MS. POLANSKY:

Welcome to New Orleans, or The Big Easy, or the other great things that it's known as, but this is one of my favorite cities in America. It's really got a wonderful vibe and it's a great place, and we're happy to be welcomed here down South on purpose, really to balance off all of the recent things that we've been having. We had a meeting in Chicago, a meeting in Seattle, a meeting in Philadelphia, and this one in New Orleans to kind of spread the word and get to the meat of the matter. As you know, with any meeting there's an enormous of preparation and I hope you're enjoying this hotel and this room. Tonight at the reception you're going to be up on 11th floor in the chapel room. We're told this is a Masonic temple that was built over a 125 years ago and they -- it's on the National Historic Register and all of the ceilings, and the moldings, and the windows, and all of the chandeliers are all original. They've done some
get later upstairs that was actually the capital room and you'll see how beautiful the ceilings are. So enjoy being here in this wonderful hotel.

I want to welcome you all really officially. We're more than happy to see you. And for most of you in the room, either myself, or others have been speaking to you over the past couple of months in preparation for this meeting. So I want to the thank the Robert Wood Johnson Foundation, as always, and AARP, and a (indiscernible). Honestly it's hard to believe still nine years and counting, and before you know it the ball is going to fall and it's going to 2020. Think about that it's October, so in just a couple of months. So we're really happy. And I'm happy to be joined my fellow director here in the front, who's texting way, always working.

MS. HASSMILLER:
I'm about to tweet.

MS. POLANSKY:
There you go. She's about to tweet, watch out for that. In the front we have two of our newest members to our staff, Jasmine and Stacy who are probably still outside. But there are three people in the room, I know that Barbara's in the room, without which we, I mean when I tell you this
meeting would have never happened. It's been a very 
interesting last couple of, three, four months. And 
those people are Barbara Mitchell-Swain, who like 
all of you, got on a plane, and got a room, and got 
here, and she's responsible for all of the meeting 
planning and does that flawlessly. And over here, 
Anna, who is a blessing in my life, came to us two 
years ago and she and I are like shoulder to 
shoulder at this point and time, and just a 
tirelessly worker, worker bee. And Maureen, in the 
back there, in the green. Maureen, who you can't 
tell from her accent that she's from Boston. But 
Maureen and Mary Sue Gorski, who's at the table 
there waving, have been with this campaign from the 
beginning. Maureen was actually in a state and was 
one of the original AC people when we very, very, 
very began the campaign. And Mary Sue and I 
collided at Robert Wood Johnson nine years ago and 
she's been working with us ever since as a 
consultant on all of her education work and now the 
culture (indiscernible) and health work. So without 
them we really wouldn't be here. We're going to 
have free session later, we're going to stay on 
time. I threatened a lot of the presenters that I 
didn't want have to ding them, so I'm taking the
bell to the back but we are going to make a real
effort to stay on time for you. And everyone's
bios, whether it's the staff, or the CCNA people, or
our speakers, they're all divided so we're not going
to take a lot of time and go through everybody's
resume like they do me. So as they present you can
just (indiscernible) see the bios and kind of catch
up on that as we go through.

The restrooms literally are straight out that
back door to the left. They're immediately to your
left, both the men's and the women's room are right
there. What else? We have a list of everyone and
their contacts. For those of you who
(indiscernible) AC's are in the packets, so when you
hear somebody, see somebody at your table remember
just put a star next to their name, we have their
name alphabetically and the contact. Now, we do
have something really special about this meeting,
and when Sue was talking to us down in DC about
having the meeting promoted to school based health
and school health a couple of people came
immediately to mind. For those of you who come to
us as a (indiscernible) through our (indiscernible)
network, believe it or not more than eight years ago
we sent out a poll for the state ACs to nominate
what we call "breakthrough leaders" in nursing. And those breakthrough leaders, and we had second (indiscernible) of those, later were trained up and we got them coaches so that they could go out and be ambassadors around the country for our campaign. And they all know, and Sue knows, that we have been very, very serious about the sustainability of all of this work and having it go forward. So I am going to really do an official hand-off today to these young ladies because everybody's young to me now. I reached the point in life where I don't really meet anybody that I can't say that to. It's pretty funny. But anyway, Andrea and Jessica in particular, both of you, have just distinguished yourselves. And it was like we watered a flower or something and it just grew into this amazing thing. So I'm going to ask Maureen and Mary Sue, two of our original and sustaining nurse consultants. We called them regional nurse consultants in the beginning (indiscernible) names. But I happen to have here, straight from Amazon Prime, I've only done this one other time in the nine years and I want to do it officially because this is really important, because everyone of us in the room has to hand off this work to somebody to follow because
we're all not going to be doing this the next 20-30 years whatever years. Our healthcare in America is going to need help (indiscernible). We need to do this again. But guess what, who knows what the colors represent?

ATTENDEES:

Mardi Gras.

MS. POLANSKY:

These are the official New Orleans colors, and I do have an entire box so, Maureen do you want to come up here? Maureen wants the green one because matches her jacket and she's Irish. We're coming back to a table near you. Let's have a little fun now. Have a little fun.

MS. TANNER:

Wow what an honor. I didn't realize I was going to be starting the meeting, I might get a little choked up. Okay, I'm going to put this for safekeeping right here before we get started. My name is Andrea Tanner, I am a school nurse, a nationally certified school nurse for the last 17 years in school nursing, and I am proud to be a school nurse in the United States of America. There's not a better time to be a school nurse in the United States of America. I'm excited that
every single one of you are here to join us in a
conversation about what school nurses and school
based health personnel can do to make America
healthier. But before we can talk about the future
of nursing I'd like to take us back in time to the
past of school nursing. Where did this all begin?
Why did we bring the world of healthcare and
education together to begin with? Well, let me tell
you, 1897, New York City, we had an influx of
children in our schools. We had children of
immigrant families, we had children from farmer
families who moved away from the farm to work in
industries, and we had schools with compulsory
education. Students had to be educated and there
were lots of them all in one place. And many of you
in this room are healthcare providers and you know
what happens when lots of people are all in one
place together, especially if they're young people.
We saw impetigo, we saw meningitis, we saw
tuberculosis, and disease was running rampant in
these schools. So New York City, the Department of
Education, and the (indiscernible) got together and
they decided we're going to put 150 physicians
inside our schools one hour a day, every day that
students are in school and they're going to come and
assess the students, and anyone who's not healthy enough to be in school, they will be sent home. That worked great for stopping the spread of illness, really bad for school attendance. What we realized was, those students never came back to school afterwards. So New York City, it took a few years to get this plan together, they decided to join forces with Lillian Wald, public health nurse coordinator who cast a vision for an experiment. Let's try something, we're going to put one nurse in New York City's schools, for a month, we'll see what happens. So they did, and it was phenomenal. What happened was, that school nurse, Leena Rogers realized very quickly that many of those students were going home so that they could get healthy than most of the physicians were staying home with the students that they only (indiscernible). And sometimes even if they could (indiscernible) that went home they were not able to afford medication or the treatment that was required to get the students to come back to school. So that one school nurse with this one experiment was able to knock down barrier after barrier to get students back in school learning. After a year, we saw the numbers and I am still amazed at the (indiscernible) numbers that we
In 1902, in October, 10,567 students were home sick in the month of October. One year later, 1,120 students out sick for the month. Now, you don't have to do real good math to realize that's about a 90 percent decrease in school absenteeism. Now, I find that fascinating, amazing, and pretty darn proud that that was the beginning of my role as a school nurse. So that's the past of school nursing.

Let's talk about today's school nursing. Today in school nursing we see school nurses, school based health personnel, partnering, across the nation with one another just trying to make change happen. And amazing like seeing in New Jersey where we got an action coalition that purposely partners with school nurses because school nurses had access to resources. They know what's going on in their counties and communities. They're making sure that school nurses are equipped with the mental health skills that they need to take care of students of today. We see school nurses that are taking advantage of legislation and policy all around them. I've got school nurses and school health personnel that are a bonus committee in their school districts and in their county because of USDA requirements.
At your school, there's a school lunch program, school breakfast program, you got to have a wellness committee and somebody with school based health has to be there, and that's where school nurses are finding leverage to make connections and to spread their level of influence. We also see people taking advantage of ACA. Many years ago when hospitals had to do community needs assessments, school nurses were there to take advantage of that and realize what are the problems in our community? I can help find those and I can help be a solution for that. School nurses took advantage of that political opportunity. And we still see that happening today. That's not being unnoticed. We've got National Academy of Medicine, we just put out a report on vibrant and healthy kids, recognizing early childhood education and the connection for child health. We've got the American Academy of Pediatrics who is very strongly advocating for having at least one registered school nurse in every single building in our nation. And we have legislators that are also speaking up and asking for nurses to be in their (indiscernible). We have (indiscernible) a bill to the Senate and the House (indiscernible) Wellness Nurse Act which would
bring nurses into the buildings at our most needy schools. That is happening today. Well, what about the future? That's what we're here to discuss today. Where is the future of nursing in our schools, in our communities going? We've got the right people in the room to talk about it. We've got action coalitions, we've got state leaders, we've got school nurses, we've got executives and experts from all over the world of healthcare and education to answer these questions together. We've got partners with National Association of School Nurses, The American Public Health Association, and many others in this room for the next two days to talk about where we can go with the future of nursing so that we can have better schools, better communities, and to help a healthier America. Together we are going to figure this out, and today is the start of that. So thank you for being here, thank you for letting me be a part of this as a school nurse. I am excited to hear what everybody has to say today. But without any further ado I want to hand the baton over, not permanently, I get to keep this right? But I get to introduce Sue Hasmiller who is going to come up and introduce our next speaker. But I want thank Sue for having very
much for having faith in me over the years. She has been a mentor to me and supporter through my school nursing career, leadership opportunities, and now as a PhD student at Indiana University at the Robert Wood Johnson Foundation and Future of Nursing Scholar, she is (indiscernible), so thank you so much Sue.

MS. HASSMILLER:

Okay, needless to say, I'm very flattered, Andrea Tanner, wonderful to have you here. I'm very excited to have everyone here today. We are -- we have been having regional meetings across the country. This is a regional action coalition meeting which happens to have the theme of school nursing because we believe school nursing is very, very important to our vision.

We should kind of take a moment, you know not that people are not that familiar with, I know we have some special guests here today, for those of you are not familiar with the action coalition, it all started in 2010, at the end of 2010 when the first future of nursing report came out from the Institute of Medicine. And there was a lot of energy from nurses across the country wanting to be involved, and so, vice-president at Robert Wood
Foundation said we can't afford to let this report sit on a shelf. And so, what did we do, we partnered with the largest consumer organization in the world because we felt that consumers (indiscernible) were (indiscernible) by it, (indiscernible), so we've been in this wonderful partnership with AARP and AARP Foundation for about nine or ten years now with a vision that we are carrying out with this campaign, with all of our action coalition across the country. And the vision for this campaign is that we are working toward an America in which everyone can live a healthier life, right? First and foremost. (indiscernible). We care that everyone in this country is living a healthier life, here it is, supported by nurses as essential partners with providing care and promoting health, equity, and well being. And I think that school nurses have a really big role to play in our country. So thank you for everyone being here, and this is like an A-Team. Pat, who has put this together, if you only knew the background of how fast this particular meeting was put together. We have another one in a couple of weeks right on its tail, and then we have (indiscernible) who made a lot of very important meetings coming up. I think
some of you, not all of you know, that I am serving now as the Senior Scholar-in-Resident which is my primary affiliation these days. Senior Scholar-in-Resident and advisor to the president of National Academy of 18:33 Nursing and working on the next Future of Nursing Report. That Future of Nursing Report, I'd like to say is not a Future of Nursing Report 2. It's not. You know, as if we didn't get the first one right. So this one really has a lot to do with the work that's been going on at Robert Wood Johnson Foundation for about four or five years now. So we're working on (indiscernible) (indiscernible) heart foundation. I really, you know, I really want to say came to light with the research and efforts in this country, of what those things were that were keeping people healthy and well in the first place. And those are discussions (indiscernible) had (indiscernible). So that is all the Robert Wood Johnson Foundation. And it's funny, if you go to the website that is all you will see. And so, my work at the National Academy of Medicine is really an extension of that work that's going on at the Foundation. It is the Robert Wood Foundation that is sponsoring the Report.

