EVALUATION OF THE SCHOOL HEALTH PROGRAM

§ 1. OVERVIEW

SECTIONS:

THE IMPORTANCE OF EVALUATION

Historically, school nurses have focused their attention on treating and preventing illness and injury in the school setting and have spent less time measuring the impact of their many programs and interventions on school-related outcomes, such as student academic achievement, overall school safety, or parent involvement. Most evaluation measures tracked events in the school nurse's office, such as numbers of children seen, medications administered, or current immunizations.[1] Health professionals' vocabulary was not couched in terms of school accountability. Some school districts often substituted a personnel appraisal for program evaluation, using the school nurse's performance as a representation for the performance of the program as a whole. Only a few school districts or states implemented a comprehensive evaluation component into their school health programs.[2]

Recently, the importance of effective evaluation in school health programs has become more of a priority for school districts and their nursing staff. There is a greater understanding of how school health services relate to educational success. There is also a greater need to relate school health services and educational success.

Due to school accountability reforms and budget constraints, state and federal health agencies, local school boards, funders, and researchers have begun requiring that school health programs provide more thorough, outcome-based evaluation for all aspects of the program in order to determine a school's effectiveness in meeting the health needs of students.[3] (This type of evaluation is over and above the diagnosis of a student health concern, which also involves evaluation on the part of the nurse.) The benefits of instituting and maintaining a high-quality evaluation program for school health services include:

[1] Washington State Office of Superintendent of Public Instruction (2001). *School nurse outcome measures.* Children's Hospital and Regional Medical Center, Center for Children with Special Needs.

[2] Health Policy Coach (c. 2000). *Adopting the eight components: Developing an evaluation plan.* http://www.healthpolicycoach.org/policyframe.asp.

[3] Stock, J., Larter, N., Kieckehefer, G., Thronson, G., and Maire, J. (1999). "Measuring Outcomes of School Nursing Services." *Journal of School Nursing, 18*(6), 353−359; Minnesota Department of Health (1996). *Minnesota school health guide*, Chap. 2, "Program Evaluation." http://www.health.state.mn.us/div/fh/mch/CAREweb/schoolhealth/chapter2.html.

OVERVIEW (continued)

- Better health outcomes for all students.
- More effective health services.
- More efficient health programs and services.
- Increased participant/student satisfaction.
- Increased credibility for the district.

An effective evaluation system provides the school district, community stakeholders, and decision makers the critical feedback needed to support continuous improvement of the quality of school health services offered through the district. Without this information, it is increasingly difficult to justify the use of educational resources to support school health in general and school nurses in particular.[4]

POSSIBLE OUTCOMES IN AN EVALUATION OF A SCHOOL HEALTH PROGRAM

An effective evaluation model for all aspects of a school-based health program covers a variety of school-based programs and services including:

[4] Newell, S., Schoenike, S. L., Lisko. E. A. (2003). "Quality assurance in school health." *Journal of School Nursing. 19*(3), 157−162; Ryberg, J. W. (2003). "Data speak: Influencing school health policy through research." *Journal of School Nursing, 19*(1), 17–22; Igoe, J. B. (2000). "School nursing today: A search for new cheese." *Journal of School Nursing.* , *16*(5), 9–15.

STUDENT HEALTH STATUS

Student health status refers to the tracking of individual student health status and assessment data, as well as monitoring broad health indicators for the entire student body. Broad health status indicators might include: height and weight, BMI (Body Mass Index), immunization status, drug and alcohol usage rates, rates of STDs (sexually transmitted diseases) or pregnancy, percentage of children on psychotropic medications, chronic illnesses or conditions (e.g., asthma, diabetes, mental retardation), injuries (intentional and unintentional), and functional levels (e.g., physical limitations, behavioral problems, cognitive levels). In order to ensure that appropriate programs are available, these data have implications for staffing and program development.

This type of assessment and the nurses' role in general health assessment is covered in the sections on Health Assessments, The Role of the School Nurse, and Screening. This evaluation should be done at least annually.

SERVICE UTILIZATION MEASURES

These include information on the utilization of health and human services programs within the

OVERVIEW (continued)

school and community, such as the use of emergency room services, hospitalizations, the number of students who lack a primary care provider or a regular source of medical care, incidence of accidents in schools, improved student management of asthma, increased immunization rates, and decreased inappropriate visits to school nurse. These data may have implications for the types of services offered by the school.

DEMOGRAPHICS AND RISK INDICATORS

Demographic data and risk indication data are necessary to determine the effectiveness of school health programs. Thus, every school or district should have the following information at hand: [I am not sure this is what you want to say, but you do need something general here to introduce the section and the list.]

- *Socio-demographic measures* – These include variables such as race/ethnicity, number of siblings, and family structure.
- *Environmental measures* – These include air and water quality indexes and neighborhood characteristics.

Behavioral risk indicators – These will vary by age of the population, but could include indicators on smoking, alcohol and drug use, seat belt usage, sexual behavior, nutritional intake, and physical activity.

INDIVIDUAL HEALTH PROGRAM EFFECTIVENESS

Every school district offers a variety of activities and curricula designed to teach certain positive health behaviors and reduce negative or risky behaviors. Often the school nurse is called upon to teach these programs and to participate in evaluating their effectiveness. Outcomes include: improved student self-esteem, increased student knowledge of health concepts, and increased student knowledge of sexuality issues. The timing of this type of evaluation could depend on the school calendar, whether the specific curriculum/activity is part of an ongoing research design, or if it has a built-in evaluation component.

