



October 24, 2016

Councilmember David Grosso, Chair of the Committee on Education
Council of the District of Columbia
1350 Pennsylvania Avenue, NW
Suite 116
Washington, D.C. 20004

RE: Public Roundtable Meeting: New Model for School Health Services

Dear Mr. Grosso,

The Asthma and Allergy Foundation of America (AAFA) is pleased to provide written comments and express concerns about the new model for school health services that will be implemented in DC Public Schools and public charter schools beginning in January 2017. Under the new model announced by the Department of Health, many public schools will transition from having one full-time nurse to a program that utilizes nurses, allied health professionals, and social support professionals to provide health services.

AAFA (www.aafa.org), a not-for-profit organization founded in 1953, is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient group in the world. AAFA is dedicated to improving the quality of life for people with asthma and allergic diseases through education, advocacy and research.

Chronic disease among school-aged children is a major national public health concern. Many school-aged children who experience chronic disease live in medically underserved communities and have limited access to health care practitioners. For these children, schools are a vital point of entry to receiving needed health services.¹ Educators and school staff are accountable for ensuring that these students with chronic illness have access to the services they need so that they can remain in the classroom ready to learn.

The District of Columbia (DC)'s Department of Health (DOH) has announced that it intends to change its current school nursing model in its public schools to the "Whole School, Whole Community, Whole Child" model as described by Centers for Disease Control and Prevention (CDC). As part of this change, many public schools in DC will no longer have a full-time nurse, relying instead on other staff to provide health services to the students. AAFA is concerned that reducing the number of full-time nurses will adversely impact children with chronic diseases – specifically those with asthma and life-threatening allergies.

The incidence of asthma and allergies among children in the United States is on the rise. From 1997 to 2007, the prevalence of reported food allergies increased by 18%.² It is estimated that, as of 2011, 6 million children have food allergies in the United States.³ Similarly, 6.3 million U.S. children under the age of 18 report having asthma.⁴ Asthma is the third leading cause of hospitalizations in children⁵ and is the leading chronic disease in children.⁶ In 2013, 13.8 million school days were missed due to asthma.⁷ Allergies are



increasing. They affect as many as 30 percent of adults and 40 percent of children.⁸ Food allergies are a growing food safety and public health concern that affect an estimated 4%–6% of children in the United States.⁹

In the D.C. public and charter school system, asthma and allergies were the most common chronic health conditions in the student population for the 2015-2016 school year.¹⁰

Students with life-threatening allergies and/or asthma have complex medical needs. Nurses provide a vital function in keeping these students safe and healthy. Although laypersons are often instructed about and tasked with medication administration, they can never fully replace the school nurse. The school nurse has the unique skills and training to evaluate medical situations and make appropriate care decisions. For children with life-threatening conditions, this could mean the difference between life and death. For example, a recent child's death at a Pennsylvania school due to an asthmatic reaction was attributed in part to the lack of a school nurse available to treat her.¹¹

Studies have shown that appropriate school nurse staffing results in better student attendance and academic success.¹² Preventing absenteeism is an important goal since, according to a recent analysis of data from the U.S. Department of Education; the District of Columbia's public schools have one of the highest rate of absenteeism in the country.¹³ Moreover, full-time nurses can help reduce excess medical costs.¹⁴ One study determined that for every dollar spent for school nursing, \$2.20 was saved in health care procedures and parent time away from work, improving parent and teacher productivity.¹⁵

In 2008, researchers in North Carolina examined the benefits of having a school nurse for students with specific chronic conditions, including asthma and severe allergies. Their results showed that having a nurse greatly improved the quality of life for these children. With the guidance of the nurse, the students gained knowledge and skills to better manage their illnesses, which lead to better classroom participation and grades.¹⁶ At the end of the school year, children experienced an improvement in quality of life and gained skills and knowledge to manage their illness more effectively.¹⁷ Classroom participation, grades, and participation in extracurricular activities also increased for many children.¹⁸

