifications of Nurse Leaders

	Nurse Leader	Nurse Leader 2	Nurse Leader 3	Nurse Leader 4	Nurse Leader 5	Total
BS Nursing	84	7	2	1	1	95
Diploma RN	27	4	0	0	0	31
Other Associates Degree	24	2	1	1	1	29
Other Bachelor's Degree	15	0	0	0	0	15
Master's Degree Nursing	20	1	0	0	0	21
Other Master's Degree	13	1	0	0	0	14

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.

Health Coordination / Education

Table 22: Health Care Management Services

	A great deal	A lot	A moderate amount	A little	None at all
Development of Individual Healthcare Plan	72%	11%	10%	5%	2%
Development of Individual Emergency Plan	65%	16%	10%	8%	2%
Development of 504 Plan	19%	23%	39%	13%	6%
Staff training to meet individual student health needs	60%	15%	19%	5%	1%

Table 23: Collaboration with Colleagues to Implement Health Programs

Type of Program	% of Districts
Asthma	55.7%
Emotional and mental health	57.5%
Injury prevention and safety	58.6%
Physical activity and fitness	38.5%
Violence prevention (e.g., bullying, fighting)	32.8%
Tobacco-use prevention	23%
Alcohol or other drug use prevention	28.7%

Suicide prevention	35.1%
Human sexuality	23.6%
Foodborne illness prevention	23.6%
STD prevention	14.4%
Pregnancy prevention	13.8%
HIV prevention	11.5%
Nicotine-use prevention (including vaping, e-cigarettes)	29.9%
Healthy relationships	40.2%
Student attendance/chronic absenteeism	64.4%

Table 24: Involvement in Teaching

	A great deal	A lot	A moderate amount	A little	None at all
Disease Prevention	27.7%	16.9%	21.1%	16.9%	17.5%
Human Sexuality Education	4.2%	7.8%	15.6%	28.7%	43.7%
Injury Prevention	21.1%	21.1%	22.3%	16.9%	18.7%
Nutrition	9.6%	17.5%	27.1%	25.9%	19.9%
Substance Abuse Prevention	8.4%	11.4%	20.5%	24.1%	35.5%
Physical Activity	9.7%	18.8%	21.2%	25.5%	24.8%

Table 25: Student Referrals to Sexual Health Services

Type of Sexual Health Service	% Of Districts
A list of youth-friendly organizations to which youth can be referred for sexual health services.	56.3%
Organizational partnerships, whether formal or informal, between districts and youth-friendly sexual health service providers.	42.5%
A written procedure for maintaining student confidentiality throughout the referral	40.2%
A written procedure for making referrals.	33.3%

Table 26: Computer Software Used

Software	% Of Districts Using
SNAP	62%
PowerSchool	55%
CT WiZ	39%
Other	9%
Infinite Campus	4%
Infinite Health	1.7%
SchoolCare/Care Docs	1.1%

The following programs were each listed by one district: Snowman, Experity, FinalSite.

Table 27: Health Services

Type of Health Service	% Of Districts Providing
School-Based Health Center	26.4%
Reproductive Health Services	13.2%

For the 2024-2025 school year, additional questions were added about student mental health support and safety. These questions were added in order to learn more about the ways the school nursing staff support students with mental health issues for students.

Table 28: How do you support students dealing with stress, anxiety, or other mental health challenges?

Support Strategy	Number of Districts	Percent of Districts (%)
Offering a quiet space or calming strategies for regulation	155	89.1
Collaborating with parents and teachers to address concerns	153	87.9
Referring students to mental health professionals	143	82.2
Participating in the development of 504 or IEP accommodations related to mental health	142	81.6
Educating students about stress management, sleep, or nutrition as part of health services	138	79.3
Providing brief check-ins or emotional support during the school day	137	78.7
Attending student support or intervention team meetings	135	77.6
Documenting and monitoring mental health-related visits or concerns over time	132	75.9
Referring students for suicide risk assessments or safety planning (when necessary)	122	70.1

Coordinating care with external mental health providers or pediatricians (with consent)	97	55.7
Connecting students with community resources	95	54.6
Encouraging peer support, mentorship, or social-emotional learning opportunities	85	48.9
Helping students create personalized self-care or coping plans	84	48.3
Advocating for mental health-related training or resources for school staff	77	44.3
Other (please specify)	7	4

A small number of schools indicated that their role is to primarily refer students to internal school resources (social workers, school psychologists, school counselors) for mental health needs. Some schools that have School-Based Health Centers occasionally collaborate with their behavioral health specialists. One school indicated that nurses do not make any external referrals for mental health care and instead make referrals within their school system and those providers are responsible for making external referrals

Table 29: How do you address issues like bullying or trauma that may affect a student's health?