I want to thank all of the speakers who are
here, I think we have phenomenal speakers. Thank you for saying yes in such a short amount of time. You know, when we have such great speakers Pat, I just think God this room should filled with a thousand people to hear that (indiscernible) that we have speaking. I'm really happy about that. We want to encourage you, because the group is smaller, we'd like to encourage a lot of dialogue coming to the microphone and debating, or, you know, putting exclamation points onto things somebody just said. But in other words we really want a lot of conversation going on here. So now it is my honor to introduce one of my colleagues who happens to be on -- serving on the committee of the National Academy of Medicine Future of Nursing Report. We have two wonderful co-chairs who are leading that committee, Dr. Mary Wakefield, who is a nurse, and then Dr. David Williams who is a very prominent sociologist at Harvard, who is really (indiscernible) and all that (indiscernible). So we're very fortunate to have an extraordinary committee. Before I bring Winston up I'd like to say that we have Mark Pfefferson, (indiscernible) and also (indiscernible) who is also on the committee, representing the young people in this
country. As you can see, we are trying to really be extremely intentional about passing the baton to the next generation and, Mark, we're happy to have you on the National Academy of Medicine committee.

So here with me today is Dr. Winston Wong who will be talking to us now. His bio is in your folder, so you can see his full bio in there, and that will tell you who he is. In addition to serving on the (indiscernible) (indiscernible) committee Winston is a board member of the school based health alliance. And Winston you are the actual chair of that right committee, right? You might be in your last days that you have the chair position? He's also the medical director, community health director, (indiscernible) improvement, and quality initiative, and (indiscernible) National (indiscernible). So Dr. Winston Wong, (indiscernible) and thank you very much.

MR. WONG:

Well, good afternoon everybody, and thanks Sue for introducing me. It's a great group and it's great to be (indiscernible). You know, bringing all of this together I can't help but think of my first experience with school nursing. I can remember as a ten year old kid, we were in the auditorium and a
film was going and then the film was finished and
the teacher said, "Winston you look like you've seen
a ghost," (indiscernible). And, you know, I went up
to the school nurse's office and promptly threw up.
So I'm sure probably all of us has had some
experience like that. But you know, fast forward,
about a year ago, a year plus, I was actually
representing the school based health alliance at the
congressional offices speaking to some lawmakers as
well as some staffers, and the topic of interest was
how does the opiate epidemic affect children, with
their parents potentially being opioid addicted.
And that really strikes me as how much has really
changed between my experience with school based
health, and it's something that I just asked
(indiscernible) in regards to the impact on the
opioid epidemic and its relationship with schools
(indiscernible). So how many of you aren't familiar
with the school based health alliance?? Maybe about
half of you, thank you for supporting us. I'm not
sure if you're members or not. I am actually
officially the past chair (indiscernible) on the
last day. I turned down on the
(indiscernible)school based board. I was chairing
(indiscernible) on the last three or four years,
it's been a terrific experience. And why did I end up being the chairperson besides the usual "No one else is going to do it." I actually, as Sue mentioned, I have leading (indiscernible) efforts to address health equity as well as to make partnerships with our (indiscernible) organizations across the country. And several years ago, my boss back then and I talked about the impact of dental disease among (indiscernible) children. As you probably know three(indiscernible) out of four have never seen a dentist. So he actually embarked on to a grand opportunity to then join the National Association of School Based (indiscernible). Subsequently we (indiscernible) in the school based health (indiscernible) to initiate a school based oral healthcare program, including screening (indiscernible). So it just gave us an entry to develop a relationship with (indiscernible) association associate(indiscernible). Now, having said that I want to make it clear, that school based clinics are not synonymous with school health. They are part of the (indiscernible). Here it states school based nurses are not synonymous with school health nor are they synonymous to (indiscernible), so I understand that and I recognize that, but I do
want to maybe in the next few minutes outline some
of the big issues that I think, well, you probably
all know about. It's just really my job to kind of
square up what you will probably get into in the
next day and a half. So as I started off, if you
think about going to Congress and talking about the
opioid epidemic and its impact on children, children
that have parents or guardians who are impacted by
the opiate epidemic, the nature of our schools and
children have radically changed over the last ten or
20 years. The demographics of kids is really
profoundly changed from a couple of generations as
well. They are certainly (indiscernible), there's
great (indiscernible) among our schools, public
schools. There is much more diversity in the school
based (indiscernible), and by the way, there's an
app list if you're interested, the school based
health alliance (indiscernible) data set that
(indiscernible) are all on the website. School
based health centers specifically, in those sites
that we have school health centers, 38 percent of
the students (indiscernible) and 24 percent are
African-American. So just proportionally in terms
of our population, generally, are kids that are
received here in the school based health center.
Eighty-nine percent of school based health centers are associated with Title 1 students, meaning those schools that have financial assistance from the federal government because they're disproportionately (indiscernible). So as you know the kids that we're caring for are basically getting free lunch, or subsidized lunch, because their families can't afford to put a regular nutritious lunch in their backpack for the day. Seventy percent of the students at school based health centers are eligible for free or reduced priced lunch. And as for (indiscernible) fifty-five percent of children nationwide. So again, (indiscernible) disproportionate in terms of (indiscernible) income.

So the nature and the democracy of students has changed, and the problems we're seeing. So those of you who have been in this work for 20 years, you've already seen it. And it used to be that maybe if we would be focusing and, myself as a family physician, you know, thinking about kids that have infectious disease, as it was mentioned earlier, (indiscernible), some of the things that happened in New York City back in the day. You might have kids with asthma, a kid ADHD, that used to be kind of the
nature of all the problems that you saw, (indiscernible). But I (indiscernible) now (indiscernible) mention (indiscernible) mention many of these children have severe disease of the mouth, caries, that affects their opportunity to learn, and they're dealing with bullying everyday, both (indiscernible), sexual health in terms of odd issues with the (indiscernible) question of reproductive health. Sexual identity is a big issue. And also, the whole reflection and understanding of average childhood experiences which I think one of our speakers are going to talk about there, and by the way, it's really a coincidence, a nice consequence, that (indiscernible) was the first organization that studied unhappy childhood experiences, and (indiscernible) thinking about trauma. Trauma in a way that's maybe very specific to that child or parents of what they witnessed. 29:32 Maybe they heard a gunshot, you know, a half a block down the street or maybe they've seen their parents been incarcerated. Maybe they've seen people that have been shooting up and are just lying on the sidewalk. Maybe they think about the fact that there's generational trauma that occurs because they're starting to erase their memories. All these
aspects of what you're seeing in kids because of the diverse population of kids is really (indiscernible). So I think those nurses and those personnel within the school based environment are seeing problems, and challenges far different than what we experienced in our generation as a kid. We grew up It's much different. So, you know, when you think about that the change in demography, the change in the problem, then you have the big back drop in terms of well how do provide care to these kids in this case. And what I've learned (indiscernible). School based health centers, for instance, have so much of a variation in terms of demography. In fact that's what we struggle with is how do you define the school based health center. And as you know, it is so localized that it is very difficult to make general (indiscernible). It used to be (indiscernible) part of the school campus and there's something that's sectioned off then that's where the healthcare personnel were. But that doesn't have to be that anymore. For one thing there are now -- the majority of school based health centers are actually affiliated with their (indiscernible). So I used to actually (indiscernible) services committee, and as you
probably know, offers a grant, a planning grant, a
grant to get -- to allow (indiscernible) to set up a
school based health plan, (indiscernible)
Clearly 51 percent, the majority of school based
health centers actually to set up a school based
health center. At fifty-one percent the majority of
school based health centers actually have a
relationship with a (indiscernible). So that's a
really important factor.

And if you're familiar with (indiscernible),
I'm currently seeing patients at (indiscernible) the
medical record that brings a whole set of
expectations as far as (indiscernible) concerned, as
far as relationships with the mother, as we've seen,
and we -- (indiscernible) very good things. But
nevertheless, dimensions that maybe go far beyond
your traditional model of (indiscernible). Just out
of kind of tossing some statistics to you, how many
students do you think are cared for in school based
health centers, offhand? A few million, half a
million, ten million, any thought about that? In
how many schools? Let me ask you, how many schools
are there in the United States that's elementary and
high school? How many do you think, does anyone
know? But these are really -- it turns these
figures are pretty easy to remember. You probably guessed it. It's roughly a hundred thousand public schools, elementary, middle school and high schools. There are 10,500 of those public schools with a school based health center. So a little bit more than ten percent of public schools have a school based health center in this definition of receiving some amount subsidy to establish an on onsite or related onsite access point for children to get (indiscernible). Now that reaches approximately 4.7 million students across the country without access to a school based health center. That doesn't mean that 4.7 million students have a center in their school, they have an opportunity to go to a school based health center, whether it's on another campus or whether it's (indiscernible). But if you consider there's actually 50 million kids in the country, we're not leveraging nearly as much as what we can do in regards to the need that is out there. So roughly ten percent of public schools have a school based health center. And ten percent of the kids have access to the school based health center. Again, it's not synonymous, we have (indiscernible), but it gives you a rough estimate. So I mentioned before (indiscernible) in relation (indiscernible)
chief component of this. But if you think about other models, and some of you may live in those different models, in some cases (indiscernible) hospitals, children's hospitals can set up perhaps a center in a school district. So Cincinnati Children's is well known. There is a relationship down in Arkansas, I believe, that also has Children's Hospital established centers in certain schools. The school district itself invests into establishing the school based health center, so therefore, the personnel could be employed by the school district. As it converts to the situation (indiscernible), the FUHC, Federally Qualified Health Center, will be the employer to that personnel. And in some cases we find private foundations supporting that (indiscernible), and I spoke to someone about CPS (indiscernible). And sometimes I a philanthropic organization can work with the community and work with a school based site for healthcare. And in a few a cases there are states (indiscernible) school based health centers. If you look at the map of where the health centers are, (indiscernible) I showed you, there's quite a bit variation in terms of if you look at all these different states and how many school based health
centers you have. And interesting, I was showing this to (indiscernible), Connecticut has 166 school based health centers as opposed to Alabama that has eight. So there's a great deal of variation. If you think about Connecticut not being the most popular state and a very small geographic state having 166 versus a state such as Alabama having eight. So a tremendous variation in terms of geographic numbers as well as the kind of states that (indiscernible). (Indiscernible) has some pretty robust programs (indiscernible) school based health centers. But California, for example, has specifics for school based health centers. It divides the (indiscernible) a month.

So if you think about what we have to do in terms of precisely getting a sense of what the challenges are we have to think about the government and the funding resources and the delivery (indiscernible) that's put in place for any school based health center. And with that we have to become an expert in a number of these factors, getting an understanding where our school based health centers get their funding and support. So by extension (indiscernible) financing. Now, if you think about the good ole days I think basically, you
know, (indiscernible), you know (indiscernible) you're running (indiscernible) parents. But these days when you think about kids that are poor, kids that have by definition low-income families, how are they even insured? There is basically two funding sources -- three, one is Medicaid. Number two is (indiscernible) Esgen (phonetic) for those kids that are a little bit above the poverty level as defined by Medicaid. And number three is you could be purely uninsured for whatever reason. So if you're a school based center or you're a personnel within the school based health center movement, you have to think about where is the funds really going to come from to pay for these kids. And in any given locality that can be rapidly different. In California there's essentially 40 different forms to get Medicaid reimbursement. In other states, there's a specific one (indiscernible), one source of state funding for the kids. I can tell you at Kaiser Permanente we have a contractual agreement, but the (indiscernible) form of work at the school district no accounting. To go through basically a projected number of visits we anticipate our Kaiser Permanente Medicaid kids to access that particular healthcare system and then reimburse (indiscernible)
the school district for those kids. It becomes extremely complex in terms of how the financing is going to get done. And then on top of that if you think about (indiscernible) based purchasing, which is the way that Medicaid is to consider for a given amount of money to any given population how much value we're going generate in terms of care quality it becomes another big issue. So typically what happens at worse is the kids just come in, and you come in, you're going to have to sit down and say, "Well, is this kid really our kid? Is it a FUHC kid? Who is the primary care provider? Is there a primary care provider at Kaiser Permanente or another insurer that actually is, for lack of better terms, skimming the (indiscernible) to make sure that this kid here is (indiscernible). So across these different (indiscernible) of certainties, we have a complexity of relationships that have to be managed not only in terms of financial fiscal billing opportunities, but probably but more importantly and more profoundly, about the coordination of services to that kid. And I would say that any personnel that goes into a school based health center is going to have a responsibility to have an extremely sophisticated sense of the billing
sources in the fiscal report that comes into play (indiscernible) 40:40 in which kids are actually cared for. It's a shame, frankly, that the (indiscernible) get rid of all this mess and basically say our focus to be or making sure the kids get the best opportunity for health rather than going through these different (indiscernible) to figure out who's paying who, who's responsible and who's going to actually process this.

