Response to Questions on the 2016 LOBs

Request By: Various **Relevant LOB(s):** LOB #148

Question: Describe the County's school health model including the use of nurses and aides, task prioritization and comparisons to models being employed elsewhere. How does the Fairfax model allow the County to accommodate all of the students without meeting the state recommended nurse to student ratio? What are other jurisdictions' nurse to student ratios?

Response:

School Health Service Delivery Models

There are several models that can be utilized to deliver school health services. Differences between how local jurisdictions choose to provide school health services and staff their schools depend on many factors including the overall number of schools and students in the locality; the number and complexity of student health conditions; and the availability of local resources. Differences between models can include whether the services are delivered by the County or the school system; nurse to school and nurse to student ratios; and how para-professional staff is utilized. The various approaches to school health service delivery tend to fall into the following categories:

- **School Nurse for Every School Model** – All concerns including emergencies are addressed on-site by a Registered Nurse. The model is endorsed by the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN), but can be cost prohibitive.

- **Registered Nurse/Trained Para-professional Model** – Each school is covered by a Registered Nurse (RN) and Health Aide team. Each RN covers two to three schools in geographic proximity and there is a Health Aide in each school. Emphasis is placed on proper training for Health Aides and school staff.

- **Blended Model –** A combination of acuity calculations based on student conditions at individual schools to determine appropriate staffing levels and RN/para-professional staff teams to manage service delivery.

The Fairfax County School Health Model

The Fairfax County School Health Program functions through a strong partnership with Fairfax County Public Schools (FCPS) and the Health Department. Staffing is provided by the Health Department with extensive collaboration and support from FCPS staff. The County school health model is a Blended Model that utilizes Public Health Nurses (PHN) who are licensed as Registered

Nurses, often with master's degrees in public health or nursing, and trained paraprofessional School Health Aides (SHA). A School Health Aide is assigned to each school. A Public Health Nurse is assigned between three and five schools, depending on the acuity calculation for each school. The system also relies on extensive and ongoing training for the SHAs as well as FCPS staff.

Each school has a health room which is staffed during the academic day by the School Health Aide who follows established protocols to provide care for sick and injured students, administers medications, conducts hearing and vision screenings, and alerts parents or guardians of the need for further care when indicated.

PHNs provide services year round and extend their support to after school activities as well as summer school programs. Primary responsibilities include the identification of health conditions that may require support; developing a plan of care to assure the students' health needs are supported; evaluating and coordinating responses to communicable disease; providing staff training on the support of health conditions; and promoting the overall health and wellness of the school community.

Nurse to Student Ratios

There are 65 PHN merit positions in the School Health program; however, eight of those positions are held vacant as part of a managed vacancy plan due to prior year budget reductions. This means that there are 57 PHNs that provide services and care coordination to the County's school system, which results in a PHN to student ratio of 1:3,254. This is in comparison to the Code of Virginia recommended ratio of 1:1,000. However, since the County utilizes a Blended Model, it is not intended that the recommended ratio set forth in the Code of Virginia be met. Staff has set a target ratio of 1:2,000. This will allow PHNs to continue to meet the needs of students, provide regular training to SHA and FCPS staff, and address student health care plans timely.

Trends and Challenges

While the Fairfax County School Health Model has consistently received high levels of satisfaction from parents of students with a health condition, it has been noted that the high PHN to student ratio is beginning to adversely impact these indices. For example, the ability to coordinate individual school staff training on special procedures and the responsiveness of the PHN when investigating a reported communicable disease is hampered when the PHN is covering multiple schools. Additionally, for the past several years, the department has not met its performance measurement targets for establishing students' health care plans in a timely manner. Amidst the growing number of students with health conditions and the increasing complexity of health conditions facing the PHN and SHA staff, the current nurse to student ratios are not sustainable and will pose challenges to ensuring quality and satisfaction with the program. With the upward trend in the number of students with health conditions, the demand for student assessments, health care planning, and FCPS staff training has also grown. All of these elements must be in place for the students to safely attend school, and the ability of the PHNs to complete all of them has worsened over the last several years.

The U.S. Department of Education mandates students' right to a "Free and Public Education" and the ability to enroll and attend school in a timely manner. Delays in training and implementation of school health plans adversely impact the student's ability to do so. Ultimately the quality and timeliness of health services also impact the students' academic success. In order to address the growing challenges facing the County's School Health system, the Health Department is working to lower the PHN to student ratio. One option is to fill the eight positions that are currently part of the managed vacancy plan. This would decrease the PHN to student ratio from 1:3,254 to 1:2,854 and would cost just under $1.0 million. If the PHN to student ratio was further decreased to 1:2,000, it would require an additional 27 positions and cost $3.3 million.

For a comparison of the Fairfax County school health model with other jurisdictions, please refer to the following table.

LINES OF BUSINESS
Fairfax County, Virginia

Comparison of School Health Service Delivery Models by Jurisdiction

District	Service Provider	Staffing Details	Number of Schools	Enrollment	Number of School Nurses	School to Nurse Ratio	Nurse to Student Ratio
Fairfax - Current	Health Department	PHNs have 3-5 schools each; School Health Aide in each school	197	185,490	57*	3.5:1	1:3,254
Fairfax - Proposed	Health Department	PHNs have 3-5 schools each; School Health Aide in each school	197	185,490	65**	3:1	1:2,854
Alexandria	School System	RN in each school	17	14,670	18	1:1	1:815
Arlington	Health Department	RNs cover 2 schools at ES and MS level; RN assigned to every HS; School Health Aide in each school	34	25,678	20	2:1	1:1,284
Loudoun	School System	RN in MS and HS and some ES; Aides in most ES with RN support	91	70,698	46	1:8 at ES 1:1 at MS and HS	1:1,537
Prince William	School System	RNs in most schools; 8 schools with RN and clinic assistant	95	87,253	85	1:1	1:1,027
Montgomery County, MD	Health Department	RN in all MS and HS; Aides in ES with RN Coverage	202	156,447	85	2:1	1:1,841
Cobb County, Georgia***	School System	Mix of LPNs and RNs (mostly RNs) in each school with Health Aides usually providing 1:1 services	114	112,708	124	1:1	1:909

**There are 65 PHNs in the Fairfax County School Health system, but eight are held vacant as part of a managed vacancy plan due to budget reductions.*
***This number includes filling the currently vacant eight PHN positions.*
****Cobb County, Georgia was included in the comparison, because it has been identified as a peer county for the Community Health Status Indicator Report for Improving Community Health. Additionally, they have similar characteristics to Fairfax County and have identified strategies and best practices for school health delivery.*