EDUCATION-RELATED OUTCOMES These include readiness to learn, improved attendance, and academic success.

OVERALL QUALITY OF SCHOOL HEALTH SERVICES This area involves evaluating all of the direct services offered through the school nurse office or health clinic. The evaluation is targeted at answering the question “How is the school health office working?” Measures might include the number of

OVERVIEW (continued)

Uses of School Health Evaluation Data

- Conducting local and state needs assessments.
- Directing program planning and management.
- Assuring follow-up services after problem identification.
- Evaluating programs and services.
- Tracking health status improvement.
- Developing policy directions and initiatives.
- Monitoring state-mandated programs and screening.
- Complying with federal reporting requirements.

Source: Minnesota Department of Health, *Minnesota school health guide*, Chap 2, "program Evaluation."

http://www.health.state.mn.us/divs/fh/mch/CAREweb/schoolhealth/chapter2.html#evaluation.

services provided by the school nurse, the type of services offered, the timeliness of the service, the cost effectiveness of the services, the quality of the service, and user satisfaction. This type of evaluation should be done at least annually.

SCHOOL NURSE IMPACT AND PERFORMANCE

This evaluation looks at the set of standards to which the school nurse is held (both professional nursing and educational standards, as appropriate) and then details the degree of achievement on those standards. Often the standards by which the school nurse is evaluated are the same ones the actual program is being measured against. The timing for this type of evaluation usually corresponds to the school's human resources performance rating schedule, or at least once a year.

TYPES OF EVALUATIONS

Each of the categories discussed above can be evaluated using process measures, outcome measures, or a combination of both.

PROCESS EVALUATION

It monitors whether the program was implemented as planned, how many individuals received the program or service, and how many times the program occurred in a particular period. Typically, process evaluation involves numerically tracking the number of events or hours of service that occur around a program. Process evaluation can include feedback on whether participants thought the program was of quality through the use of a survey. Process evaluation does not address the overall impact of the program on the students and the school in general. Examples of process evaluation in the school setting might include:

- Number and hours of all activities of the school nurse.
- Number of medications dispensed to particular children.
- Number and type of student visits to the school nurse.
- Number of hours devoted to staff education and communication.

OUTCOME EVALUATION

It studies the results of a program or service on the targeted population. Outcome evaluation can apply to the impact of one health module on student behavior or the effectiveness of a schoolwide initiative to promote healthy lifestyles in the entire school population. A major goal of outcome evaluation is to determine if behavior actually changed as the result of the intervention. Two of the most

OVERVIEW (continued)

common tools used in outcome evaluation are student behavioral surveys and database systems designed to monitor and track relevant health indicators. Examples of important school health outcomes that might be measured using outcome evaluation include:

- Impact of school nurse services on student health.
- Relationship between school nurse practice and education outcomes.
- Benefits and cost-effectiveness of school health services.
- Value of school health services to the education system.
- Predictors of outcomes for students, including special needs students.
- Nursing interventions for mental health promotion.
- Characteristics of successful school nurse interventions.
- Prevention and interventions for children with chronic diseases.[5]

COMMUNICATING EFFECTIVELY WITH OTHERS

The most effective evaluations use common indicators across similar domains (e.g., measuring apples and apples) and language that everyone understands and can use across disciplines (e.g., health and education). In the case of school health, problems can arise when evaluating the quality and outcomes of the program. Educators often are not familiar or comfortable with health-related language, and nurses are not in tune with the language used by educators.

STANDARDIZED LANGUAGE

Often school nursing organizes and describes itself in terms of medical problems, diagnoses, and diseases rather than in terms of positive client outcomes. This can make it difficult for nonhealth professionals to recognize the impact of specific nursing interventions on school outcomes, such as attendance or academic achievement. When the schools nurse's contributions go uncategorized and unrecognized, nurses are unable to have a significant impact on decisions affecting health policy, which drive funding decisions.[6]

One reason behind this difficulty has been lack of a common, institutionalized vocabulary recognized by health professionals and translated into education language for

[5] Denehy, J. (2003). "Developing a program of research in school nursing." *Journal of School Nursing. 19*(3), 125–126.

[6] Kansas Department of Health and Environment. (1996*). School nursing and integrated child health services: A planning and resource guide for schools, health departments, and primary care providers in Kansas communities, NANDA, NIC and NOC*; see also note 4.