The environment right now, is our school based health center is besieged here to get one encounter and then put in some sort of medical record that may or may not have any relationship to the primary care provider or to the school performance of that kid. So we have not yet resolved the fact, but the issues are between school performance and the health of this to your child. Nor have we even gathered that data in any real sense of looking at population based healthcare that make then provide to the community at large (indiscernible) or (indiscernible). So that's some really critical features when you come to think about the finances.

I mentioned a little bit about the electronic health record. The electronic health is probably the bane of our existence in healthcare based
centers. You probably have heard that physicians are all considering retirement because they are continually facing the (indiscernible) with the computer as opposed to caring for patients. And certainly, that is true in certain places of school based health, that we have electronic health records that may or may not be very sophisticated, may only be accessed maybe a few times a week for a few dozen students, as opposed to the backdrop of (indiscernible) that is sent through (indiscernible) at an FUHC or at a hospital are connected to billing and to the insurance company. So the electronic health record would be an effective way of us navigating through the best opportunity and the best outcome for the kids. We have hardly touched (indiscernible) contact within the school based center.

Additionally, you know, what's also been really interesting in terms of (indiscernible) happening is the added bonus and (indiscernible). So how many of you are experimenting or have a (indiscernible) kids? A few. If you look at school based health centers, as I've defined it, and you can define them as a school based health center on campus, you can define it as a school based health center that is on
one campus but allows other kids to see that center outside of the school campus, or you can define it as a mobile van that goes around to school to school. But telemedicine is actually the fastest growing vehicle to establish healthcare access for kids. It's typically in (indiscernible) states. So as you can imagine if you're dealing with a state probably, you know, the probably the most rapid (indiscernible) would be in Alaska where the geographic element has become really so gigantic for us it's hard to imagine. Or even a state a little bit more proximate to the continental U.S., so something like Alabama, telemedicine is going to a key vehicle in which kids are going to access health. Now, then you have to get into if that's going to be an emerging vehicle in which kids access health, whether that's through behavioral health, whether that's through looking at oral health, (indiscernible) 45:07, it also means that telemedicine finances a policy to go hand and hand with the development of school based health. And has you look at telemedicine and its regulations, again, they tend to be very state specific and in many cases require a physician to be involved in the interaction. So the role of nurses relative to
telemedicine, relative to school health has yet to be defined but needs to be considered in terms of how we're going to be moving forward to advance the next generation of what health is going to be for kids at school. I would dare say that many, particularly teenage kids, would be more comfortable having interaction on their phones with someone who's talking to them through telemedicine than necessarily being looked at by their peers as they go down to the basement where everyone's kind of "what's her problem." So you have to consider that that is going to be a vehicle we have to embrace and get a handle on implication in terms of healthcare we're addressing. It's like the social issues as well as social (indiscernible).

The infrastructure that's required in telemedicine is quite sophisticated. Sometimes it sounds pretty easy because we described it today pretty easily, but to set it up where you have a camera placed and you have licensed personnel, and you have kind of a building that's in place and that you have the other site be able to handle the kind of information and taking the documentation that's necessary (indiscernible) that a visit becomes pretty complex. Which really boils down to the
(indiscernible). And if you look at school based health centers, 85 percent of the primary care providers at school based health centers are (indiscernible). So (indiscernible) twenty percent are physician assistants, and physicians themselves make up largely a 40 percent school based health centers in terms of being around and being available for a consult. Interestingly, two-thirds of all primary care providers at school based health centers partner with behavioral health. So behavioral health is at the center of what we're seeing in terms of the big challenges that we have around school based health. But consider that there's other people that are involved in school based health centers, I'm going to state evident, dentists or oral hygienists could be involved, health educators, nutritionists, eye care, optometrists, opticians, dieticians. A nurse is going to have to be really at the center of (indiscernible) meeting across the team of interdisciplinary professionals. It's not going to be a one-person show in terms of what the (indiscernible) in terms of the complexity of (indiscernible).

So just to kind of summarize, and we'll have a
few moments for some discussion, and questions and answers, but this is what I was saying in terms of — — and I didn't use any Powerpoint on purpose, what needs to be discussed. One, as I mentioned, behavioral health will be a key component. Care coordination, in terms of making sure that, that kid navigates across different care systems whether it's your insurance plan, or whether it's the (indiscernible) hospital at FUHC, as their problems become more complex so does the coordination of services. Information, technology, and EHR is going to be a key component of how that particular child is cared for. Consider the federally qualified health center is going to play a major role in many, many school based settings. And if you don't know FUHC culture organization you're at a great disadvantage in terms of how they import their impact on the community through federal or state resources. You will need a profound sense of the payment structure that is entailed within the school based health because all the circumstances that I have described as far as being different, payment revenue sources associated with the state and federal support. And then as was stated I think by (indiscernible), in addition, the champions of
school based health have to be champions in terms of the (indiscernible). They have to know what this community is about, what our kids are about, what are they facing, and be a vital part of the advocacy that's associated with that school and that community. They have to know how the governance of that school of that school district and the politics that's associated. They have to know about education problems. So if the school district is under great pressure to raise the test scores, for whatever reason, we have to be (indiscernible) is talking about how a kid's health impacts the results of the performance.

Obviously, being a creditable and trusted source of information for the students themselves, because the students are going to be ultimately to blame (indiscernible) the efficacy in that particular school center and the school nurse. And then also public health coordination, as we think about all of these different epidemics, I mentioned the opiate epidemic, we could mention something like (indiscernible), you could mention SPI's for example, HIV, we have to be connected to how public health departments look to school based health, look to the students that might be effected in a way
that's actually multi-grown (indiscernible), to be right in the middle of that discussion. So, you know, those are some things for all of us to consider. It's quite a challenge, but perhaps more importantly it's kind of the right and important to do. I mean, if you think about -- I just thought about this before I came down here, think about our social movements right now, they're actually lead by young people. Our social movements in terms of climate change lead by a sixteen (16)-year old from Sweden, the whole issue around gun violence is lead by the children and the students that were affected down at the Florida school gun violence massacre. We need to think about how we invest in these children, because if children are actually the ones that are advocating for the most profound changes to lead us to the direction of what we promised our generations, that will bring people a gift (indiscernible) their (indiscernible). So our investment in terms of school based health, and our investment of being champions for these students is really a champion for ourselves because these students are (indiscernible).

So I just wanted to share with you some of the reflections I had in terms of (indiscernible) and
thinking about what we have as a responsibility to be advocates of champions and to think really in terms of our total sense of accountability at all these different levels of being at a school based health. So thank you, and we have a few moments (indiscernible).

MS. MARSHALL:

My name is Labrenda Marshall and I work for the Alabama State Department of Education. And you were talking about the school based clinics and you said that there were eight in the state of Alabama.

MR. WONG:

Yes.

MS. MARSHALL:

And I wasn't just quite familiar with it. (indiscernible) if it's in my capital city where I'm from --

MR. WONG:

Yes.

MS. MARSHALL:

-- the Foley Health Department has just recently opened up four of those clinics and the CVS stores has come into the state of Alabama to open up clinics as well. And then the Hill's clinic. And then we have them popping them everywhere so much so
that we have to have a legislative law now to govern just how they come to our systems because right now they're in direct competition with our school health rooms. And when I say that, it's because when they come in, they come in for profit, they want a space for free, they use the electricity and the water off of the backs of taxpayers' dollars to educate our children. And so, in 1992 when I started in education, the school based clinics were all manned by the public health departments, and they pulled out because they said that the educational part did not want to take their responsibility in how those things remained, only to see this cycle come around again. And not that I'm not for it, I just say that there has to be some guidelines and some rules as to how that we would govern it, you know, with our children. And going back to what we say, yes, because of Alabama having a lot of the Title 1 and Title 4 funding then that makes them no paying (indiscernible) for Medicaid, or the CHIP program, or all kids' program because when they're a private pay, (indiscernible) or whatever, they would not be in direct competition for those because they would sue them overseeing their students to (indiscernible). So those are the comments that I
wanted to say. And we work directly, you know, with all of our schools. Those that have opted to have school based clinics to make sure that our meeting that's set in November to bring about (indiscernible) so that according to our state we have a legislative law for our school nurses that says that there shall be one school nurse for every school district there and it is the lead nurse's responsibility to be over all necessities of those students and those issues. Thank you.

MR. WONG:

Yeah, thank you. Those are great comments. And I apologize if I misenumerated the number of centers in Alabama. I'm just going off the census of the school based health clinics made about two years. But I think the comments you made were part of the scope (indiscernible), which I think this group has not really addressed. Because it is our responsibility to protect all kids with regards to access for (indiscernible) health. And it is our mission, as I think Sue's mission, with regards to what we're trying to do with the nursing commission is to make that we're addressing the most vulnerable in our community and that no kid should have to get disparate access to care because of their income or
because of their nationality, (indiscernible) status or whatever. So I would applaud your efforts to not just look at the fact that there should be one nurse in every school in Alabama, but go beyond the one nurse and think about how you would advocate for those kids to not get exploited as a marketing opportunity to the expense of other kids that are not as insured (indiscernible).

MS. MARSHALL:

Let me clarify. I only meant that the law will (indiscernible) pay you. We obviously have one nurse for every school district. However, there are more nurses and I was saying that for the sake of Alabama that is (indiscernible). However, in every system there are some students that have adversity in every school. It just depends on the knowledge of that community, however, in rural area, or what we call (indiscernible) they are not as, you know, (indiscernible) when it comes down to that (indiscernible), so they might just have that minimum of one nurse for that system and she goes to each school. So you know, obviously that was state law in 2009.

MS. LEE:

I'm also watching the clock. My name Sharon
Lee, I'm the president of the National Association of (indiscernible), but I'm speaking as the state (indiscernible) consultant for Vermont. What I like about what you've said was value based care, I think that is the concept that when you're talking in maybe (indiscernible) where you have, you know, you go in for short-term care or acute care without coordinating with the medical home. So back to value based care we appreciate that. It gets into care coordination and being sure that the whole child's needs are addressed. So how do we -- how do we -- what's symmetric for that and what's the outcome moving forward? I hope that we can find some of that. Thank you.

MR. WONG:

Thank you. As (indiscernible) emphasized I think we are in a school based (indiscernible) and a fee for service universe, and we need to get out of (indiscernible) fee for service and get (indiscernible). Actually my colleague Benjamin (indiscernible) and I, also a physician, we wrote a couple of papers on alternative payment models. If you're interested I can you the reference to those papers. We looked at different models in terms of how fee for service was left behind and the future
of alternative payment (indiscernible). I think we need to become really astute students of alternative payments (indiscernible) if school based health is to remain the (indiscernible) providing quality access for kids. Because the fee for service world, those days are numbered with regards to not just kids but for all of us. So thank you.