Further, the importance of having sufficient school nurses for all students is reflected in Healthy People 2020 objective ECBP-5: “to increase the proportion of elementary, middle, and high schools that have a full-time registered school nurse-to-student ratio of at least 1:750.”¹⁹ In urban schools, research has shown that nurse-based asthma care contributed to significant improvements in the health of asthmatic students, resulting in better attendance and fewer hospital and emergency room visits.²⁰

More recently, a study was completed in 2013 between the Lucile Packard Foundation for Children's Health and the San Jose, California Unified School District. Their research found that parents whose children attend schools without a full-time school nurse reported twice as many emergency department visits for asthma as did those in schools with a full-time school nurse.²¹ Having a full-time school nurse further reduced the academic achievement gap



between students with asthma and students reporting no chronic health conditions. Fifty percent of asthmatic students in the schools with full-time school nurses had significant gains in either their math or English-language arts scores.²²

AAFA is especially interested in tracking and identifying states whose policies recognize and address the challenges of asthma and allergies in schools. AAFA produces an annual State Honor Roll of Asthma and Allergy Policies for Schools that describes states with the best public policies for people with asthma, food allergies, anaphylaxis and related allergic diseases in U.S. elementary, middle and high schools. (<http://www.aafa.org/page/state-honor-roll.aspx>). Each year, AAFA identifies a comprehensive list of policies covering medication, access to care and the school environment, and then reviews state statutes to assess how each state's legislation compares to the baseline standards.²³

The American Academy of Pediatrics recommends that there be a minimum of one full-time professional school nurse in every school.²⁴ Similarly, the CDC's "Strategies for Addressing Asthma in a Coordinated School Health Program" call for "a full-time registered nurse all day, every day for each school."²⁵ The D.C. schools have made great progress over the past decade resulting in 90% of schools in the District having a full-time nurse.²⁶ It would be a great disservice to undo this progress now as the need for complex medical care in the student population increases.

AAFA urges the committee to recognize the value that having a full-time nurse in every school provides. Full-time nurses save money for schools in the long run and help to level the playing field for students with chronic conditions. In addition, the entire school community benefits from a healthy and productive school environment. AAFA believes it is imperative that the D.C. schools ensure that schools have a full-time nurse whenever possible for the good of students and their families, teachers, administrators as well as other stakeholders.

AAFA appreciates the opportunity to offer comments to the Council and is eager to assist in any way that we can, to help further inform the Council's considerations. If you require additional information or clarification, please do not hesitate to contact me at csennett@aafa.org or Meryl Bloomrosen, AAFA's Senior Vice President Policy, Advocacy, and Research at mbloomrosen@aafa.org.

Regards,

Cary Sennett, MD, PhD
President and CEO



¹ Results from the School Health Policies and Practices Study 2012 U.S. Department of Health and Human Services Centers for Disease Control and Prevention 2013

http://www.cdc.gov/healthyyouth/shpps/2012/pdf/shpps-results_2012.pdf. Accessed 10/24/16

² Branum AM and Lukacs SL. Food allergy among children in the United States. *Pediatrics*. 2009;124(6). <http://www.ncbi.nlm.nih.gov/pubmed/19917585> (accessed on 10/20/2016)

³ Gupta, et.al, The Prevalence, Severity and Distribution of Childhood Food Allergy in the United States, *Pediatrics*, Volume 128, No.1 (July 2011) (accessed 10/20/2016 at <http://pediatrics.aappublications.org/content/128/1/e9.full.pdf>).

⁴ Centers for Disease Control and Prevention. Fast Stats. <http://www.cdc.gov/nchs/fastats/asthma.htm> (accessed on 10/20/2016)

⁵ Centers for Disease Control and Prevention. National Surveillance of Asthma: United States 2001-2010. http://www.cdc.gov/nchs/data/series/sr_03/sr03_035.pdf. (accessed on 10/20/2016)

⁶ Centers for Disease Control and Prevention. Asthma: Asthmastats. http://www.cdc.gov/asthma/asthma_stats/default.htm (accessed on 10/20/2016)

⁷ Superville, D., & Blad, E. (2014). Philadelphia tragedy highlights role of school nurses. *Education Week*, 33, 7. Retrieved from

http://www.edweek.org/ew/articles/2014/06/04/33philly_ep.h33.html?qs=Philadelphia+tragedy+highlights+role+of+school+nurse; Boyle, J. (2014, September 3).