OVERVIEW (continued)

nonhealth professionals. The North American Nursing Diagnosis Association (NANDA) introduced standardized nursing terminologies to improve the quality of nursing care, as well as the visibility of nursing, by documenting reliable information about nursing practice. The Nursing Interventions Classification (NIC) and the Nursing Outcomes Classification (NOC) were developed for use with NANDA and other diagnostic systems.[7]

NIC acts as a glossary of treatments that nurses perform in all settings and specialties. A nursing intervention is any treatment, based upon clinical judgment and knowledge, that a nurse performs to enhance client outcomes. NIC interventions can include both physiological actions (e.g., tube feeding, medication administration), psychosocial actions (e.g., anxiety reduction, smoking cessation assistance). NIC uses terms such as illness treatment (e.g., hyperglycemia, seizure management), illness prevention (e.g., injury prevention, risk identification), and health promotion (e.g., exercise promotion, good nutritional choices). Interventions can be for families and communities (e.g., family integrity promotion, environmental management) or for individuals.[8]

NOC is a collection of terms to define client status following nursing interventions or outcomes. These outcomes measure or quantify the effects of nursing interventions and can be used in all settings (including schools) and with all client populations (including students). Standardized outcomes are designed for use across the care continuum and can measure client status through various health events over extended periods of care. Seven NOC domains describe the desired client response: Functional Health, Physiologic Health, Psychosocial Health, Health Knowledge and Behavior, Perceived Health, Family Health, and Community Health.

School nurses and school-based health centers (SBHCs) have joined the health world in relying on computerized health information systems for documentation. Computer programs have driven the move toward unified medical and nursing language systems (UMLS, UMNS [not UNLS?]) in order to facilitate the comparison

[7] National Association of School Nurses. (2001). *Position statement. Nursing classification systems: North American Nursing Diagnosis Association (NANDA), nursing interventions classification (NIC), and nursing outcomes classifications (NOC).* http://www.nasn.org/positions/nanda.htm .

[8] Cavendish, R., Lunney, M., Luise, B., and Richardson, K. (2001). "The nursing outcomes classification: Its relevance to school nursing." *Journal of School Nursing*, *17*(4), 189−197.

OVERVIEW (continued)

of data among health care systems and providers. The American Nurses Association has approved NANDA, NIC, and NOC for inclusion in the unified nursing language system.

- **Health Plan Employer Data and Information Set (HEDIS)** It is a set of performance measures developed to provide health plan purchasers and users with sufficient information to compare services and clinical outcomes of various managed care plans. HEDIS measures are grouped under eight domains, or categories, that might apply to care provided in a school-based health center. Those domains are effectiveness of care, access/availability of care, satisfaction with the experience of care, cost of care, stability of the health plan, informed health care choices, use of services, and health plan descriptive information.[9] Colorado school-based health centers follow some clinical outcome measures that are based on HEDIS, including: completed immunizations by age 6, completed Hepatitis B vaccines by 7th grade (a state requirement), and providing well-child visits to a certain portion of enrollees each year.[10]

- **Continuous Quality Improvement (CPI)** Increasingly, SBHCs are beginning to use a comprehensive annual risk assessment at the elementary, middle, and high school levels to detect and address important health concerns. Within each age group, there are "sentinel conditions"—certain conditions that stand out because they represent typical health risks for that age and because they may serve as a measure of good health care delivered. These conditions represent those conditions of health commonly encountered and treatable in a SBHC setting. SBHCs are using this relatively limited number of conditions to focus on meaningful evaluations that allow for local and national comparisons among sites. SBHC policymakers assume they will edit the list of conditions as success is

[9] Center for Health and Health Care in Schools (n.d.). *School-based health centers - managed care. HEDIS 3.0: A guide for SBHCs.* http://www.healthinschools.org/sbhcs/papers/HEDISguide.asp.

[10] The National Assembly on School-Based Health Care (1998). *School-based health centers – Financing the new child health insurance expansions: How will school-based health centers fit in? The experiences of Colorado and Connecticut.* Center for Health and Health Care in Schools. http://www.healthinschools.org/sbhcs/papers/insurance.asp.

OVERVIEW (continued)

achieved with the initial measures.[11]

Table 1: Sentinel Conditions as Noted by SBHC Continuous Quality Improvement Tool

	Elementary School	Middle/Junior High	High School
Annual risk assessment	X		
Alcohol use			X
Asthma	X		
Age appropriate screen		X	
Biennial physical exam	X		
Child abuse	X		
Incomplete immunizations	X		
Poor school performance	X		
Mental health	X (ADHD)	X (ADHD; At Risk for Depression)	
Parent-child conflict		X	
Risk of personal violence			X
Risk of pregnancy		X	
Risk of STI			X
Tobacco use		X	

[11] [Info?]

§ 2. LEGAL CONSIDERATIONS

Nurses and physicians providing health care services in the nonhealth care environment of the schools often find themselves in the position of trying to juggle the confidentiality expectations of their employer (the schools) and their profession (health care). Nurses working in and with schools often find themselves tangled in the "who needs to know" web of health care information dissemination. As *THE* person in the schools who is accountable for identifiable health information, nurses in schools must be aware of their responsibilities under FERPA, the federal Family Educational Right to Privacy Act (also known as the Buckley Amendment), and HIPAA (the Health Insurance Portability and Accountability Act of 1996). The school nurse must be able to train those who are privy to identifiable health information to maintain appropriate levels of confidentiality. This affects everything they do: talking to parents, maintaining information in a paper or electronic student health record, sharing information with teachers and administrators, choosing an information system, faxing, email—everything. The school nurse must abide by confidentiality rules even when involved in research and evaluation.
(See Records).

