

SCHOOL & CHILD-CARE HEALTH SERVICES

IMPROVING THE HEALTH AND WELL-BEING OF NORTH DAKOTA'S MCH POPULATION

SCHOOL & CHILD-CARE HEALTH SERVICES

The school environment has changed significantly over the past few decades. Increasing numbers of children who have special health-care needs related to illnesses such as asthma, cancer, cystic fibrosis and diabetes regularly attend school. However, most children in North Dakota schools do not have regular access to a school nurse. Similarly, child-care settings face the same challenges.

There is growing awareness of the important link between health and education; children need to be healthy to learn and must learn to be healthy. Both early childhood and school-age nursing services support the continuum of the educational process by contributing positively to the health, health attitudes and behavior of today's child and consequently tomorrow's adult.

For 2011 through 2015, the North Dakota Department of Health's Maternal and Child Health (MCH) programs have placed priority on increasing the number of nurses who provide health services to schools and licensed child-care providers.¹ During the North Dakota 2011 Title V MCH Needs Assessment, the priority needs statement and performance measure were identified as follows:

Priority Needs Statement: Increase the number of child-care health consultants and school nurses who provide nursing health services to licensed child-care providers and schools.¹

State Performance Measure: The ratio of students per school nurse FTE (full-time equivalent).¹

North Dakota's Title V MCH performance measures are consistent with applicable national Healthy People 2020 objectives.



HOW DO NORTH DAKOTA SCHOOL HEALTH SERVICES MEASURE UP?

School nursing services are designed to be preventive in nature. They include education to encourage lifelong healthy behaviors, first aid, screening (e.g., vision, mental health), medication administration, injury prevention, nutrition education, physical activity promotion, emergency care, referrals and appropriate management of acute or chronic health conditions of students as well as staff. In 2010, the ratio was 4,357 students for every one school nurse FTE in North Dakota schools. North Dakota's current goal is to reduce the ratio of students to nurses to 4,100 to 1. The National Association of School Nurses recommends a level of 750 students per one nurse for a healthy student population.¹

A student's learning ability is positively related to his/her health status. Unmet health-care needs make it more difficult for students to participate in the educational process. Student success is encouraged by the school nurse through health-care assessment, intervention as necessary, and appropriate follow-up.²

A coordinated approach helps to ensure a continuum of care from child care to school to home to community health-care provider and back. Healthy children make better students, and better students make healthy communities.¹



Divisions

- Children’s Special Health Services
- Family Health
- Nutrition and Physical Activity
- Injury Prevention and Control

Contact us at:

North Dakota
Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, N.D. 58505-0200

Phone: 701.328.2493
Toll-free: 1.800.472.2286
E-mail: dohchshadm@nd.gov

~ Visit us on the web ~
www.ndhealth.gov



References:

¹ North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program; www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf

² National Association of School Nurses; www.nasn.org

³ North Dakota Child Care Resource & Referral; www.ndchildcare.org

⁴ North Dakota KIDS COUNT; www.ndkidscount.org

⁵ California Childcare Health Program; www.ucsfchildcarehealth.org

⁶ North Dakota Department of Health

HOW DO NORTH DAKOTA CHILD-CARE HEALTH SERVICES MEASURE UP?

With more families needing non-parental and out-of-home child care, quality child care is an increasing concern.³ In January 2011, North Dakota had 1,678 licensed child-care providers with the combined capacity to care for 37,145 children ages birth through 13 (which is 34% of children in this age group). Based on the numbers of working parents, 76 percent of children ages birth through 13 in the state may require care.⁴



To advocate for quality child care, a child-care health consultant focuses on health and wellness promotion in addition to injury and illness prevention.⁵ The consultant’s role is to “offer a way to increase the quality of health and safety issues that benefit child-care providers, children and their families.”³ The consultant educates providers on topics such as safe sleep practices, common childhood illnesses/exclusion guidelines, children with special needs, and community resources. Furthermore, the consultant assists in the development of plans to remedy any health and safety issues. Models of child-care health consultations include on-site coaching, telephone consultation, training, and integration into quality improvement initiatives.⁵

Child-care health consultant services are not mandatory; however, child-care health consultation is recommended by the national Maternal and Child Health Bureau as a standard for out-of-home settings in order to safeguard children from harm. North Dakota Department of Health’s Maternal and Child Health programs support this endorsement by providing state-level nurse consultation with the child-care health consultant.³ As of September 2011, North Dakota had the equivalent of only 2.5 child-care health consultant FTEs for all licensed child-care providers in the state.⁶

MOVING NORTH DAKOTA FORWARD

North Dakota Department of Health’s MCH programs have developed a work plan to address the issue of school nursing and child-care health consultants. The increase of school nurses and child-care health consultants in North Dakota is promoted by:

- Analyzing and distributing the results of the 2010 School Nursing Services Survey.¹
- Developing materials to educate community members and decision-makers about the importance and need for health services in schools and child-care settings.¹
- Providing state-level consultation and collaboration with various partners that support health services in schools and child-care settings.¹
- Supplying technical assistance and support to local public health units regarding the utilization of MCH funding for nursing health services.¹
- Fostering increased partnerships with child-care providers that support inclusive child care including options for children older than 12 with special health-care needs.¹