MS. POLANSKY:

I will go ahead and invite our first round of panelists to come to the stage so they can get their computers up. Thank you Dr. Wong for those comments. I think that's a great start to our discussion today and what we can do within our schools working with nurses and other healthcare professionals in our schools, with our schools, and through our schools to improve the health of our children and the health of our nation. Interesting to note, I'm thankful that you mentioned some of the numbers of the students that are covered by school based health centers because definitely there's still a vast gap in the care, and I think that school nursing, in general, tries to fill that gap to the tune of 56.6 million children in our nation attending a school. And potentially, hopefully, having access to the very least a school nurse. I
love our president of the National Association of School Nurses (indiscernible) and I've learned our hidden healthcare system. So we're going to be talking about school nursing value and vision for a bit today. And I'm going to first introduce, and actually she can stay sitting or you can (indiscernible) if you'd like, but Erin Maughan, she is the Director of Research for the National Association of School Nurses, and she is going to be helping us dive into a deep look into (indiscernible) along with the data, and our schools, and that will be theme that is carried on throughout our conversation and hopefully we'll tie that back into the conversation we've been having. So Erin, I'll let you start us off. MS. MAUGHAN: (indiscernible-SHE WAS NOT SO GOOD.Couldn't make out most of what she said) Hi everyone. I'm better standing up. So this is a perfect segway from what Dr. Wong was talking about. It's the role of another group that works in the school which is the school nurse. On the way here I was reading an article that was talking about a research setting regarding what social needs were identified. And in this study it found that one in five referrals to social services, which they
interpret to be food access, transportation, utilities assistance, medications assistance, and housing, one in five were for children under the age of eighteen (18). That's the population which we're working with. And the first thing that I wanted to talk about is what does this really mean. The National Association of School Nurses (indiscernible), we developed this framework and very (indiscernible) traditional model (indiscernible). School nurses can do so much more than that because there is so much more to students nowadays. And I think as we talked about how to develop this we had to look at what is the niche of a nurse, and particularly a school nurse. But in all of nursing I think there's (indiscernible) and there is gray(indiscernible). But for us it was what is the niche that a school nurse brings that other personnel (indiscernible). And for us that's the center of this framework, which is a holistic approach that nursing brings to anyone (indiscernible). For the students, but it's not just the students, it's the families (indiscernible) and that whole school community. Then (indiscernible) are these principles that address the various areas for which school nursing
(indiscernible). Care coordination (indiscernible) nursing but we do a lot of help in that population. And that's what I wanted to talk a little bit about too because with this we work under the scope of a registered nurse. Our majority of the nurses that work in schools are registered nurses. Some people might have degrees as nurse practitioners or otherwise, and we do have licensed practical nurses and professional and licensed vocational nurses, and we have unlicensed personnel that help us. But the majority are registered nurses and we need to make sure that they're working (indiscernible). That was another reason we developed this framework, so as we're looking at the vision of what school nurse and nursing in general is, that's where we need to start making sure that we're using what we have. When you have a (indiscernible) that worked in a (indiscernible) and we'll get the (indiscernible) practice and where school nurses work, apart from these various principles (indiscernible) they're already (indiscernible) community, which is where we're looking at. Social (indiscernible), which are (indiscernible) includes two parts that we (indiscernible) we have the individual's social needs that our school nurses work with with
individual students, and we also have that population infrastructure, which are social (indiscernible).

So going on we developed a research trajectory. We knew a vision (indiscernible) school nurses and then we wrote the vision of what school nursing is going to look like. As a researcher we took an idea of what's our ideal and then we walked it backwards and we developed this research trajectory of what is the data and what is the research we need to get us where we want to go? Because we want to make sure our (indiscernible). So to explain they are actually all happening it at the same time, but I'm going to start at the bottom because it starts with partnerships. School health (indiscernible) is not a one-man show, it's a group working together. And even before that (indiscernible). But in reality things have changed. We need your (indiscernible) population standpoint and say what is left (indiscernible) to be done in school (indiscernible) infrastructure of a community that's addressing our (indiscernible). And then once we do that we partner with (indiscernible). Above that in the purple is our national (indiscernible) every student has. This is a national (indiscernible) initiative
and as this (indiscernible). And again, partnering
is a big part of this in this (indiscernible) data,
but first and foremost it's making sure our school
nurses have the skills and the confidence to collect
the right data (indiscernible), but more importantly
impact their own work so that they're estimating
their students (indiscernible).

I'm just going to wrap up with the other ones
that have to do with school infrastructure, which is
we need (indiscernible) districts because if we're
going to get change through we have to also focus on
not just what our school nurses (indiscernible) but
also the infrastructure which they (indiscernible)
nurses, and if not (indiscernible) enough standards
that provide (indiscernible). So as for
(indiscernible) there's a book that I'm
(indiscernible), this (indiscernible). It says --
it was a true story (indiscernible) and he was all
(indiscernible). He walked up to the
(indiscernible) and he gave him (indiscernible) and
it simply said (indiscernible).

MS. POLANSKY:

Thank for that. Next you're going to have
Katie Johnson coming to speak with us. She is the
Population Health Nurse (indiscernible) at the
University of Washington, Seattle, and she is going to follow Erin's talk beautifully I think talking about some really specific actions schools are taking to (indiscernible) and do something with it to get our students (indiscernible).

MS. JOHNSON:

I'm really just (indiscernible). I think, you know, any of the nurses (indiscernible) amazing stories of how they, and not (indiscernible). I (indiscernible) and I want to talk a little bit about what are some systems that we can build to help advance how you've arrived, (indiscernible) children in our schools. And one of those is to look at what is the infrastructure and how it's to work (indiscernible). And then the second piece, what's the infrastructure and how what's the infrastructure of how we do what our data says and manage our data in the schools and use it the most effectively for our children. So what we need to do is go back and (indiscernible) the hospital's under staffing (indiscernible) and most effective ways of managing nurses, and then also looking at (indiscernible) principles and how successful they've been developing efficient, effective (indiscernible) systems and (indiscernible)
hospitals. So I had some (indiscernible) school
nurses and the school nursing (indiscernible) and I
wondered those (indiscernible) principles, could
they be applied to schools and how best to
understand how to best support students.

So the things that (indiscernible) most
effective (indiscernible) nurse (indiscernible) and
there's very limited access. So nurses have
(indiscernible) three, four, five thousand students
don't have the support the nurse administrator who
(indiscernible) care. I'm (indiscernible)
professional involvement. How many school nurses
(indiscernible) key to their building and are told
(indiscernible)? This is a very specialized
practice and for me to have that specialized
training before we get that key in the lock and
taking care of kids we also need really regular
professional development. Nurses working in other
settings are (indiscernible) so they're professional
development that they get (indiscernible) in
schools. And part of professional development is
helping with evidence based practice in schools, and
how to develop that evidence (indiscernible)
research (indiscernible), but also having them push
that out to schools so that school nurses have
access to that data. And then (indiscernible) nurse
governments. How many school nurses feel like they
actually have (indiscernible) and can implement
(indiscernible) if they want to?

So another (indiscernible) that I want to talk
about in terms of setting up some standards is in
terms of data. And one of the (indiscernible) one
of the areas that I think (indiscernible) is how do
you manage immunizations. The (indiscernible) of
immunizations (indiscernible) first school
(indiscernible). Any school nurse will tell you is
about connecting with parents, (indiscernible) know
and understand (indiscernible), (indiscernible).
But often the time (indiscernible) immunizations is
running down (indiscernible) and gathering
(indiscernible), and turning in report. So what we
did in Washington State is we created this little
module in the patient registry that aggregates the
data by schools so that the -- in stead of when I
worked in the school district in (indiscernible)
program I did pay somebody to enter 16 days for
every one that I (indiscernible). I really needed
(indiscernible) to help (indiscernible). The daily
(indiscernible), let's pour it all together,
(indiscernible) so that we, the nursing coordinator
can look at that (indiscernible) immunization dates. (indiscernible) to report. And then secondly and lastly, (indiscernible) that (indiscernible) and I thought gosh, wouldn't it be wonderful if I (indiscernible). Before sending (indiscernible) to school I could write the emergency (indiscernible) plan, I could go talk to the teacher and tell them, teacher, somebody thinks (indiscernible) need to do is help that (indiscernible). But assume, and hopefully their parent comes to school so I can sit down with them, help them understand their condition, do they understand what their triggers are? (Indiscernible) questions that (indiscernible). And if that student started successfully in school.

So I'll finish by saying that school nurses are trusted experts in healthcare communities. They're (indiscernible) their communities. It's America's Healthcare System and it's (indiscernible) the shadows (indiscernible). Education is a social (indiscernible). It impacts the child's health and the health of their children. School nurses (indiscernible) and I'm so grateful for the opportunity to be here. Thank you.

MS. POLANSKY:
Next we're going to hear from Michelle Bell. She is the Nursing and Wellness Manager at (indiscernible) High School District, San Diego Unified School District. She is going to talk about (indiscernible) work on from a different perspective with absenteeism.

MS. BELL:

So like my colleagues shared before me there's a lot of people that we have to follow in the school districts. Specifically as it relates to education law, education code, health code. But as it relates to (indiscernible) and attendance we have to follow federal laws first and foremost, No Child Left Behind, and in 2015 they started following Every Student Succeeds Act. And those provide district and state partners of education, which I (indiscernible) basis in our school buildings. So for us pretty much, though I worked up until September with one school district for seven years and I moved back to my former school district where I worked for 18 years, so I'm just going to talk about both districts in this presentation.

So when we look at the Every Child (sic) Succeeds Act the focus of that Act is (indiscernible), reading and math and English
Language proficiency scores and high school graduation and academic measures for elementary and middle school students. But the great thing about ESSA is that there is now this (indiscernible) quality and student success portion of it where districts can now hold you accountable for something outside of academics and curriculum, not that those aren't the most important things in school, they are, but how do we take a look at what's happening for our students on a daily basis. And by picking something to focus on to success then we can look at bullying, we can look at interventions for kids who are moving around or have truancy issues. And in California one of the things that we're going to focus on is probably the absenteeism. But before the state decided that chronic absenteeism was something that we were going to focus on outside of those other things, in the district we already started focusing on that four years before the state said oh these are things that are important to us as educators within the school district. So we then at the district looking at both our district policy on students and then what are our department policies for student attendance and how do we take a look at how those align? How do we take a look at what
parents' involvement is in that system.

So at San Diego Unified four years ago myself and several other managers came together and said we need to change the area of student attendance. We are losing hundreds of millions of followers, collectively in the 40 districts that are in San Diego County as it relates to chronic absenteeism. How do we change this narrative because parents look at the rules and the regulations that districts have to follow and they look at it as punitive. You have school attendance for (indiscernible) teens, which is usually at the site level, then you have the district level attendance (indiscernible) which usually involves probation and usually can involve truancy officers, penalties, fine, and that just rubs parents the wrong way, you know? And in education (indiscernible). My father was in education 40 years, and I haven't seen the narrative of how (indiscernible) that parents and students (indiscernible) attendance. Really see a big change. So the last three years (indiscernible) 1:18:29, very much a priority. Very (indiscernible). So at the district level I created the (indiscernible) level (indiscernible). It was myself, the manager from (indiscernible) Guidance,
the manager from Special Education, (indiscernible) Transition, our LGBT (indiscernible) manager, our restorative justice manager, and we came together and we said how do we work the schools to help them get a handle on absenteeism? Not just chronic absenteeism, but just kids coming to school on every day, how do we get kids and parents to understand that coming to school every day matters. So we started partnering from that committee, we met every (indiscernible) for a year and talked about ways in which we felt that we could help principals, administrators and parents change how much they looked at (indiscernible).

From that group we then created a protocol on attendance. So I have 150 nurses in the department with 110 para professionals, I'm the only administrator for my group of 300 plus employees. So it's how do we collectively use our resources to better look at what we're doing within our own offices every day. What can the classified employee that's working, (indiscernible) technician that's working the home office, along with a registered nurse, do to work with kids or their family as it relates to coming to school every day? So once we created the protocol we worked and found a partner,
Attendance Works is the national partner, and I met Hedy Chang at a conference, to be honest I can't remember where I met Hedy. I remember (indiscernible) three years now. But Hedy came out and did training for my 150 nurses and my health technicians and talked with us about where the future is for our students and how we help kindergarten, first grade, second grade parents really understand what they need to do and why coming to school every day is so important.

Dr. Chang spoke about the fact that there are you know, school days (indiscernible), and I'm lucky enough in my former district to have eight, and in the district I currently work at we have four, and I use those partners to help with all kinds of things from immunization follow ups to attendance. So when school based health center employees aren't busy doing things they would work with the school nurses on follow up for attendance, why was this student absent, what was going on with this student, how can either the clinic partner and/or the school (indiscernible) help, whatever that is.

In 2017/18 after we had the training and I had talked with principals at the end of the '16/'17 school year about the fact that I realistically
wanted to do a pilot project. And that project was an attendance review project where we took a look at 27 schools in the district and from those 27 schools with just a little bit of funding we were able to make a significant difference in the day to day function of how (indiscernible).

MS. POLANSKY:

We have some great examples of who's on the ground, school nurses taking action (indiscernible) taking action, leading the way, the various (indiscernible) teams (indiscernible). Lastly we're going to hear from Tommy Reddicks, executive director and CEO of Paramount Schools Club Excellence.