LAWS GOVERNING SCHOOL RECORDS
FAMILY EDUCATIONAL RIGHTS TO PRIVACY ACT (FERPA)[12] is designed to protect the privacy of student education records maintained by educational agencies and institutions and to ensure that parents have access to those records. These privacy interests should not be viewed as barriers to be minimized and overcome, but as important public safeguards to be protected. As such, the preferred method of constructing and operating databases and data exchange systems with personally identifiable information from education records is to obtain the appropriate written consent before information is released or disclosed to the database or system. Under FERPA, written consent must:

- Specify the records that may be disclosed.
- State the purpose of the disclosure.
- Identify the party or class of parties to whom the disclosure may be made.

[See Records]

[12] 20 USC 1232 g. [The other was not FERPA.]

LEGAL CONSIDERATIONS (continued)

Health Information Portability and Accountability Act (HIPPA)

This law creates a new standard for privacy and security in identifiable health information.[13] According to the final regulations, schools are primarily exempted from HIPAA precisely because FERPA protects their health information as part of the school record. However, if schools submit electronically for Medicaid reimbursement or maintain records as part of a school-based health center, they are subject to HIPAA regulations.[14] The Colorado Department of Education maintains the position that any record generated at or received by the school, with the exception of the two situations cited above, is part of the educational record and is regulated by FERPA. [Is there then a cite here?]

THE PROTECTION OF PUPIL RIGHTS AMENDMENT (PPRA)

This law applies to programs that receive funding from the U.S. Department of Education. It requires schools and contractors to obtain written parental consent before minor students are required to participate in any U.S. Department of Education-funded survey, analysis, or evaluation that reveals information. The No Child Left Behind Act of 2001 amended the law to give parents more rights with regard to the surveying of minor students, the collection of information from students for marketing purposes, and certain nonemergency medical examinations.[15]

The amended version now requires that:

- Schools and contractors make instructional materials available for inspection by parents if those materials will be used in connection with an Education Department-funded survey, analysis, or evaluation in which their children participate.
- Schools and contractors obtain prior written parental consent before minor students are required to participate in any Education Department-funded survey, analysis, or evaluation that reveals information concerning:
    - Political affiliations or beliefs of the student or the student's parent.

[13] www.aspe.os.dhhs.gov/admnsimp/pl104191.htm.

[14] new NASN??

[15] 20 USC § 1232h; regulations, 34 CFR Part 98.

LEGAL CONSIDERATIONS (continued)

- Mental and psychological problems of the student or the student's family.
- Sex behavior or attitudes.
- Illegal, anti-social, self-incriminating, or demeaning behavior.
- Critical appraisals of other individuals with whom respondents have close family relationships.
- Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers. Religious practices, affiliations, or beliefs of the student or student's parent.
- Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

With regard to surveys, schools are required to develop and adopt policies—in conjunction with parents—regarding:

- The right of parents to inspect, upon request, a survey created by a third party before the survey is administered or distributed by a school to students.
- Arrangements to protect student privacy in the event of the administration of a survey to students, including the right of parents to inspect, upon request, the survey, if the survey contains one or more of the same eight items of information noted above.
- The right of parents to inspect, upon request, any instructional material used as part of the educational curriculum for students.
- The administration of physical examinations or screenings that the school may administer to students.
- The collection, disclosure, or use of personal information collected from students for the purpose of marketing or selling, or otherwise providing the information to others for that purpose.
- The right of parents to inspect, upon request, any instrument used in the collection of information.

Local districts must "directly" notify parents of these policies and, at a minimum, shall provide the notice at least annually, at the beginning of the school year. The notification must offer an opportunity for parents to opt out of (remove their child from) participation in:

- Activities involving the collection, disclosure, or use of personal information collected from students for the purpose of marketing or for selling that information, or otherwise providing that

LEGAL CONSIDERATIONS (continued)

information to others for that purpose.

- The administration of any third party (non-Department of Education-funded) survey containing one or more of the above described eight items of information.
- Any non-emergency, invasive physical examination or screening that is: required as a condition of attendance; administered by the school and scheduled by the school in advance; and not necessary to protect the immediate health and safety of the student, or of other students.

THE PROTECTION OF PUPIL RIGHTS AMENDMENT (PPRA) DEFINITIONS

Instructional Material—material that is provided to a student, regardless of format, including printed or representational materials, audio-visual materials, and materials in electronic or digital formats (materials accessible through the Internet). The term does not include academic tests or academic assessments.

Invasive Physical Examination—any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include hearing, vision, or scoliosis screening.
Personal Information—individually identifiable information including: 1) a student or parent's first and last name; 2) home address; 3) telephone number; or 4) social security number.

The requirements of PPRA do not apply to a survey administered to a student in accordance with the Individuals with Disabilities Education Act (IDEA). They also do not supersede any of the requirements of FERPA.[16]

[16] Family Policy Compliance Office. U.S. Department of Education (2002). *Recent changes affecting FERPA & PPRA.* http://www.ed.gov/offices/OII/fpco/hot_topics/ht_04-10-02.html.

LEGAL CONSIDERATIONS (continued)

HUMAN SUBJECTS

Federal law governs research involving human subjects in the context of academic research, with special rules applying for children.[17] While research conducted in established or commonly accepted educational settings, involving normal educational practices, usually does not require a full human subjects protocol or an informed consent document, the principles guiding the federal law can provide schools with guidance on standards that are considered necessary to protect the welfare of research subjects.

