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From intention to action: Nurses as policy advocates for asthma care in schools

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Abstract

Nurses are familiar with policy at the federal, state, local, and institutional level but drafting a policy memo might be new to some. School nurses may have an interest in writing a health policy memo on their own, with colleagues, as part of a nursing organization, or with students who are interested in learning about policy development, school health, and safety. The intention of writing a policy memo is to offer a concisely written analysis of an issue including background, landscape, available options, along with recommendations for action to persons in authority, such as congressmen, senators, local officials, or school boards.

The first section of this article serves as an exemplar of a policy memo, using the public health topic of asthma. Next, the article focuses on barriers to policy development for this condition in schools and offers selected strategies to address those barriers. While a discourse concerning barriers is not a typical component of a policy memo, this section shows how school nurses can draw on evidence to consider the best way to make positive change. To construct a sturdy argument for change, school nurses need to appreciate potential counterarguments which is why this exemplar is included.

Keywords

asthma; advocacy; policy development; safety; school nurses

Why should school nurses be involved in health policy? One might also ask, who better to be involved in health policy than school nurses providing care to students every day, all day throughout the school year? School nurses are not only able, but are called to share their voice, knowledge, and clinical expertise regarding the many topics encountered in school health. School nurses are equipped to offer local, state, and national leaders a unique perspective, through synthesizing, translating, and framing school health challenges for policymakers.

A policy memo is a written document that provides both an analysis of a problem or state of affairs, as well as recommendations for actions on the problem. The first step to preparing a policy memo includes writing a policy matrix with bullet points to organize the argument. Begin the argument with a statement of the issue. Next provide the background, surrounding ethics, and a description of the landscape related to the problem or topic. Show that the statements are evidence-based by using citations and providing a reference list for the policy statement. Lastly, present options for consideration as well as a final recommendation from those options. See Figure 1 for sample policy memo. In the example topic of asthma, three options for consideration are provided.

Barriers and suggestions to overcome barriers to school health services

Though not typically included in the policy statement, it is a helpful exercise to write out the barriers for the issue before presenting a policy statement. In the event one has the opportunity to dialogue about the issues with stakeholders, this writing exercise is beneficial to offer counterarguments, and prepare for rebuttal if necessary.

Advocating for school health services is not new (Lear, 2007) and even with the rise of school-based health clinics (SBHCs) since the early 1960's their acceptability is still not widespread (Pheterson, 2008). However, given the current political climate, school nursing and school health services face cutbacks which would be detrimental knowing that only about 39% of schools employ a full-time nurse (Roberts, 2017). Adequate funding, a lack of resources and support, insufficient time, communication challenges, limited knowledge and lack of awareness among stakeholders of the role and expertise of the school nurse is lacking in many school health facilities (Hanley Nadeau & Toronto, 2016; Seigart, Dietsch & Parent, 2013). The student who is not aware of his/her symptoms or is in poor control with little understanding of the role of medications with any chronic illness may also present as a barrier. School nurses should consider language differences, as well as medical jargon, as a barrier when talking with parents and children (Liberatos, Leone, Craig, Frei, Fuentes & Harris, 2013).

Methods to address barriers in support of school-based health services include developing an awareness of policies and laws in the state in which a practitioner works, supporting research, gaining an understanding of barriers, and having a willingness to discuss interventions to tackle the roadblocks that occur. School nurses may consider writing op-eds for newspapers, contacting local legislators regarding health issues and concerns, and presenting at Parent Teacher Association (PTA) and Community Board meetings. Concerning barriers, healthcare providers and school staff should not shy away from addressing social determinants of health and offering resources to families as needed. School health research should measure attendance rates, return to classroom times as well as time spent in the health office, and investigate funding sources outside the usual channels to support school health programs.

In the school setting, barriers for adolescents and young adults in their asthma management may differ from those of younger children. For example, teens have lower use rates of preventive medication resulting in reduced disease control and may also face issues

regarding insurance (Panzer, Schneider, Martinasek, Lindenberger, Couluris, Bryant & McDermott, 2013). Having a conversation with teens regarding stigma and asking how they feel about using their inhaler in front of peers, how they acquire their medication, and how their medicine is paid for is vital in safely supporting the adolescent with self-management skills. Teens often share that they are in a rush in the morning and forget to take their medication or may voice frustration that taking medication and having a chronic disease interferes with other aspects of their lives. One way to address this is to talk with the adolescent about how it feels to be in control of their disease. Ask the teen if they feel supported in school and if they would like assistance in talking about disease management with peers, teachers and/or coaches. Finally, the use of technology may be helpful and worth exploring with the adolescent population. Encourage a conversation supporting the use of technology which may include receiving allergy alerts, weather updates, and setting reminders regarding when to take medication.