MR. REDDICKS:

Thank you. (Indiscernible). I'm probably going to take some (indiscernible). Just pointing out something, obviously I just came from (indiscernible). School leaders don't truly understand that improved health collaboration would raise test scores (indiscernible). So this is (indiscernible). In general our school leaders are happy to have a school nurse, but not (indiscernible). Many consider it (indiscernible). (indiscernible) some of our nurses and just allowing
them to sit in one section over here and
(indiscernible). It illustrates kind of where we
look at this problem and how we identify what we
should do. We like to look at time (indiscernible),
and so, (indiscernible) there are 8,716 hours every
calendar year, students only attend school
approximately 180 days. 180 days times eight hours,
that's about 1400 hours of contact time per year for
those kids that are in school. This is a
(indiscernible) environment with a lot of access to
(indiscernible) typically get some kind of help
(indiscernible). So if you count (indiscernible)
show up you're talking about 22 to 40 percent of the
waking lives of children in the United States
between the ages of five (5) and eighteen (18) are
happening right there (indiscernible). For some
that's more time than they spend at home. And that
really in terms of public health should
(indiscernible) focusing our efforts in terms of
(indiscernible).

(Indiscernible) the American Public Health
Association (indiscernible) this is not new
information. I just want to quote a few things from
2010 from the American Public Health Association.
Number one, health and education are inextricably
intertwined. The lack of education (indiscernible).

Number two, graduation from high school is associated with an increase in average life span of six to nine years. So that graduation is academic, life span is health. Number three, high school graduates are less likely to commit crimes, (indiscernible) healthcare (indiscernible) services such as food stamps or housing assistance, are more likely to raise healthier, better educated children.

So let's keep that in mind when (indiscernible) second and say a student who can't (indiscernible) by third grade is four times less likely to graduate by the age of nineteen (19). Add poverty to that mix, they're 13 times less likely to graduate by the age of nineteen (19). Going back to the American Public Health quote, it says six to nine years of life extension is related to high school graduation, but our kids in poverty are 15 times less likely to graduate by age nineteen (19). That's where the problem lies, and that's a really (indiscernible) kids (indiscernible) 1,440 hours a year.

So to tackle this problem we started a (indiscernible) in 2013 essentially tracking every school based health encounter for every child and then correlating that against academic achievement.
(indiscernible). Many people tell me over and over
and over again this can't happen (indiscernible).
And they're very, very wrong. It's just a step
(indiscernible). But when we start comparing
academic achievements and school based health
encounter data (indiscernible). Here's how our
system works: We track (indiscernible) schools and
compare out academic data (indiscernible). We find
out (indiscernible). We also find that the number
of visits to our school based health center, if we
can get to that next slide right here, once you get
past the (indiscernible) to (indiscernible) academic
(indiscernible) for our students. Some of our
students will visit the nurse (indiscernible). So
we can get (indiscernible) visits (indiscernible)
realize that we've got an academic problem
(indiscernible). This is (indiscernible) is
groundbreaking because nobody's (indiscernible)
health and academic comparison (indiscernible) track
student health and education. In other words,
(indiscernible) health and (indiscernible), working
together or basically (indiscernible). And quite
legitimately what we're saying is academic support
can be a health (indiscernible). And I love saying
that over and over again, (indiscernible) people
when I say it, but academic support is something
(indiscernible) healthy child (indiscernible)
conversely (indiscernible) is also true, we can
definitely say that health support (indiscernible)
academic.

What makes all this so greatly important for us
is that we (indiscernible) health and academics for
our kids, especially in our low income
(indiscernible) schools. We're not changing any
(indiscernible), we're not changing how our school
nurses (indiscernible) in school, we're not changing
how our school deals with students who get
academically behind(indiscernible), what we're doing
is just removing various (indiscernible) things that
(indiscernible) and making (indiscernible) impact
(indiscernible) with our kids (indiscernible)
academic interventions to help (indiscernible) and
also to compel (indiscernible) to teach those
(indiscernible) (indiscernible) for their health
issues (indiscernible) sustain their health issues,
all (indiscernible).

So quite frankly, what we're finding is
students who visit their school nurse more than once
in a school year (indiscernible) health are at risk
(indiscernible). Students who visit more than eight
times in a calendar year (indiscernible). If we
know those two factors we can be predictive and then
start prescribing interventions and academic support
for those children and get ahead of this before they
fall off the (indiscernible). What's really
(indiscernible) about this approach is schools are
really good at this game. The schools do a first
test at start of the school year and second test
(indiscernible), then they can measure whether or
not students are on par with where they should be,
and if they're not then they can put systems in
place to support those children. (indiscernible)
January (indiscernible). If we utilize health data
(indiscernible) we get there ten or 20 times faster
and those kids can get serviced immediately and we
can stay ahead of it before they fall off the
(indiscernible). So really, really fantastic stuff.
The problem is this work is hard to understand,
there's not a lot of support locally for it, there's
not a lot of funding for it, and that leads us to
(indiscernible). And I have a list of kind of my
top five (indiscernible) implications
(indiscernible). Number one, child health must
become a (indiscernible) multi-sector effort,
(indiscernible). And (indiscernible) this effort
and talk about public health (indiscernible) education, education doesn't always (indiscernible).

Number two, federal policy should compel states to fund data-driven, measurable health initiatives like (indiscernible) in the low income education sector especially. Number three, a consent to treat, coupled with a release of information should become the rule and not the exception so the data shared between sectors (indiscernible). In other words, (indiscernible). Number four, the word school must be (indiscernible) alongside the word education (indiscernible). That absence removes the sense of (indiscernible) from our schools and our states that (indiscernible) prioritizes (indiscernible). Number five, the phrase "academic health," (indiscernible). Academic health should be introduced in the (indiscernible) measurable, data-driven low income (indiscernible).

(Indiscernible) boots to the ground is that our principals, superintendents (indiscernible).

MS. TANNER:

Thank you to all of our panelists. You all have done a wonderful job of introducing (indiscernible) for hours on the work that you do (indiscernible), so that this can be the beginning
of conversation in this room about the (indiscernible) division of school nursing. So I would like to open it up to the room now for anyone who may have questions for any of our panelists. And please (indiscernible) the microphone. Introduce yourself and where you're from.

MS. EVA STONE:

Yes, I'm Eva Stone and I manage health services for Jefferson County Public Schools in Louisville, Kentucky. So I've got really a couple of (indiscernible) a questions, so when we talk about immunizations (indiscernible). So lack of immunization clients (indiscernible) 1:31:00 is indicative of a lack of access to healthcare. And so, we talk about non compliance all the time but we don't talk about lack of access to care, which that's a symptom of. So when you talk about work with registries and working with registries and you mentioned (indiscernible), like in Kentucky we can't, you know, the Department of Education will not discuss working with the school district so that the system can communicate in those immunizations and we could actually have the records with the children. So where do we begin with this HIPAA (indiscernible) discussion and getting through some
of these barriers so that we can address the very
obvious lack of access to healthcare that we have
information on? Schools know this and
(indiscernible), but I mean it's managed care
organizations. They know the kids that are not
receiving services but none of these systems
communicates (indiscernible).

MS. JOHNSON:

Well, I can start (indiscernible). So
Washington State (indiscernible) on the certificate
of immunizations the parents actually sign that. So
just a little background, (indiscernible) the
immunization record can (indiscernible). Once it
comes to the school it becomes (indiscernible).
Once it goes back to the health department it
becomes their baby. So you have to have that
permission from the parent to share that
immunization record with the immunization registry,
so school nurses who are actually entering data in
the registry, that is missing (indiscernible). So
we have that (indiscernible) wonderful people at the
Department of Health in Washington
State(indiscernible). And I think the other piece
of it is again when I started (indiscernible) how
records (indiscernible) the talk of the town
(indiscernible) for a parent when they get their electronic health record by (indiscernible) in their medical clinic (indiscernible) want to share that data with the school nurse they can (indiscernible). But a lot of times documentation systems are (indiscernible) permission of parents to share data and we just haven't got to the place (indiscernible).

MR. REDDICKS:

(Indiscernible) one exception (indiscernible) all around the area of schools. They're not sharing the data (indiscernible). At the same time (indiscernible) happened to our kids (indiscernible). Never getting (indiscernible). (indiscernible) (Indiscernible) share this information back to our schools (indiscernible).

MS. MAUGHAN:

I'd just like to add that (indiscernible) in addition to (indiscernible) I just want to highlight (indiscernible) of what is (indiscernible) versus what is another person. (indiscernible) still taken care of which is that (indiscernible) misunderstanding what the data is being used for and even if the nurse provided it (indiscernible). That's actually a huge stumbling block in many
states, and particularly if the school nurse is not
being identified as a provider, so that's why
(indiscernible) but (indiscernible). So there are
(indiscernible).

MS. JOHNSON:

In Washington State (indiscernible) school
nurses (indiscernible) immunization registry they
were specifically described as providers.

MS. MAUGHAN:

The same in California.

MS. LAURIE COMBE:

Laurie Combe, I'm the president of the National
Association of School Nurses. (Indiscernible)
observation beginning with Dr. Wong's conversation
(indiscernible). I see this theme of fragmentation
in services (indiscernible) fragmented care for our
students because the HIPAA for school nurses
(indiscernible) physicians. And parents are
hesitant sometimes to offer that consent. So
(indiscernible). The fragmentation (indiscernible)
care (indiscernible) many school nurses are funded
with education dollars, (indiscernible) dollars, and
that's (indiscernible) leads to (indiscernible),
professional responsibilities. I understand you
Tommy to say that there's collaboration between your
administration and school nurses and (indiscernible) would that be (indiscernible) across the United States. And then the (indiscernible) ability of data I think is a huge barrier to accomplishing what we know needs to happen for the (indiscernible) children in schools in this country.

MODERATOR:

Thank you, Laurie.

MS. MAUGHAN:

Dr. Wong alluded to with financing (indiscernible) in our schools. I know that there's issues with student health centers and how they're financed, and as you mentioned, (indiscernible) percentage (indiscernible) 82 percent of our school nurses not connected with a school based health center are funded by education dollars, not healthcare dollars, (indiscernible). And interesting to mention, I (indiscernible) for every dollar (indiscernible) spends on a school nurse working in a school building, it's Two Dollars and Twenty Cents ($2.20)(indiscernible). So (indiscernible) for every dollar spent you return that. So just something to keep in the back of our minds that who should be spending these dollars. It shouldn't necessarily all be education money,
MODERATOR:

Can I (indiscernible) just to parallel?
(Indiscernible) I cannot understand this.
(Indiscernible) regarding school health for children
and we're funding those, and (indiscernible).

MS. MAUGHAN:

I think that also (indiscernible) also need to
talk about funding for the research we need.
(indiscernible), but as we mentioned, there's not a
lot of funding for school health (indiscernible) out
there. (indiscernible). There's going to be a new
analysis of it (indiscernible). (indiscernible)
issue if we had the money to start (indiscernible)
but (indiscernible) NIH funding and other funding
(indiscernible). So (indiscernible).

MS. JOHNSON:

I'd like to tag team on that. There's a
tremendous gap by state and (indiscernible) 1:39:20
Sixteen Thousand Dollars ($16,000.00) per pupil. So
New York State spends the most, and this is 2015/16
school year, Twenty-Four Thousand Six Hundred and
Sixty Dollars ($24,660.00) per pupil in New York
State. The lowest was Iowa(indiscernible) at Seven
Thousand Nine Hundred Dollars ($7,900.00). That's a
tremendous difference in — so your Zip code is an indicator for your access to registered nurses for your students, and that shouldn't happen in the United States.

MS. MAUGHAN:

(Indiscernible) show in that data (indiscernible) school (indiscernible) pupil services that they're more likely to have a school nurse (indiscernible)?

MS. BELL:

And then when you have people who aren't coming to school on top of that (indiscernible), you know, (indiscernible) dollars every year. They cut programs (indiscernible). (Indiscernible) classroom, which we understand that they (indiscernible) support staff supporting the kids and the teachers and (indiscernible) counselors, school psychologists, (indiscernible), and they're not (indiscernible).

MODERATOR:

We've got about one more minute, so I can have one more person come to the mic, (indiscernible) really, really quick, come on up.