The following principles apply:

- Researchers must provide for the safety, health, and welfare of participants.
- Rights, including the right to privacy, must not be unduly infringed upon.
- The direct or potential benefits to the participant and/or the importance of the knowledge gained must outweigh the inherent risks to the participant; risks are always to be minimized.
- An individual does not give up any rights by consenting to participation and has the right to withdraw from a project at any time or may refuse to participate without loss of benefits to which the participant is otherwise entitled.
- Information about participants is to be safeguarded (i.e., researchers must maintain confidentiality, to the extent allowed by law).
- Researchers must provide a detailed human subjects protocol that addresses issues of privacy and confidentiality, potential risks to the subjects, and how those risks will be mitigated.
- The human subjects protocol must be approved by the research institution's Institutional Review Board and then by the individual school district prior to any collection of data from students.
- Participation must be voluntary. Researchers must prepare an informed consent document for parents and an assent form for older children, which outline the socially beneficial purpose of the research and the provisions for the protection of the child. Both the parent and the child must sign the documents.[18]

[17] Common Rule (Federal Policy) for the Protection of Human Subjects, 45 CFR Part 46. (http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm)

[18] Common Rule (Federal Policy) for the Protection of Human Subjects, 45 CFR Part 46. (http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm)

LEGAL CONSIDERATIONS (continued)

INFORMED CONSENT

Informed consent is the most common formal mechanism for exchanging information. The individual who is the subject of the information or his parent/legal guardian gives consent generally through a signed written release. Permission for any release of personal information should be in writing.

Consent can be passive or active. As noted above, different laws may require a particular type of consent.

- "Passive" informed consent is often used when the research poses no significant risk. In this case, the school mails parent(s) the relevant information and asks that they return a form if they *do not* want their child to participate.
- "Active" informed consent procedures would require parent(s) to return a signed consent form *allowing* the child to participate.

INFORMED CONSENT: WHAT IT SHOULD CONTAIN [Is this a box? If it is not, I would make it a part of this section and change the title to an introductory sentence.]

- The name of the person who is the subject of information.
- The name of the person, program, or agency sharing the information.
- The name of the person, program, or agency with which the information will be shared.
- The reasons for sharing the information.
- The kind of information that will be shared.
- The signature of the person who is the subject of the information or the parent/guardian.
- The date the release is signed.
- A statement that the consent/release can be revoked at any time by the subject of the information.
- An expiration date for the release or a specific event (such as the end of the school year) that will terminate the release.
- A notice stating that the subject of information has a right to receive a copy of the release.

LEGAL CONSIDERATIONS (continued)

TIP:
The best practice is to obtain written releases from the student at the initial meeting—before data is collected, although obtaining a supplemental release at a later time is possible.

TIPS FOR CONSENT FORMS
[Is this a box?]

- If a parent is to sign the consent, add "you (you equals you/your child)" should start the beginning of the consent and "you" should be used throughout the rest of the consent. [This is not really too clear, but I am not sure which way to go.]
- Use simple language—8th grade reading level or below. (Some word processing programs provide functions that assess the reading level of the document).
- Use shorter words whenever possible.
- Avoid long sentences and limit them to a single thought or idea. Use bulleted lists if possible.
- Avoid paragraphs longer than ten sentences.
- Avoid medical terminology, jargon, or abbreviations as much as possible.
- Use an appealing format. e.g., large and readable fonts, lots of white space.
- Provide a line on each page for the signer's initial to indicate that they have read and understand all pages.

§ 3. ROLE OF THE SCHOOL NURSE

The NASN Standards of Professional Performance lists three standards relevant to school health evaluation:

- *Standard 1 – Quality of Care* The school nurse systematically evaluates the quality and effectiveness of school nursing practices.
- *Standard 2 – Performance Appraisal The school nurse evaluates one's own nursing practice in relation to professional standards and relevant statutes, regulations, and policies.*
- *Standard 3 – The school nurse promotes use of research findings in school nursing practice.*[19]

The scope of work involved in evaluating all aspects of a comprehensive school health program can be very extensive. Where a school nurse is working in multiple schools or districts or in a school with a very large population, it might be unrealistic for that nurse to evaluate every component of the school health program effectively. However, all school nurses should have a working knowledge of both process- and outcome-based evaluations for school based health services. The school nurse must also understand the wide array of resources that are available to assist with school health evaluation efforts. As with many other aspects of school nursing, the school nurse may be the evaluation expert, coordinator, and convener of the effort.

General categories of responsibilities a nurse might need to complete to effectively develop and maintain a school health evaluation model are discussed here. Section 5 and Section 6 list specific resources related to the actual evaluation of a school health program.

MEASURING NURSING PERFORMANCE

In order to practice safely and efficiently, the school nurse must:

- Thoroughly understand his/her performance standards. Review sample performance standards prepared by other districts. (See **Appendix XXX** for a sample performance standard. Appendix **xxx** provides a sample of a school nurse performance appraisal based on the NASN performance standards)
- Review those standards with the administrator responsible for the supervision of the school nurse. Often the administrator supervising the school nurse does not have extensive

[19] See the National Association of School Nurses Web site (www.nasn.org) to get additional information on performance standards.

ROLE OF THE SCHOOL NURSE (continued)

knowledge of nursing best practices. Early review of performance standards gives the school nurse a chance to educate her supervisor on the scope of her work.