Response	Number of Districts	Percent of Districts (%)
Referring students to school counselors or mental health staff	165	94.8
Working with multidisciplinary teams (e.g., MTSS, IEP/504 teams)	137	78.7
Reporting incidents according to school or district protocols	136	78.2
Collaborating with school staff on behavior intervention or safety plans	135	77.6
Monitoring physical symptoms related to stress or trauma	135	77.6
Supporting re-entry plans after hospitalization or crises	126	72.4

Notifying parents/guardians when concerns arise	118	67.8
Conducting health check-ins or one-on-one student support	96	55.2
Participating in or facilitating threat or risk assessments	69	39.7
Participating in school-wide prevention programs or awareness campaigns	57	32.8
Providing resources for trauma-informed care	42	24.1
Other (please specify)	8	4.6

Some schools that provided comments for "other" indicated that school administration is directly engaged in bullying or trauma-related incidents. Another school indicated that one-on-one interventions are provided when bullying occurs and that parents are also informed immediately.

Table 30: How do you communicate with families about their child's health and safety?

Response	Number of Districts	Percent of Districts (%)
Phone calls to parents/guardians	171	98.9
Email or secure messaging systems	166	95.4
Participation in IEP/504 or student support meetings	151	86.9
In-person meetings or conferences	145	83.3
Providing health education materials or resources	120	68.9
Referring families to community services or clinics	98	56.3
Notes sent home with students	91	52.3
Collaborating with interpreters or cultural liaisons	88	50.9
Health newsletters or updates	75	43.1
Conducting home visits (when applicable)	21	12.1

78% of respondents are part of their school crisis team (132 districts). About 75% of districts (128 districts) report that their nurses receive crisis or emergency preparedness training. 71% of respondents (121 districts) report that a school nurse is part of the school attendance team.

Survey Open-Ended Questions

The survey provided respondents with the opportunity to answer open-ended questions at the conclusion of each section. Responses to each question were thoroughly examined to identify recurring themes. Subsequently, three primary themes were extracted for each question, and the responses were synthesized and summarized accordingly.

Student Health

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

1. **Mental and Behavioral Health Crisis:** Mental health concerns are the most frequently mentioned issue across districts. Schools report sharp increases in anxiety, depression, and behavioral challenges among students of all ages, including elementary levels. Social workers are overbooked, and access to outside providers—especially in Eastern Connecticut—is limited, resulting in missed class time. Many noted that mental health needs have intensified since COVID-19, and schools are struggling to meet demand.

2. **Vaping, Substance Use, and Physical Health Challenges:** Districts report a troubling rise in vaping (nicotine and THC) and edible marijuana use, beginning as early as 7th grade. These behaviors have led to increased respiratory illnesses and more 911 calls at schools. Additionally, schools face growing numbers of students with chronic medical conditions such as asthma, type 2 diabetes, and encopresis, requiring more nursing staff to manage complex care needs. Other health concerns include poor nutrition, lack of physical safety practices (e.g., bike helmets), and eye strain from excessive screen time.

3. **Health Access, Equity, and Social Conditions:** Districts highlight serious barriers to healthcare access, including insurance coverage gaps for families using out-of-state or ineligible (undocumented) insurance, and the lack of affordable or free physicals and immunizations. Many families rely on emergency rooms for routine care. Broader social determinants of health—like food insecurity, poverty, and poor dental health—are worsening outcomes. Schools also note parental pressure around attendance, with sick students attending school due to fear of truancy penalties, prompting a call for renewed state messaging on illness policies.

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

1. **Mental and Behavioral Health Supports:** There is a strong and consistent demand for accessible, comprehensive mental health services, particularly school-based options at the high school level. Districts are seeking more school counselors and mental health professionals to meet rising student and family needs. They also desire expanded supports

for parents navigating children's mental health challenges, school-based programs and partnerships for ongoing, stigma-free access to care, and behavioral and social-emotional learning (SEL) integrated throughout PK–12, including life skills, coping strategies, and socialization opportunities. Furthermore, districts are looking for funding for alternative schools that can better serve students with complex behavioral health needs.

2. **Nurse and Health Infrastructure Needs:** Regarding Nurse and Health Infrastructure Needs, nursing staff report increasing medical complexity and workload. This situation requires improved nurse-to-student ratios and competitive salaries to attract and retain qualified staff, as well as professional development that is free and available online. Districts also need clear guidance on health protocols (e.g., field trips, medication management, scoliosis screenings), enhanced coordination between nurses, athletic staff, and other health professionals, and updated state resources and funding for school health infrastructure, including clean air initiatives and essential safety devices (e.g., LifeVac).