MS. SHARONLEE TREFY:

Sharon Lee Trefy, I am going to speak as the
National Association of School Nurses. Two things: one, primary care is part primordial prevention, getting kids to their annual well care visit is both an a (indiscernible) or state (indiscernible) focus as a crucial part, and the second part is I strongly support for many reasons expressed here the school nurse or no funds going through the school because of the crucial role of the school nurse in school culture, school government, and relationship building. Relationship building with the students, the families, and the school administrators and school personnel. And that's where I feel it begins. CMS, Medicaid has a crucial role in pushing those funds through that system, (indiscernible).

Thank you.

MS. MAUGHAN:

(Indiscernible) so I'm going to (indiscernible) is (indiscernible) structure and (indiscernible) is needed is we need structure and standards (indiscernible). Because we don't have (indiscernible). There are no standards in school health or nursing (indiscernible). So we need it at the district level, we need it at the state level, and only 29 states (indiscernible) and that is a crucial role and it also (indiscernible) makes a
difference (indiscernible). (Indiscernible) and a way to make sure that (indiscernible) in nursing.

MS. ANDREA TANNER:

Next I'm going to welcome Jessica Wagner to the stage. She's another (indiscernible) panelist and will continue the conversation even (indiscernible). So we started (indiscernible), so we're going to continue that conversation (indiscernible) so welcome to the stage our next panelist.

MS. JESSICA WAGNER:

Thank you, Andrea. I'd like to ask all (indiscernible) forward (indiscernible). To everyone in the room I'm Jessica Wagner, and I went from having a caseload of (indiscernible) applications, (indiscernible) student athlete's (indiscernible) being healthy and safe. And it's my honor now to be their next panel (indiscernible) information strategies across the life span (indiscernible). Because as we (indiscernible) facing our youth (indiscernible) continue on beyond that. So I'm really excited to have our panelists join us in just a bit to share the strategies that school nurses can implement. Just a moment as they get seated.

As they're getting seated I would like to say a
few opening words about our first panelist. Dr. David Wyrick is founding director of the Institute to Promote Athlete Health & Wellness at UNC Greensboro. He is going to share with us his vast knowledge of experiences of providing (indiscernible) services to various communities, including student athletes, students and (indiscernible) projects that (indiscernible) with high schools and nurses. So Dr. Wyrick, (indiscernible).

DR. DAVID WYRICK:

Okay. It's a pleasure to be here. I hope what I share today will be informative. I'm not a school nurse, I don't have a background in school nursing. My background training is in prevention science. I've worked, I've (indiscernible) fundamentals of prevention science to benefit the health and well being of student athletes, whether we're talking middle school, high school or collegiate. And so, I hope that my comments, which will be centered around some of the fundamentals of applied prevention research, and then I'll go over some very practical examples of how to apply those principles towards the end of this that I think will be especially appealing to the school nurses in the audience.
So with that said, I want to begin with just a little quote from Myles Brand, who was the president of the NCAA prior to Mark Emmert, and in terms of framing athletics in an education based (indiscernible) it's really critical, and I love this quote of his, it's in an article that he published around athletics being part of the educational mission of our society and that we're taking a very broad definition of education being (indiscernible) human growth and development of our young people.

So as a public health person I'm obviously going to take a very population-level approach to this. I'm going to talk a lot about the population approach and a systems level approach, and I want to emphasize that things have got to be very purpose driven, that we've got to be purpose (indiscernible). What we want to avoid here, or what we see all too often in athletics, which is a win at all costs model. We want to always remember that our purpose is education based (indiscernible) our students and what can we do to help them.

Some basic (indiscernible) science, I'm going to focus on 3, 4 and 5, developing programs, policies, and interventions; target (indiscernible),
the health problems and disorders that we're concerned about, (indiscernible) evaluate those programs, policies and initiatives, and then we need to disseminate research related to those interventions, initiatives, programs, policies, and (indiscernible).

As most of you know, from a (indiscernible) psychosocial perspective, if you want to prevent alcohol abuse among college students you don't target (indiscernible), you target it through (indiscernible) we can change. We refer to those as (indiscernible). That's the law of indirect effect, and that's very important to what I'll be sharing with you today. In addition to the law of indirect effect you've got the law of maximum expected potential, meaning of those variables that are valuable which ones are the most predictive of whatever problem or disorder we're trying to (indiscernible). And those are the variables that we need to focus on.

Now I'm going to use social norms as an example here because there are lots of variables that are highly indicative of (indiscernible) or disorders (indiscernible) but they are very difficult to change in various contexts. So for example, the
school health or school based prevention program,
we've had a lot of success in changing social norms.
We have not had as much success changing the
variables that are predictive of substance abuse, of
mental health disorders, of sexual violence, things
like behavioral (indiscernible) based on behavioral
intentions. Things like (indiscernible), to reduce
harm. So just because we know something is
predictive, doesn't mean that we can effectively
change at a level that will have meaningful public
health impact. So here with social norms we've got
a very powerful variable, one that is highly
predictive of individual behavior, group behavior,
organizational behavior, as well as taking a social
norms approach to changing other important
(indiscernible) variables.

In our research this is an example from the
collegiate model, there's a program that Jessica and
I have worked on together for (indiscernible)
experiences (indiscernible), and this is a little
more difficult to see than I would like, but the
point here is that we have taken a very
(indiscernible) approach to this intervention to try
to optimize the impact of social norm and
(indiscernible) intervention. And what you see is
(indiscernible) evaluation studies on a social norms variable with revisions in between we'd be able to consistently increase the effect of (indiscernible) on social norms. And I know you can't see the exact size levels here but we're (indiscernible) levels and have now been matched (indiscernible) research. We've done the exact same thing with a -- with a grant at the high school level that we received trying to increase concussion reporting among student athletes when they've had concussive symptoms or they experience concussive event, and we see the same trend in terms of an incremental improvement on social norms at a very powerful level.

So let's get to the systems based approach. Of all the best practices for (indiscernible) taking a comprehensive approach is what I want to focus on. And maybe you've probably seen different versions of this model, (indiscernible) model. It's not news to you. It's critical in terms of how we think about the primary population (indiscernible). What I like to say is if you really want to have an impact on a culture you have to have a systems level approach. If you take a systems level approach you start to create a culture that can support prevention related
initiatives, programs and policies. You can take the best well thought out policy, the best study intervention and place it into a toxic environment, toxic culture, and it will not be successful. You will not be able to replicate that success.

So you guys can see this, this is just to reiterate the comprehensive approach, and then we've got (indiscernible). Okay. Real quickly, this is kind of a fun graphic, (indiscernible) Greek mythology character. The point is if we address these social (indiscernible) it becomes easier to (indiscernible). And then my slides will be available but I really want you to (indiscernible).

Thank you.

MS. WAGNER:

Okay, thank you so much, Dr. Wyrick. And as Dr. Wyrick mentioned, when we get to the Q and A portion, please feel free to tap into his knowledge and in the networking session as well. Between the conversation about what is occurring in the eighteen (18) to twenty-four (24) population and beyond I'd like to invite Eileen Egan-Hineline, representing the American College Health Association, and who leads also a nurse section within that organization, to share with us some insight on what is occurring
with this population, what are some strategies that school nurses can employ with their population. Eileen?

MS. EILEEN EGAN-HINELINE:

Thank you very much. And thank you for inviting us. What I've already learned just in this short time is that it is critical that American College Health partner with the school health. There is a gap that we have placed there that there shouldn't be. There should be a continuum of care that students come from high school being given very, very substantive (indiscernible) healthcare in K through 12, and now they're in college. And how many of you have really heard of the College Health Association? We're about to celebrate our hundredth anniversary, our hundredth year. It started out much like school (indiscernible). But it has advanced so much further. College health incorporates public health, as well as primary care, mental health, and health education (indiscernible). It's geared towards making sure that our colleges and universities are supporting our students to remove health related barriers to their academic successes. American College Health is advocated to move beyond the diagnosis and treatment of illnesses.
to the (indiscernible) towards optimizing human function. The reality is that right now our colleges and universities are having an increase in enrollment. Approximately one-half of all eighteen (18) and nineteen (19) year old students are entering institutions of higher education. A significant amount of those students are identified as racial and minority, low income first generation students (indiscernible). They have health challenges that they have been experiencing the time that they were in elementary school, part of it is prevention, access to care, and when students go to a university outside of their home state what a lot of them don't realize is that that community health plan that they were able to get while they were in K-12 no longer exists and these students are grossly underinsured or non-insured. So therefore, their health (indiscernible).

The other issue that we have to acknowledge is that the number one public health issue on college campuses is mental health. That is the greatest epidemic that universities have been facing. Right now 63 percent of college students identify with a significant mental health challenge. That translates to 7 million students nationwide who have
mental health issues, and many of them in the LGBTQ and the racially diverse communities are totally unaware of resources that are available to them.

The options for college students are vast. We have options like Telehealth, we have mental health counseling on campus. It's not enough. We have primary care, it's not enough. Our goal in college health (indiscernible) is (indiscernible) ability to remove health related barriers to our students' academic success, but we need to look much further than that. We need to develop and remove health related barriers so that students will begin to live a healthy life long after they leave the university (indiscernible).

One thing that I advocate is that we think about trying to develop a partnership where students do not have to carry a burden when they go into the university, that they are better prepared for higher education so that the attention of the students are greater. We can do that between college health college health and school health. It can be done and it will be done.

MS. WAGNER:

Thank you, Eileen. And I'd like to add ACHA, many of the stats that Eileen mentioned in her
presentation you can find on their website. They
have one of the largest databases on the eighteen
(18) to twenty-four (24) collegiate health status of
students that not only do college campuses use but
also other (indiscernible) organizations such as the
NCA (indiscernible) how we approach healthcare with
our population. So thank you so much, Eileen.

Continuing on with the conversation of big
public health issues, we've been hearing about it
since the beginning of today's program, behavioral
health and how it's impacting our youth and emerging
adults and pretty much everyone in the general
population, and how are school nurses
(indiscernible) help provide support for our
students and our youth. And I'd like to turn it
over to Adrienne Kennedy, mental health advocate,
and also representing the National Alliance on
Mental Illness. I'm so thrilled to have her here
just to share some strategies and some insight on
the mental health of America.

MS. ADRIENNE KENNEDY:

Thank you. I really appreciate being here,
it's one of those things where I want to say I got
here as fast as I could, but you know, we want to be
partners, we need the kind of partnership that this
engaged community allows for (indiscernible) because it's so important, so critical. What we know is the mental health situations that we're seeing in our homes and schools and our communities has got to be addressed as early as possible and as often as possible, and in all vectors of our society we've got to have information flowing through health educators, through educators in the schools, and everyone (indiscernible) people can understand where we are and where we need to go. It's not going to get better unless we all get onboard (indiscernible) and (indiscernible).

Let me tell you a little bit about how it is such a passion for me. First of all, I started out as a teacher in elementary schools in California. (Indiscernible). And what was shocking to me was when I first heard an (indiscernible) say universally that four out of ten children, four girls out of ten, will be sexually abused before their teenage years. And when I heard that one out of four girls (indiscernible) sexually abused it suddenly sent a (indiscernible) on my whole teaching profession. I knew that the school nurse and the counselor were going to have to be my best friends to really spot and get the best (indiscernible).
(indiscernible) now to a very important sense of
(indiscernible) access to a different
(indiscernible) mental illness. We know for
instance, first episode psychosis is one of the most
profound experiences that anybody anywhere can have,
and any individual can have. We also know that the
days between their first bout of psychosis and its
treatment actually is predictive of what the long-
term (indiscernible) will be. It's very, very
important. So (indiscernible) FEP, or first episode
psychosis, and all the work that has been done, Dr.
(indiscernible), First episode psychosis doesn't
just happen in eighteen (18) and twenty-four (24)
year olds and twenty-seven (27) year olds, which is
the highest (indiscernible) as well. We have people
in our (indiscernible) who (indiscernible) who
remember their first psychosis at five (5) and six
(6) years old. And also, by the way, suicidality
(indiscernible) is not limited just to thirteen (13)
to twenty-four (24) year olds (indiscernible) it
also happens earlier (indiscernible). And I think
we (indiscernible). And thank you for the head nod.

MS. WAGNER:

(Unintelligible).