- Set up simple tracking mechanisms to monitor his/her activity in the various standards. Most of the standards require simple process evaluation measures, such as counting the number of student contacts, classes taught, and meetings attended. A weekly or monthly tracking system facilitates the nurse's ability to document activity levels on the various standards.
- Meet with the supervisor on at least a monthly basis to review standards and to adjust activities and services as needed. Often, the supervisor is in a position to advocate for additional resources on behalf of the school nurse, but unless that supervisor is constantly apprised of the school-nursing program, it will be difficult for him or her to serve as an advocate.

MEASURING THE OVERALL HEALTH PROGRAM OR SPECIFIC HEALTH OUTCOMES

The fact that a school may award its health personnel high marks on performance appraisals does not necessarily mean that student health outcomes or the quality of the school health program are improving. Designing these evaluations can be particularly ambitious. Challenges include: financing, ethics, time, inability to identify a control group, and inability to fully control for the myriad of confounding variables.[20] However, absent the ability to measure causal outcomes of school nursing services, at a minimum the school nurse can describe the amount and type of services performed in schools or districts. The school nurse can also start building the basic infrastructure needed to complete outcomes-based evaluation of school-based health interventions. Note that the school nurse may or may not play a lead in these activities, but the nurse's participation and expertise are critical.

[20] Washington State Office of Superintendent of Public Instruction, *School nurse outcome measures*, p. 19.

ROLE OF THE SCHOOL NURSE (continued)

Mobilize Evaluation Team

Convene key members of the school and community health system. Members of the team could include the building principal, the health teacher, health aides, community physicians, health care providers working in the school, school information systems staff, parents, and student consumers, where appropriate. Trained evaluation and researchers can offer valuable technical assistance.

Select Tool to Assist in the Evaluation

There is no need to reinvent the wheel! Numerous instruments have already been developed to evaluate comprehensive school health programs. The school nurse may be asked to research and identify the appropriate assessment tools and then report back to the team. Some examples include:

- *The Community Toolbox* developed at the University of Kansas has online all of the basic tools needed to create a school- or community-based evaluation team.[21]
- The State University of New York developed an excellent report card for school health services.[22]
- The Centers for Disease Control and Prevention also produced a process evaluation manual for coordinated school health programs.[23]

Identify Areas of Strengths and Weaknesses within the Program

The goal is to assess the overall quality of the program and identify areas that need improvement. The team must select health status or performance areas that appear to be substandard and develop an action plan to facilitate improvements. The nurse's expertise allows her to identify health concerns that can interfere with a student's ability to spend time in the classroom or concentrate on schoolwork. Sometimes it is helpful for a team of school nurses and community health professionals to develop a minimum set of core interventions thought to be critical "sentinel" events or conditions, such as the Continuous Quality Improvement (CQI) tool being tested by some SBHCs. Current professional literature on school nurse interventions and the "School Nurse Roles and Outcomes" tool **(Appendix XX)** may also provide valuable hints. Existing local or state research, such as the

[21]

[22]

[23] www.governmentguide.com. [More information & this is not the right Web site.]

ROLE OF THE SCHOOL NURSE (continued)

Adolescent Health Report, published by the Colorado Department of Public Health & Environment, or data collection systems already in place, such as *KidsCount in Colorado!,* also are good starting points. (See Section 5 for more information.)

A team of school nurses and health professionals experienced in quality assurance can develop a quality assurance indicators tool or list for use by school nurses.[24]

SOURCES FOR COLORADO DATA

Colorado Youth Risk Behavior Survey (CDPHE)
Colorado Prenatal Risk Assessment Monitoring Survey (CDPHE)
Colorado Child Health Survey (CDPHE forthcoming)
Colorado Health Information Data Set (CDPHE)
Colorado Association of School Based Health Centers Annual Reports (www.casbhc.org) [Do you want live links here?]
Kids Count in Colorado (http://www.coloradokids.org/kidscount.html)
Colorado Health Statistics at http://www.cdphe.state.co.us/hs/hsshom.asp
Some of these sources have data at a local level (county, congressional district, school district). Local sources of data are varied. Many Colorado communities have participated in various health indicator or data projects.

[24] Washington State Office of Superintendent of Public Instruction, *School nurse outcome measures*, p. 19.

ROLE OF THE SCHOOL NURSE (continued)

TIP:
Finding the right database system for your program is not always a simple task. With the advent of computers, the use of agreed upon terms to record data is necessary. To document, store, aggregate, and retrieve nursing care data accurately and consistently, fields and data elements must be equivalent within and between student health record databases. A very basic example is the necessity for an agreed upon format for entering names or birth dates

Implement Routine Tracking

Routinely collect and compute descriptive information related to this minimum data set in terms of counts of interventions by type, frequency, duration, counts of levels/conditions, number and type of audience reached, and personnel time (e.g., nurse, health assistant, clerical) required by type of intervention.

Working with Computerized Information

If the school nurse uses computerized systems containing personal identifying information as a source of data for evaluation, safeguards must be in place to assure that confidential information will not be disclosed improperly. When data systems are set up, the school nurse should use identifiers to mask personal identities. The individual student whose information is in the system is identified by a code, not by personal name or social security number. In theory, only the person who assigned the identifier and initially entered the data into the computer would know the true identity of the person.[25]

[25] Soler, M., & Peters, C. (1993). *Who should know what? Confidentiality and information sharing in service integration.* Des Moines, IA: National Center for Service Integration, pp. 5 and 12−19. http://www.ehsnrc.org/InformationResources/ResourceArticles/ftconf.htm.