Conclusion

School-based health care aims to promote healthy children, less absenteeism, better learning and healthier communities. School nurses need to stand up for the issues that are important to quality school health services and student safety. One way to do this is through a written policy memo. A well-written memo will reflect an intended purpose, including background and landscape, with clear and concise recommendations to those involved in policy decision making. Decision makers need to hear from school nurses, the experts in the school health care system. Advocacy and policy writing build on nursing skills including assessment, critical thinking, professionalism, communication, and compassion. It is important to remember that when making a recommendation regarding a policy option, one needs to consider and assess the policy window to determine if the time is right to propose the suggestion. See Box 1 for additional helpful hints on how to be an active policy advocate.

We are witnessing a very active adolescent and young adult movement for more safety in our schools. As school nurses, our engagement and mentoring of students who have an interest in policy work, including memo writing, is an example of providing those students with a voice. It is also one component of a much bigger picture of the importance of our role as advocates, teachers, and health providers. School nurses: encourage and offer support to students to navigate their path to become active on youth councils, local boards, governance, and advocacy groups. Engagement and participation will not only help students with leadership and self-esteem but will increase their stake in their communities. Allow policymakers to hear your personal stories of caring for students and families to support the background and landscape of the issue. Good luck with writing and advocacy, and remember that you, school nurses, are the school health experts and will do a great job advocating for students.

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Figure 1 Sample policy memo

To: Congressman “X”

From: *Your name*

Subject: Policy Proposal to Support a Safe Environment for Students with Asthma in our School System

Date: June 11, 2018

Statement of the Issue:

Asthma is a chronic lung disease that affects 8.4% of children under the age of 18 in the United States (Centers for Disease Control and Prevention [CDC], 2017a). Asthma often negatively affects academic achievement in school-aged children and leads to high absenteeism, cognitive delays, and increased dropout rates (Basch, 2011). What action can you (Congressman X) take to ensure that students with asthma have the opportunity to excel in a safe school environment with access to health care resources?

Background:

Asthma, the most common chronic respiratory illness in children, affects 6.2 million children in the United States (Zahran, Bailey, Damon, Garbe & Breysse, 2018). Approximately 36,000 children miss school each day due to asthma symptoms, with low-income students comprising a majority of this group (Meng, Babey & Wolstein, 2012). School health programs can address health care equity by supporting access to health services. In 2014, there were over 27,000 emergency department visits for children under the age of 15 with 550 of those children admitted to the hospital (National Center for Health Statistics, 2014). Concerning access to school health services, only 33% of US school districts require their schools to have a full-time school nurse, and 18% require that the school has at least a part-time nurse (CDC, Division of Adolescent and School Health, 2017b). The Asthmatic Schoolchildren’s Treatment and Health Management Act was signed into law in 2004 to establish that all 50 states could ensure that students had the right to self-carry a quick-relief inhaler at school (School Stock Albuterol and Asthma Management [SSAAM], 2018). The current policies that we have in schools across the country do not do enough to ensure access to albuterol (a quick-relief inhaler) (SSAAM, 2018). One large urban school district reported that fewer than 20% of students with asthma have access to albuterol (Gerald, Snyder, Disney, Gerald, Thomas, Wilcox & Brown, 2016) which serves as an example of the problem with access to necessary medication as both a health and safety issue. Additionally, there are only twelve states with laws or guidelines that permit schools to stock albuterol with a prescription to administer to any student whom they believe to be in respiratory distress (SSAAM, 2018). Access to medication and school personnel who know how and when to deliver emergency medication is necessary. School-based healthcare aims to safely and respectfully offer support to students to gain knowledge, skill development and self-care techniques for chronic disease management. The transitions of young adults and teens into adulthood requires assistance with chronic disease self-management, and the

school setting is an opportune location for this to occur to complement medical care received in the community.

Ethics and values for consideration:

Parents have the right to know that their children will be well-cared for in an emergency during the school day. No matter the disability or chronic disease all children should have access to quality healthcare which includes health services during the school day, as well as access to stock emergency medications (albuterol and epinephrine). Children are a vulnerable population and require contact with a consistent point of care during the day, and the school nurse can fill that role. Having access to a school nurse who can assess asthma severity and whether or not medication such as an inhaler is needed is a necessity for quality school-based asthma management.

Landscape:

The most important stakeholders to consider are the students with asthma (the individual). Also, there are family members, school personnel, school nurses, community health care providers (the microsystem); school community, insurance companies, and the healthcare system (the exosystem); and legislation (the macrosystem). Creating a network between the community and the school system should be encouraged and supported. A funding source for professional training should be established for healthcare providers as well as school staff involved in indoor air quality management and pest control. Knowing that in the United States, asthma costs exceed 50 billion dollars for direct care expenditures and indirect costs, such as lost time in work or school should be considered (Barnett & Numagambetov, 2011). The other budgetary issue to consider is the cost of an individual inhaler which can range from \$5-\$60 depending on insurance status and copays (Cost Helper, 2018). There are many federal and state government agencies available to support students and families with asthma (CDC, 2018a) and the Affordable Care Act (ACA) has shown that we have the political will to demonstrate that by increasing insurance access we support access to care (Collins, Gunja, Doty & Beutel, 2017).