3. **Physical Health, Equity, and Social Determinants of Health:** Finally, concerning Physical Health, Equity, and Social Determinants of Health, districts highlight deep connections between student health and socioeconomic conditions. They are calling for expanded access to nutritious meals, free lunch programs, and weekend backpack food supports. Increased attention to food insecurity, poverty, and limited health literacy, which directly impact student well-being, is also requested. Districts seek accessible health care through local physicals, immunizations, and extended HUSKY coverage for undocumented students, menstrual equity and female health needs (including open restroom access and free menstrual products), and funding for more School-Based Health Centers (SBHCs) and Family Resource Centers (FRCs) to serve as local health access points. Broader state investment in district health budgets, grants for nursing care, and policy updates to reflect current student health realities are also desired.

Services Provided

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

1. **Rising Mental and Behavioral Health Needs:** Nearly every district reported increased anxiety, depression, and behavioral challenges, especially since COVID-19. Mental health issues are appearing at younger ages (K–6) and are often linked to school avoidance, somatic complaints, and academic struggles. Schools are facing overwhelmed counseling staff, long waits for external providers, and insufficient mental health resources.
2. **Health Access and Socioeconomic Barriers:** Many districts cited a lack of access to healthcare, particularly for uninsured, underinsured, immigrant, or undocumented students. There were frequent mentions of families using emergency rooms as primary care, difficulty obtaining physicals and immunizations, and food insecurity. Several districts also reported a rise in chronic health conditions like asthma, obesity, diabetes, and poor nutrition, often linked to poverty.

3. **Workforce Strain and Increasing Medical Complexity:** School nurses described caring for more medically fragile students and performing complex procedures without adequate staffing. Several districts called for state-supported nurse-to-student ratio standards, noting nurse burnout and the inability to meet growing student needs. Some also observed that

school attendance pressures lead sick children to come to school, which further increases the nurses' workload.

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

1. **Increased Funding and Resources:** Districts are seeking more financial support for various health services, including screening, retaining nurses and health aides, and providing training. They also need funding for updated equipment (hearing, vision, scoliosis), teaching materials, and grants for School-Based Health Centers. There's a call for increased funding for school nurses to combat alarming cuts, and for specific earmarks for health services, after-school programs, and mental health service grants.

2. **Enhanced Staffing and Mental Health Support:** A critical need exists for improved staffing, with requests for mandated nurse-to-student ratios, a school nurse in every school (and two in schools with high-skilled nursing needs), and increased services to retain nurses. Districts also want more nurses in health offices due to complex student needs and language barriers, guidance on substitute nurse pay, and education for staff on appropriate referrals to school nurses. A significant emphasis is placed on increasing access to school-based mental health services, more mental health staff, and counselors specializing in eating disorders.

3. **Clearer Guidelines, Protocols, and Program Initiatives:** Districts are asking for clear guidelines for field trip management, finalization of "Guidelines for Health Screenings," and standardized statewide lice protocols. They also desire up-to-date resources on the state website, the return of nurse supervisor meetings and bulletins, and updated equipment. Specific program initiatives include more comprehensive dental services, a district 504 coordinator with an educational background, increased virtual trainings for school nurses, and more youth, mental, and sexual health education for students and families. Other requests include bringing back free eyeglass screenings, health-based educational programs, more School-Based Health Centers, better food options, education on social interactions, access to affordable immunizations, resources for parents of students with complex health issues (including Autism), and assistance with truancy.

Staffing of Health Services in School Districts

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

1. **Inadequate Staffing Levels and Ratios:** Districts consistently report insufficient nurse-to-student ratios, with many advocating for state-mandated minimums to safely manage the increasing complexity of student health needs. Specific concerns include the need for a second nurse in schools over 500 students, very low staffing at secondary levels (e.g., one nurse for 875 middle school students), and the burden on single RNs who also supervise

staff. The current recommendations are seen as unsafe and not legally required, leading to buildings sometimes operating without a nurse.

2. **Recruitment, Retention, and Compensation Challenges:** There's a significant struggle to recruit and retain qualified school nurses due to uncompetitive salaries and the lack of state recognition of nurses as certified staff. This leads to high turnover and difficulty in maintaining a regular pool of substitute nurses, whose pay is often too low. Many nurses are leaving for better-paying positions in other healthcare settings, contributing to a lack of substitute and float nurses.

3. **Increased Workload, Lack of Support, and Systemic Needs:** School nurses are facing an extreme workload due to the growing physical, mental, and emotional health needs of students, often without a corresponding increase in budget or support staff (e.g., aides, LPNs, administrative help). This leads to burnout and impacts their ability to provide comprehensive care. Districts also highlight the need for better tools, such as a robust Electronic Health Record (like EPIC), and updated protocols and policies to improve operational efficiency and reduce legal vulnerabilities.