Analysis and Recommendations

Collecting data is only the first step. The evaluation team must analyze the data and draft recommendations. Depending upon the findings, new stakeholders may provide valuable input into the recommendations. For example, if data indicated a high prevalence of asthma-like symptoms occurring only in a certain area of the school building, the evaluation team might want to seek the advice of an air quality specialist and/or architect to determine whether changes to the school building should be recommended.

Dissemination of Data

A thorough evaluation is only as good as its dissemination. School nurses can use various vehicles to get their research out, such as professional peer groups through professional journals, conferences, and membership on committees and taskforces; the media; school organizations such as PTAs; and local school administrators and school boards. For the latter groups, school nurses should be prepared to show data that specifically describe how school nurses affect health and education outcomes and how

ROLE OF THE SCHOOL NURSE (continued)

that data can be incorporated into local school health policies.[26]

Follow-up The school nurse must periodically reconvene the evaluation team to reassess programs and determine if improvements are effective.

[26] Ryberg, J. W. (2003). "Data speak: Influencing school health policy through research." *Journal of School Nursing, 19*(1), 17–22.

§ 4. ROLE OF OTHER SCHOOL AND COMMUNITY PERSONNEL

As with other aspects of health services in schools, design, implementation, analysis, dissemination, and continuous improvement based upon the results of the evaluation are a team role. School team players include building boards of education, building administrators, teaching and nonteaching staff, school health advisory councils, and PTAs. Increasingly, schools are entering into relationships with the corporate world, raising the issue of market research. [This last sentence needs more development. Its own paragraph, perhaps. Just hangs as is.]

The supports necessary for a good evaluation include:

- Adequate resources (personnel, time, and materials) at all points of the evaluation spectrum.
- Participation on committees, as key informants, or survey respondent.
- Administrators who are involved on the actual evaluation teams.

Collaborating with Others

If the school nurse is collaborating with other individuals or agencies in an evaluation, questions develop about who owns what data and whose confidentiality rules apply. In a school setting, they can arise between the school nurse and a health care provider in a school-based health center or between the health care provider and the school psychologist. While FERPA may bind all parties, each profession has its own ethical standards of confidentiality and may be impacted differently by HIPAA.

- It is often necessary to develop a sense of trust between parties so that collaborative partners can discuss the implications of confidentiality for their work together.
- Partners must determine who to involve in the information-sharing process, clarify reasons to share information, identify and address legal issues relating to confidentiality, and identify and address nonlegal issues that may present barriers to information sharing.
- Partners should review existing statutes, regulations, and court decisions that clarify the laws regarding confidentiality; determine types of data to share and for what purpose; decide how information will be stored; and specify who will have access. The partners then can establish policies and procedures for sharing information that balance the legal and ethical privacy

§ 4. ROLE OF OTHER SCHOOL AND COMMUNITY PERSONNEL

rights of individuals and the partners' needs to share information about common clients. School district legal counsel should review the plan and unresolved questions about confidentiality.

- Partners should determine a method for obtaining informed consent to share client information, such as a release form signed by the student or by the parent/guardian, and in some special situations involving the provision of medical services to students, adolescents.[27] [last part here not clear—"in some special….']

Some Colorado school districts have specific policies related to people who wish to conduct nondistrict-sponsored research involving staff, students, or parents of students in their districts. These policies generally include:

- A formal request process before the research is allowed, with stated criteria regarding purpose, methodology, researchers' credentials, form of request, benefits of the resulting information, evaluation of possible risk to students, and the like.
- Specification of time during the school year when research may be done.
- Requirements to adhere to confidentiality requirements of FERPA.
- Requirements to adhere to confidentiality and ethics requirements of professional organizations, e.g., American Education Research Association or the American Psychological Association.
- Anonymity requirements, which could include the names of the research subjects, the school, and the district.
- Specific consent requirements and description of parent rights.
- Opt-out provisions.
- Requirements for post-research follow-up procedures.[28]

[27] North Central Regional Educational Laboratory (1992). *Schools that work: The research advantage, critical issue: Addressing confidentiality concerns in school-linked integrated service efforts.* http://www.ncrel.org/sdrs/areas/issues/envrnmnt/css/cs300.htm.

[28] Colorado Springs School District 11. *Policy LC-R, Relations with Education Research Agencies (Guidelines for Research Requests)*. http://www.cssd11.k12.co.us/boe/policies/lc-r.htm; Harrison School District. *Board Policy LC-R, Relations with Education Research Agencies.* http://www.harrison.k12.co.us/boe/policy/l/lc-r.html.

§ 5. COLORADO RESOURCES

SOURCES FOR COLORADO DATA

Colorado Youth Risk Behavior Survey (CDPHE)
Colorado Prenatal Risk Assessment Monitoring Survey (CDPHE)
Colorado Child Health Survey (CDPHE— forthcoming)

Colorado Health Information Data Set (CDPHE)
Colorado Association of School-Based Health Centers Annual Reports
www.casbhc.org
Kids Count in Colorado
http://www.coloradokids.org/kidscount.html
Colorado Health Statistics
http://www.cdphe.state.co.us/hs/hsshom.asp

Some of these sources have data at a local level (county, congressional district, school district). Local sources of data are varied. Many Colorado communities have participated in various health indicator or data projects.