Policy options for consideration:

Option 1: Support HR 2285, “The School-Based Respiratory Health Management Act,” which would amend the Public Health Service Act (PHSA) (School-Based Respiratory Health Management Act [H.R. 2285], 2017). This Act would award grant money for specific allergies and reversible lower airway disorders to States that allow trained school personnel to administer allergy and asthma rescue medications (H.R. 2285, 2017). This bill hopes to ensure that students with asthma remain in a safe school environment by addressing many variables related to pediatric asthma morbidity and mortality reduction including school personnel receiving training on how to help children with asthma. Having stock albuterol, a rescue asthma medication, in schools would also help families and children with asthma. There are currently only twelve states with laws or guidelines that permit schools to stock albuterol (which is a part of this Act) with a prescription and to administer the medication to a student who is believed to be in respiratory distress (SSAAM, 2018). Hiring additional workforce would not be needed for the passage of this bill, but it is essential to train current

school personnel and nurses to make sure that all involved stakeholders are on the same page. Costs for the program could come from grant monies that the state receives to support the program (H.R. 2285, 2017). The capacity to pass this bill is present. In 2013, the School Access to Emergency Epinephrine Act was passed into law (Food Allergy and Resource Education [FARE], 2013). The epinephrine bill is similar to HR 2285, but in the epinephrine case, the law encouraged schools to stock undesignated (stock) epinephrine for emergencies (FARE, 2013). The connection between the Epinephrine Act and HR 2285 sends a strong message to all who care for children that asthma and allergies must be addressed during the school day.

Option 2: Support HR 5251 (NURSE Act [H.R. 5251], 2018, S 2532 (NURSE Act [S. 2532], 2018 both known as the “NURSE Act.” These bills aim to distribute demonstration grants to support an increase in the number of school nurses in public and secondary schools where not less than 20% of the students are eligible to participate in the school lunch program (H.R. 5251, 2018; S 2532, 2018). The cost and consideration of this program are that more school nurses would need to be hired throughout the country and the average national salary for a school nurse is \$48,000 (Salary.com, 2018). Each state, school district, and individual school would need to consider this cost. Schools may benefit from the grants received and see results that show the presence of the school nurse helps increase “seat time” for children with asthma, fewer absences and less emergency department visits. The support of community leaders in meeting the goal of having a nurse in every school would be worthwhile to pursue to establish this objective.

Option 3: Support and encourage local school districts to participate in Environmental Protection Agency (EPA) training regarding indoor air quality programs targeted for schools. Many factors in both the indoor and outdoor environment can trigger or worsen asthma symptoms. Addressing these concerns should be a part of the asthma management plan at the school and district level. There are many educational resources and webinars available at low or no cost from both the CDC and the EPA to support an active asthma management program (Environmental Protection Agency [EPA], 2018a; EPA, 2018b; CDC, 2018b). School staff should receive training regarding policies around smoking, pest management, food storage, maintenance of leaks and cleaning procedures. There should be no additional costs in staffing if services are correctly coordinated.

Recommendations:

Support HR 2285 which would amend the PHSA and give preference to states through grant money to allow trained school personnel to administer rescue medication for allergies and reversible lower airway disorders (H.R. 2285, 2018). The American Thoracic Society supports this policy which aims to improve the health and academic outcomes of students with asthma (American Thoracic Society, 2018). This policy is broadly worded and should be individualized in ways that are consistent with state and local laws. Additionally, a policy and procedure document should be adapted for individual schools use to clarify the stock bronchodilator policy to fit the needs of the school. The school nurse can serve as the health leader of this program. We would also encourage support of programs such as the asthma programs offered by the EPA which are free or low-cost options. Many schools are already

performing items that the EPA boosts, and the programs are an excellent source for environmental support. The ultimate goal is to keep students with asthma safely in school with access to care, which includes emergency medication. These recommendations would also support children and adolescents with self-care management. Students should be active participants in their healthcare and begin to learn about programming that a school may incorporate to support environmental topics.

Biographies

Ms. McCabe is a doctoral student interested in studying school nurses, asthma management and school-based health policies. She is also an associate fellow for the Center for Public Health Initiatives in the Division of Public Health as well as the Leonard Davis Institute of Health Economics at the University of Pennsylvania

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Box 1 Helpful Hints for Policy Advocacy

1. Write or pick up the phone and call your mayor, congressman and/or senator about a health issue in which you are passionate.
2. Share a story about a child you saw last week, last month or within the year.
3. Synthesize and translate what you want that stakeholder to know about the particular issue.
4. Use your nursing skills to present not only the issue but a plan.
5. Be purposeful, clear, concise and organized.
6. Be prepared not always to hear back from the stakeholder and do not be discouraged by this.
7. Be a role model for your fellow school nurses and your students.
8. Encourage your students to write, call and stay involved.
9. Remember that you are the school health expert. You can do this!