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

1. **Mandated Staffing and Fair Compensation:** Districts are calling for the State Department of Education to mandate specific nurse-to-student ratios, taking into account the acuity of student health needs. They also advocate for legislation to classify and compensate school nurses as certified staff, with competitive salaries equivalent to other nursing roles and school employees. This includes establishing a state standard minimum for school nurse pay.

2. **Increased Funding and Support for Staffing:** Requests include additional funding for more than one Registered Nurse per school, especially at the secondary level, and increased funding for substitute nurses to cover absences. Districts also want advocacy for support staff (e.g., secretaries, CNAs, LPNs) in health offices, and consideration for allowing LPNs with supervision to be hired as school nurses. A statewide nursing sub pool or central registry of substitutes is also suggested.

3. **Improved Systems and Resources:** Districts are seeking a more robust Electronic Health Record (EHR) system (preferably EPIC) to improve documentation and efficiency. They also want mandated "start-up/prep" hours for nurses before the school year, updated recommendations on nurse-to-student ratios that account for acuity, and resources to improve nurse retention.

Qualifications of Health Services Staff

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

1. **Compensation and Recognition:** Districts highlight that low pay and the lack of recognition for school nurses as certified staff (they are often on non-certified contracts) make it difficult to attract and retain highly qualified nurses. There's little incentive for BSN-prepared nurses, with only a small pay difference from ADN-prepared nurses. This situation is leading to an aging workforce and a potential staffing crisis.

2. **Educational Background and Professional Development:** While most RNs are BSN-prepared, there's a desire for the State Department of Education to include Associate's Degree in Nursing (ADN) and Doctoral preparation (DNP) as options in their surveys. Districts also express a need for additional state funding for continued education (like MSN level or national certification), as the cost of higher education is prohibitive for school nurses given their current salaries. Support for funding CEU opportunities that are not affected by budgets is also requested.

3. **Autonomy and Supervision:** Some nurses, particularly in smaller charter schools, operate without a supervisor and struggle to find professional development and colleagues for support. There's also a mention of a nursing supervisor with extensive experience. One district emphasizes that the state should not mandate school nurse certification, instead prioritizing years of clinical experience and yearly conferences for professional development.

Coordination of Health Services and Health Education

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?

1. **Need for Enhanced Health Services and Education:** Districts express a strong desire for health-based clinics in high schools, provision of condoms and pregnancy tests to high school students, and the reintroduction of sex education classes. There's also a general need for health services in districts, with some highlighting that their School-Based Health Centers (SBHCs) currently only provide behavioral health services, not medical.

2. **Challenges in Health Education Delivery:** School health nurses have limited time to provide health education due to high office visit volumes and daily treatments. Health education in elementary schools primarily focuses on physical health during PE and social-emotional learning (SEL) in the classroom, with formal health classes beginning in middle school. There's a lack of nutritional curriculum at any grade level in some districts.

3. **Coordination and Collaboration Issues:** Communication and collaboration regarding health services are not always optimal, with staff sometimes preferring to solve issues independently. Nurses feel they should be more involved in health education and collaborative efforts, but time constraints and a lack of coverage hinder their participation. The coordination of health services is also difficult due to a lack of providers in some areas and those accepting new patients.

Data Strengths and Limitations

This report provides an overview of the data collection process undertaken to offer a comprehensive overview of school health services in both public and private schools across Connecticut. Notable strengths of this data collection effort include:

- Rigorous analysis of data obtained from the School Health Services Survey, ensuring high accuracy.
- Enhancement of question formatting and options based on valuable feedback received from respondents.
- Improved analysis methods for open-ended questions, facilitating deeper insights.
- A commendable response rate of 87%.
- Consistent data collection spanning over twenty years, enabling longitudinal analysis and trend identification.

However, like any research endeavor, both data collection and utilization come with certain limitations, including but not limited to:

- Discrepancies in response rates across questions, with numerous instances of missing data. Particularly, districts often omit responses for questions where the answer is "0." However, it's important to note that missing data cannot automatically be assumed to represent zero. This inconsistency in reporting may skew the data towards a more positive direction.
- Reliance solely on one data collection tool without supplementary data from focus groups, interviews, or other triangulated methods.
- Challenges posed by multiple submissions from various districts, complicating the determination of which responses should be included in the final analysis and which require cleaning.

Conclusions

In the 2024-2025 academic year, participants in the School Health Services Survey offered a comprehensive overview of the state of health services in Connecticut school districts. Their feedback, comprising both observations and suggestions for enhancement, was reflected in the significant volume of constructive comments accompanying each survey category. Following thorough analysis by CSDE and EdAdvance staff, the following key conclusions were drawn:

- The landscape of the nursing profession within schools is evolving into a more intricate terrain, with nurses being tasked with a diverse array of responsibilities.
- The prevalence of mental health issues and concerns continues to rise, marking a substantial trend since the initiation of data collection.