CONSENT FORMS

The University of Colorado Health Sciences Center's Multiple Institutional Review Board Web site has the following resources:

- Non-Scientific Consent Form Checklist
- Standard Consent Statements
- Consent: Helpful Hints
- Short Forms for People who do not read English (in English, Amharic, Ethiopian dialect, Arabic, Chinese, French, Hindi, Korean, Laotian, Mandarin, Polish, Portuguese, Punjabi, Russian, Serbian, Swahili, Spanish, Tagalog, Thai, Urdu, Vietnamese)
- Assent for Children over the Age of 7

§ 6. NATIONAL RESOURCES

SCHOOL HEALTH

U.S. Centers for Disease Promotion, Division of Adolescent and School Health
SHI: School Health Index

- http://www.cdc.gov/nccdphp/dash/SHI/index.htm)
- Youth Risk Behavior Survey, Colorado http://apps.nccd.cdc.gov/YRBSS/ListV.asp?site1=CO
- SHPPS: School Health Program Report Card: Colorado http://www.cdc.gov/nccdphp/dash/shpps/report_cards/pdf/colorado.pdf
- Comprehensive School Health Program. All areas have an evaluation tool. http://www.cdc.gov/nccdphp/dash/SHI/index.htm [Is this the right Web site. I am confused.]

REPRODUCTIVE HEALTH

State Reproductive Health Center
The Alan Guttmacher Institute is a centralized clearinghouse for state-specific information on sexual and reproductive health and rights issues, including abortion law and public policy, pregnancy and birth, prevention and contraception, and youth. http://www.guttmacher.org/statecenter/colorado.html

GENERAL HEALTH DATA

STATE HEALTH FACTS

Kaiser Family Foundation
This resource contains the latest state-level data on demographics, health, and health policy, including health coverage, access, financing, and state legislation. http://www.statehealthfacts.kff.org/

KidsCount
Annie E. Casey Foundation
Health and demographic data and rankings available on national, state, city, and congressional district level. www.aecf.org/kidscount

EVALUATION HOW TOS

Health Policy Coach
Health Policy Coach is designed to guide you through the process of creating and influencing public policies. It provides a menu of policies arranged according to the five broad determinants of health—healthcare, education, work, safety, and the environment. Each of these prevention-focused policies is presented in the form of a profile—with background information, policy ideas, examples of effectiveness and references, and contact information for additional

§ 6. NATIONAL RESOURCES

resources. Many of these policies were initially developed and implemented by concerned citizens seeking to improve and protect the health of their communities. As a measure of quality, a panel of recognized health experts with local, state, and national knowledge and experience has reviewed all the profiles presented here. http://www.healthpolicycoach.org

Evaluation and Accountability: Getting Credit for All You Do! A Resource Aid
University of Southern California, Department of Psychology

Center for Mental Health in Schools.

This document emphasizes evaluation as a tool to improve quality and to document outcomes and focuses on measuring impact on students, families and communities, and programs and systems. This resource aid discusses the use of evaluation to foster quality improvement and evaluation focused on results, which should include not only student outcomes, but also the systems that determine such outcomes. http://smhp.psych.ucla.edu/pdfdocs/EvalAccount/evaluation.pdf

Screening/Assessing Students: Indicators and Tools contains materials to guide and assist with staff training and student/family interventions—including overviews, outlines, checklists, instruments, and other resources that can be reproduced and used as information handouts and aids for training and practice. http://smhp.psych.ucla.edu/pdfdocs/assessment/assessment.pdf495kb

Continuous Quality Improvement Tool
Center for Health and Health Care in Schools
The CQI tool, developed over the last two years in a collaboration involving staff from the Center for Health and Health Care in Schools and colleagues at North Shore University Hospital (NYC), Mt. Sinai Medical Center (NYC), and Health Partners (St. Paul) is designed to strengthen clinical care provided by school-based health centers. A beta test is currently being conducted at 19 school-based health centers around the country. Included in the appendix is a graphic of the CQI tool and data collections forms for each school level. The tool contains:

- Institutional references (e.g., the American Academy of Pediatrics).
- School resources for tracking conditions (e.g., a chart form for immunization records, or a school district policy for

§ 6. NATIONAL RESOURCES

tracking students with incomplete immunizations.
- Suggested indicators for each measure (e.g., per cent of students behind in recommended intervals for immunizations for school entry who are brought up to date).
- Suggested measures of success.

http://www.healthinschools.org/cgi_tool.asp

The Health Care in Schools Web site also has a hotlinked directory of selected resources for each condition and reference. http://www.healthinschools.org/glossary.asp

CONFIDENTIALITY

Guidelines for protecting confidential student health information

National Task Force on Confidential Student Health Information, 2000.
Kent, OH: American School Health Association.
(Available through NASN Web page www.nasn.org)

Legal issues in school health services: A resource for school nurses, administrators and attorneys.

N. Schwab & M. Gelfman (Eds.), 2001.
North Branch, MN: Sunrise River Press.
Telephone: (800) 895-4585
Web site: www.schoolnursebooks.com.

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