MS. KENNEDY:
Okay. God bless you. And just so you know, I want to tell you how important your work is in the health education, or -- (Several unintelligible sentences) you have to get early information flowing, so we understand that it's (indiscernible) that when parents say (indiscernible) or a teacher will say well it's just this or it's just that, and it's not just, maybe it's something else. And we just want to be observers (indiscernible) (indiscernible). This can impact a child's trajectory, as we've said (indiscernible) in the other presentation, (indiscernible) (several unintelligible sentences) If we don't manage our social (indiscernible) we're not going to (indiscernible). (Indiscernible) study that was done in 1998 which is now (indiscernible). There's also genetics, there are genetic probabilities, we know that. My genes (indiscernible) and now I have five children who also have -- three out of the five experience mental health issues, and I have eleven grandchildren, one of them is only three months old, so (indiscernible). I see an anxiety disorder, anxiety and how do we (indiscernible) and how do we deal with it. It's school (indiscernible) and nursing and the health education (indiscernible).
(indiscernible) a lot of (indiscernible) work in this area that is meant to support and come side by side with schools, ((indiscernible) speaker must be moving a lot)). (Indiscernible) and she (indiscernible) when she first (indiscernible) she said (indiscernible) issues (indiscernible) training (indiscernible), and she said (indiscernible). So what I want you to know is that (indiscernible) work like (indiscernible) give presentations to high schools and to middle school as well. But we have to also (indiscernible). (Indiscernible) put out a very nice booklet called Starting a Conversation (indiscernible). So those kinds of things (indiscernible) important thing (indiscernible) (indiscernible) early adolescence (indiscernible) forward makes a difference. (Indiscernible) milestones that (indiscernible) for success (indiscernible). By the way, you probably know that for ADHD there's a 12 times higher dropout rate for children who are affected by ADD or ADHD, that can be (indiscernible) interventions (indiscernible), you know, (indiscernible) dropout rates that are so much higher and they're higher (indiscernible) children who are having symptoms and (indiscernible) as you probably already know that 50 percent of all
mental illnesses is (indiscernible) symptoms by the age of 14. That means (indiscernible) conscientious. And also, it's college (indiscernible) we know the (indiscernible) (indiscernible) providers. There's (indiscernible), there's (indiscernible), other information as far as this, but we ask you to be part of (indiscernible) getting the (indiscernible) pieces together.

Thanks.

MS. WAGNER:

Thank you so much, Adrienne for providing that insight. And we're talking about prevention strategies and (indiscernible) communities. (indiscernible) that we didn't talk about how can school nurses approach this from a policy approach. And so, it is my pleasure to introduce our last panelist, Dr. Lisa Campbell representing the American Public Health Association and chair of the Public Health Nursing section who's going to give us some examples of how school nurses can provide (indiscernible) policies for some of these issues that we've been talking about.

DR. LISA CAMPBELL:

Thank you, Jessica. It's such a pleasure to be with everybody here this afternoon. I have a deep
respect and appreciation for school nurses. My mother was a school nurse, she's now retired, and our daughter is a camp nurse for (indiscernible) school program for fifth and sixth graders and (indiscernible) in her office (indiscernible). It's pretty awesome. So I really believe school nurses are the anchor for (indiscernible), they're dependent, and they're an important resource for children, their families, the staff, and the communities. As you know today school nurses are faced with complex issues that are (indiscernible) addressed that many of our panelists have already addressed here, so I really don't need to list those. But as such, school nurses are really the safety nets for our children. Interventions (indiscernible) and health equity are more (indiscernible) approach are necessary (indiscernible) school nurses abilities to address social determinates (indiscernible) and impact the population (indiscernible) ultimately.

I'm going to share an example with you today that demonstrates how I believe school nurses could work more (indiscernible) together. Social determinates have (indiscernible) social means (indiscernible) population (indiscernible). The
case example centers around environmental triggers of asthma which we know is the primary chronic illness for children and the primary reason for absenteeism in schools. So let me tell you about Laura. Laura is a school nurse at (indiscernible), an elementary school with 87 percent minority enrollment. Located in a Zip code where a majority of the children live in Section 8 housing and actually some of the children live in a house with (indiscernible). When Laura manages a child with asthma by administering rescue medications she is working at the individual level (indiscernible), and if Laura takes a step forward and refers the child to social programs for services to address unmet social needs like food and security, (indiscernible), medication assistance for a HEPA approved air filter, in making the referral Laura is still working at the individual level, however, she's now removed this string. (Indiscernible). Addressing social needs are an important short-term solution but are not sufficient to impact the entire population, because they don't address the structural barriers that affect social determinates (indiscernible). However, if Laura now shifts her focus to programs and policies instead of
(indiscernible) and procedures I can't take credit for that, that's (indiscernible), that address social determinates of (indiscernible) where we live, where we're born, where we live, where we grow and work and play, her work now is upstream. As an example, Laura calculates the high prevalence of asthma (indiscernible) and collaborates with stakeholders that includes (indiscernible), staff, community partners, and the health department to improve school air quality. The stakeholders review contributing factors of poor air quality such as unnecessary school (indiscernible). We know that diesel exhaust is identified as a carcinogenic to humans and contains a significant amount of (indiscernible). These particular (indiscernible) lodge deep into the lungs and they can trigger asthma attacks. After a series of meetings the stakeholder group decides to focus on eliminating unnecessary idling time of school bus operations. Now (indiscernible) think we know where I'm going with this. And presented a policy proposal to the school board for approval. The policy is a prevention strategy to reduce the risk of exposure not only to the children in the school but benefits the entire population, thus improving the health of
the community. Laura and her colleagues decide to maintain the momentum with the stakeholder group and explore innovative ways to further reduce school bus emissions. The stakeholder group analyzes the Volkswagen settlement money and they discover that their state was one of the five lower states, lower southern states, that has to prioritize the bus replacement switching from diesel to electric, and combined the proposal to include the newly released EPA's grant to reduce diesel emissions in school buses. The group presents the new proposal to the school board and (indiscernible) grants from the VW settlement money and the EPA to convert the entire bus fleet from diesel to electric, thus improving the school air quality. Laura and her colleagues with the support of the stakeholders and the approval of the principal now implement an upstream health promotion program, the EPA's Air Quality Flag Program. Many of you may know about this. The Flag Program is managed in the school and sustained by the science teachers and the students. The program (indiscernible) children, families, school staff, and the community to the local air quality forecast and empowers them to change social behavior by taking action to protect their own health and limit
outdoor physical activities. Each school raises -- (indiscernible). Well, here's the bottom line of the whole thing: It's going to take policies and programs to address the (indiscernible) barriers and social (indiscernible) impact population (indiscernible) and we have to do that collaboratively. (indiscernible) cannot do it in isolation.

MS. WAGNER:

Thank you so much, Dr. Campbell. We've heard from the panelists, the face of America is changing. The healthcare issues that we are facing as a nation are changing, and we've heard that prevention strategies are at the core of this, and I truly believe that school nurses are a part of the solution. So I'd now like to open up the floor to the audience to (indiscernible) ask the panelists some questions about this.

MS. LINDA ROBERT:

I was going to say good morning, because (indiscernible). My name is Linda Roberts, I'm a registered nurse from the state of Illinois. I am not (indiscernible), she's the president of our school nurse's association. And what I have heard today are different things, and I apologize for the
casualistic (indiscernible) way I say this, but
school nurses can do transitioning, collaboration,
blah, blah, blah. So -- and again, I'm
(indiscernible). In Illinois we have Chicago, and
then we have the rest of state, and I
(indiscernible) Chicago and that's the way it is.
But the biggest issue for us is that we don't have a
school nurse in every school, we have extraordinary
variants from one side of town to the next. And not
having the school nurse, not having the access to
school health, not having that, and I believe Linda
will really fill in the details, but each district
does things differently. While I can see that there
are different things that we can be doing but if we
don't have that nurse and we only have two schools,
I think we're up to four schools now that do the
certification of school nurses, in Illinois, if we
don't have the work force that has the education,
the expertise, and the salaries to keep them in
place we can't (indiscernible).

MS. LINDA VOLLINGER:
I'm Linda Vollinger, I'm representing the
Illinois Association of School Nurses. And Ms.
Linda had said there's Chicago and there's the rest
of the state, and (indiscernible) sector, the north
and the south, and up in the northern part of the state we have a pretty robust supply of school nurses and we've just added two more colleges that (indiscernible) school nursing, (indiscernible). Administrators are saying there's (indiscernible) and (indiscernible) some respect. When you look at the southern part of the state there are nurses that are covering an entire county. An entire county. And to me that's (indiscernible) because I (indiscernible) in the northern part of the state and it's harder to listen all these great things and taking notes to bring back to our annual meetings to share with our Board and other members, but what I hear from members who are those in the southern part of the state how do I do this. How can I, you know, how can I do the upstream work when we're still stuck at the individual (indiscernible). We're not (indiscernible) . So that's what makes it difficult and that -- getting that qualified school nurse certification is difficult because there's a financial burden. There are administrators that will tell nurses who want to take that step that they (indiscernible) two years, (indiscernible) schedule that they will be reimbursed for their expertise.
Back in 2010 or '11 we (indiscernible) certification in Illinois. Legislators proposed legislation to get rid of speciality certification for school nurses (indiscernible). (Indiscernible). We spent about Sixty Thousand Dollars ($60,000.00) to fight to preserve certification in Illinois only to have a sunset clause put in there, which (indiscernible) that would allow a (indiscernible) to take a course through the State Board of Education that would allow them to do medical review and make recommendations. To basically do what a school nurse was going to do. And all of our training (indiscernible) to do that. And so, and a lot of the nurses have been kind of helping their administrators (indiscernible) certification. So that's the (indiscernible) legislation.

MS. KENNEDY:

I'd like to point out something, and that is the partnership (indiscernible) has been resounding (indiscernible) many presenters, and (indiscernible) landscape (indiscernible) partnership with non-profits (indiscernible). So as an example, we (indiscernible), not (indiscernible) certification (indiscernible) my Master's degree, I was (indiscernible) PhD in education when my son became
seriously ill (indiscernible). But the point is
that I now volunteer my time, and so do hundreds of
thousands of us across the nonprofit sector.
(indiscernible)? I mean we have (indiscernible)
provide (indiscernible) in schools for all
professional staff as well as (indiscernible) and
caregivers. So -- and that's just one of many, you
know. Tipper Gore gave (indiscernible) a Hundred
Thousand -- a Million Dollars to deliver -- ending
the (indiscernible) to rural populations
(indiscernible) specialized grants that go out and
there's a lot of great philanthropy coming into the
medical sector and I want you as nursing
professionals and school nurses to recognize that
once you start letting them (indiscernible) there
may be (indiscernible) collaborate these kinds of
philanthropy dollars, as well as corporate
sponsorship to deliver some of these things, you
know, (indiscernible) needs. Because you should
always (indiscernible) top of your expertise
(indiscernible) there are ways of enhancing that a
hundredfold by the volunteers (indiscernible). Just
to remind you of that.

MS. EGAN-HINELINE:
Don't be discouraged about the (indiscernible)
certification. I'm Board certified (indiscernible),
(indiscernible) because they took it away from us.
Part of it was that they said, well, there's just
not enough people that are taking the exam. Well,
part of the issue is that college health is a
phenomenal career just like school health and the
(indiscernible). So in the meantime (indiscernible)
to try to get that Board certification back,
(indiscernible), and that is one thing that I will
not let go of because I am extremely proud that
(indiscernible) does show a specialization, so what
the American College Health Association did is they
created a certification program within the
organization to continue to -- that provides
continuing education that's very, very specific. If
you (indiscernible) health statistics every college
health nurse and every college health professional
has to be a savvy mental health partner. I may not
be a counselor but 25 percent of my practice is
mental health (indiscernible). That part is very,
very critical, so when they developed a curriculum
for this that the school administrator
(indiscernible) so within the organization you had
actually developed a subset towards that
certification for your specialization. And I do
feel (indiscernible).

MS. WAGNER:

We have about fie minutes left. We'll get to
the next question.