⁸ American College of Allergy, Asthma, and Immunology. Allergy Facts. <http://acaai.org/news/facts-statistics/allergies> Accessed 10/24/16

⁹ <http://www.cdc.gov/healthyschools/foodallergies/index.htm>. Accessed 10/24/16

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http://doh.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/School%20Health%20Needs%20Assessment%202016.pdf at page 8, Figure 3.

¹¹ Suit: Lack of school nurse contributed to 12-year-old asthmatic girl's death. *Pennsylvania Record*. Retrieved from <http://pennrecord.com/news/14598-suit-lack-of-school-nurse-contributed-to-12-year-old-asthmatic-girls-death>

¹² Cooper, P. (2005). Life before tests: A district's coordinated health approach for addressing children's full range of needs. *School Administrator*, 62(9), 25-34. Retrieved from

<http://www.aasa.org/SchoolAdministratorArticle.aspx?id=7780>

¹³ Moricca, M.L., Grasska, M.A., BMarthaler, M., Morphey, T., Weismuller, P.C., & Galant, S.P. (2013). School asthma screening and case management: Attendance and learning outcomes. *The Journal of School Nursing*, 29(2), 104-12. doi: 10.1177/1059840512452668

<http://bigstory.ap.org/article/2faf20ec1a03405b82b47d145c56d889/report-fewer-school-suspensions-lots-absences>

¹⁴ Wang, L.Y., Vernon-Smiley, M., Gapinski, M., Desisto, M., Maughan, E., & Sheetz, A. (2014). Cost-benefit study of school nursing services. *Journal of the American Medical Association-Pediatrics*, 168(7), 642-648. doi: 10.1001/jamapediatrics.2013.5441. Retrieved from

<http://archpedi.jamanetwork.com/article.aspx?articleID=187277>

¹⁵ Id

Engelke, M., Guttu, M., Warren, M., & Swanson, M. (2008). School nurse case management for children with chronic illness: Health, academic, and quality of life outcomes. *The Journal of School Nursing*, 24(4), 205-214.

¹⁶ Engelke, M., Guttu, M., Warren, M., & Swanson, M. (2008). School nurse case management for children with chronic illness: Health, academic, and quality of life outcomes. *The Journal of School Nursing*, 24(4), 205-214.

¹⁷ Id

¹⁸ Id



¹⁹ U.S. Department of Health and Human Services. Healthy People 2020. Washington, DC: U.S. Department of Health and Human Services; 2010. <http://www.healthypeople.gov/2020>. Accessed 10/24/16.

²⁰ Levy, M., Heffner, B, Stewart, T., & Beeman, G. (2006). The efficacy of asthma case management in an urban school district in reducing school absences and hospitalizations for asthma. *Journal of School Health*, 76(6), 320-324

²¹ Eunice Rodriguez DrPH, Diana Austria Rivera BA, Daniella Perlroth MD,, Edmund Becker PhD, Nancy Ewen Wang MD, Melinda Landau RN, MS (2013). School Nurses' Role in Asthma Management, School Absenteeism, and Cost Savings: A Demonstration Project. *Journal of School Health*, 83(12), 842-850.

²² Id.

²³ Asthma and Allergy Foundation of America (AAFA) 2015 State Honor Roll Executive Summary. <http://www.aafa.org/media/SHR-Executive-Summary-2015.pdf> Accessed 10/24/16.

²⁴ Role of the School Nurse in Providing School Health Services, COUNCIL ON SCHOOL HEALTH Pediatrics 2016;137;; originally published online May 23, 2016; DOI: 10.1542/peds.2016-0852 <http://pediatrics.aappublications.org/content/pediatrics/137/6/e20160852.full.pdf>

²⁵ <http://www.cdc.gov/healthyschools/asthma/strategies/asthmacsh.htm>

²⁶ <http://childrensnational.org/advocacy-and-outreach/in-the-community/community-partnerships/childrens-school-services/initiatives>