MS. KATHY HAGER:

My name is Kathy Hager, I'm the immediate past
present of Kentucky Nurse's Association, and I think
the reason I'm here is (indiscernible) social
determinates (indiscernible) five years ago. I am
also a family nurse practitioner and teach at
university and work one day a week and see college
students and I was the first nurse practitioner to
(indiscernible). (Indiscernible) I'm a family nurse
practitioner and I am seeing psych and I am getting
referrals on suicidal ideation and I am no qualified
(indiscernible) mental health, nurse practitioner
(indiscernible). And I also teach health policy,
that's probably (indiscernible). I think we have to
mandate everything we're talking about, and if you
don't mandate it we're not going to get it because
we've seen it in Kentucky (indiscernible) and that's
the first thing that's cut. So I think there are
two states in the United States who mandate that
there's a school nurse in every school every day,
all day. I think that's Delaware and Massachusetts.
Kentucky has been working for five years (indiscernible) to file a bill, and I also think they're going to have mandate the school nurse (indiscernible) curriculum that is a certification, whatever, because if you are ever going to (indiscernible) mental health (indiscernible). I'm a diabetes educator and I just made a statement the other day that mental health's more important than physical health, and somebody said that's a strange comment for you to say. I said well, if you're mentally ill or commit suicide your diabetes really does not matter. So I would just suggest to all of us, Kentucky started with health and safety, they started off with a safety measure that said they had to have safety people, and we went to them and had the word health added to it. I just think that we're going to have to work at the policy level and then when we do that (indiscernible) educating people. (Indiscernible) care back to a lot of the things that you all were talking about, if we as healthcare professionals did not educate people what (indiscernible)? I think if they knew they would have supported (indiscernible).

MS. WINNIFRED QUINN:

 Hi everyone, I'm Winnifred Quinn with AARP an
(indiscernible) Nurses of America. So Adrienne, when you were talking it sparked something, and I don't know if this would work or not, but 43 states have passed something called the Care Act. And so, this is a bill that's championed by the AARP and it's for family caregivers to be listed on (indiscernible) when a patient is admitted to a hospital. So I emailed folks at AARP who basically (indiscernible) asking them if mental hospitals are also noted in any of the state Care Acts because that way when the patient college student is being admitted she or he (indiscernible) to identify a family caregiver.

MS. KENNEDY:

Thanks (indiscernible). I'm very grateful for that. This is one of the greatest conundrums that we face, and that is thousands and thousands of young people have lost their lives every year and (indiscernible).

MR. RICHARD LAMPHIER:

My name's Richard Lamphier and I'm the president of the (indiscernible). And we're talking about partnerships adverse childhood experiences. One of the things that we've started in Georgia is partnering with the Sheriff's Office so
(indiscernible) I would go to the house and arrest someone who (indiscernible) school nurse (indiscernible) child in the school and (indiscernible) can't make this out.(indiscernible).

MS. ADRIENNE KENNEDY:
(Unintelligible).

MS. POLANSKY:
I'd like to make one quick comment. I just saw (indiscernible) and (indiscernible) it was (indiscernible) January 2016 (indiscernible) (indiscernible) and it is actually (indiscernible). And (indiscernible) next ten years -- the first ten years was really research and the research coming out, and (indiscernible). But it's one of those unsung heros and I suggest (indiscernible) to get a hold of it and see it, it's called Resilience, The Biology of Stress and the Science of Both. It absolutely addresses all of the (indiscernible) social determinates in terms of (indiscernible) and also in terms of the hopefulness that once we start addressing the (indiscernible) reduce the impact over our life span (indiscernible). How many of you have ever heard of (indiscernible) already?

UNKNOWN SPEAKER:
(Unintelligible).
MS. POLANSKY:
Thank you.

MS. WAGNER:
Well, thank you for being our panelists,
(indiscernible).

MS. POLANSKY:
Thank you so much. I will now turn it over to
Mary Sue and (indiscernible). Thank you.

MS. MARY SUE GORSKI:
(indiscernible) handing over the mic, you know
before I did the handoff. And there's more to one
reason to do a handoff. Your story, Jessica's
(indiscernible) is one of the coolest
(indiscernible) ever. Helping in the industry
itself understand the value of our nurses. So
(indiscernible) I want you to tell (indiscernible)
job. I'd repeat her story but she should tell
(indiscernible).

MS. WAGNER:
Thank you for that. And that's one of the
major questions I always get asked when I say, "Hi,
I'm Jessica Wagner and I'm a nurse with the NCA,"
they go, "Great, do you take blood pressures?" It's
a lot more than that, so I actually found a job in
my inbox and it was from Indeed.com and it showed
that the NCA was hiring (indiscernible) prevention (indiscernible). I clicked and I said oh, what's that, and they do that? So there's (indiscernible) the position itself was just having someone with a public health background and with healthcare knowledge to address the different needs of student athletes. (Indiscernible) mental health, (indiscernible) and substance abuse, sleep, nutrition, mental health, and other duties as assigned. So I, you know, summoned up the courage and applied. Long story short, they called me in and I had an all day interview and then after that I got a call back and I am now a (indiscernible) first Registered Nurse at the NCA working under the First Chief Medical Officer at the Sports Science Institute, and every day when people ask me how did I get this job and what do I do I tell them nurses can do anything and we can be anywhere. It's like (indiscernible).

MS. POLANSKY:

I think there's a lesson in here when we first decided to do this meeting, and I mentioned to Sue I wanted to bring these young people into this for exactly that story that you just heard. And for what Dr. Wong said and any of these speakers said
about (indiscernible). They are creating the world
those of us who are getting older (indiscernible).
I'm, you know, I have these five kids, now they have
kids, I have these grandchildren, I have a daughter
who's -- a granddaughter who's in nursing school,
and that's more shocking than how old I am
(indiscernible). My oldest son just came back from
celebrating his 25th wedding anniversary and I'm
like what? How is that happening? But you know,
I'm sitting here as remembering back to nursing
school to now and listening to the expertise from
this room I'm just absolutely blown away. Because
our country's future has really always been with
young people. Always been with young people. And
all of us remember our school nurse. I bet you
every person in this room (indiscernible). Most
people remember their school nurse. Remember going
there, remember the swing or whatever happened. But
now this (indiscernible) issues are fundamental to
really the survival of our country, of humanity, of
families, of everything we know that we're really
(indiscernible). So it was just an amazing, amazing
afternoon. Let me ask for a couple of brave people.
I don't want to pick on a table. Somebody. What
was the most stunning thing you heard? You
personally?
MS. GORSKI:
   I might be the first one to say this (indiscernible), but I will tell you what I've learned about school nursing. I've always known about school nursing, (indiscernible)
UNIDENTIFIED SPEAKER:
   Do you mind speaking into the microphone please?
MS. GORSKI:
   So again, learned a lot about school nursing today, but really what impressed me just right off, and I'm looking forward to tomorrow also, is the idea that there's two very complex systems intersecting here, education and healthcare. I mean I can't even think of two more complex systems. And you-all are navigating those, both the nurses (indiscernible). But the school children are funded by a different (indiscernible). So that's one thing. The other is the impact and outcomes on health in academics. That was really so (indiscernible) illustrated you-all know that it really hit me, health affects academics, academics affects health. Education affects health. So thank you for those (indiscernible).
MS. ALEXIS CHAVEZ:
    So I think one of the things I noticed today was not just the nature of the interconnectedness of all the topics, but truly the interdependence of them and how change to any one area requires change in many areas, and thus it's going to require something like this where we bring together the goal from many different areas of the country working in many different ways to understand how we can move it all together (indiscernible).

MS. POLANSKY:

All the mics are on at all the tables.

DR. CAMPBELL:
    (Indiscernible) so I want to thank you for saying that. I really also believe that we're going to have to redesign our funding portfolio. And what I mean by that is we are disproportionately funding medical care for our colleagues and we're not funding public health in schools and we see this huge disparity that we have got to really rethink that, we have to rethink our infrastructure, we have to innovate the way we do things. What I heard today that really struck me was this whole notion of FERPA, HIPAA, you know, who's on first, who's on second, and there's -- it's (indiscernible) and
we've got to really look at policy change to really impact the health of our children that are critical for the health, for the future of our nation.

MS. MAUGHAN:

Just to add to that, what's sort of going through my mind is with this interprofessionalism (indiscernible), but it's we, you know, in education (indiscernible) really interprofessionalism (indiscernible) impact. But it's really focused on a hospital system and I just keep thinking here as we're talking interprofessionalism, that is a skill, a coalition building (indiscernible) and it's a different type of (indiscernible). It's not really taught in nursing, it probably isn't taught, I don't know, maybe it is or it isn't in education, and all our other (indiscernible) and how do we (indiscernible) when we're navigating something so complex and so policy driven when that's not really our background and our expertise. How do we bring that (indiscernible) ourselves so that we can continue so that we can fix the problem as we move forward?

MS. EVA STONE:

And if I can just add to that a little bit, you know we've talked about these different systems and
we've talked a lot about education not realizing what nursing does. And I think a lot of the education we need to start doing and targeting are educators. Because education, I think there -- a lot of that interconnectedness needs to go through the education world so they know, you know last year in Kentucky one of our state associations tweeted out thanks to custodians, secretaries, and school nurses for the work they do. And those are very respectful jobs (indiscernible) school nurse is a professional and needs to be recognized with the professional staff, not with the custodian and the secretary. Educators don't know that. And we nursing and other healthcare professionals need to be educated (indiscernible).

DR. WYRICK:

I just wanted to comment on the remarks you made about partnering with your local Sheriff's Department. The (indiscernible) research team just did a national evaluation of their governmental program. It's a really (indiscernible) doing that, I don't know if most people realize now that (indiscernible) and redefine themselves because of that national infrastructure they have. As a disseminator of that (indiscernible). So they've
adopted evidence based, well studied drug prevention programs at the elementary and high school levels. And so, what we are now doing an evaluation of is can the DARE officer effectively (indiscernible) programs (indiscernible) outcomes that those programs have previously demonstrated. And so, in the work that we're doing the DARE officers are required to complete 80 hours of prevention training (indiscernible) classroom teaching(indiscernible). And so, I would just encourage all of you to look for relationships that are both in school and (indiscernible) DARE officer (indiscernible) reevaluation (indiscernible). So I was glad to hear you were working with the Sheriff's Department, albeit in a very different way.

MS. WAGNER:

I was the most encouraged today hearing the conversation about addressing and supporting our most disadvantaged youth. So some person story (indiscernible) earlier, I was born to high school parents and I've been through every system that we mentioned here. I grew up on WIC, Medicaid, (indiscernible), you name it, and I wouldn't be where I am today if it wasn't for school nurses supporting my health so that I could be academically
well. So thank you for addressing and having a focus on it.

MS. GORSKI:

I just want to throw something out at you in that (indiscernible) next (indiscernible). To consider that in school health nursing you've had to push through these barriers already, even to make it work the way it does now you had to work to get strong (indiscernible) partnerships with your community. And I would think as we're all looking toward population health, (indiscernible) health and incorporating it in social determinates in health and what we would do in terms of the whole healthcare system you may be a little further down the line than we think you are just in terms of what I'm hearing. You've been dealing with those barriers all along (indiscernible) resolve the issues.

MS. EGAN-HINELINE:

Two things. (Indiscernible) about partnership with parents, and one of the things (indiscernible) is that first off, school health does not end until an individual has completed their education. And I might be fifty-three (53) years old, however, if they are facing certain challenges and certain
stressors when an individual is going to an institute of higher education and they're trying to (indiscernible) as well as their education. So there needs to be, as I said, there needs to be a partnership that exists but where people talk about the partnership and the concern about parents not being (indiscernible). I just want to point (indiscernible) college health a lot of students come to the health facilities primarily because they are dealing with issues at home that exist that once they are in a college or university they are in a safe environment and they are able to express what is going on. So we have to respect a college student, although they are young, and although they do act like kids 99 percent of the time. But there are times that we don't want to (indiscernible) parents in our situation, in a college situation. I understand it in K-12, but once they're in university there has to be a sense of protection.

MS. KENNEDY:

As you probably know, this may seem like a real outlier, but I think the comment about the Sheriff's Department (indiscernible) Texas State Commission, Texas Judicial Commission on Mental Health, and what I want you to know is maybe you've (indiscernible)
which is how you jail and prison system and public health (indiscernible). But in fact the justice systems across the United States have now adopted mental health. And particularly here as one of their primary focuses (indiscernible) and the idea here is everything sweeps back through healthcare and the more we talk about integrated healthcare the more that really, you know, puts our (indiscernible) around each other so that the partnerships (indiscernible) I do believe that if you will look at, you know, go to see where your justice system in your state is (indiscernible) intervention, early healthcare, integrated healthcare, and mental healthcare for young people, and integrated healthcare, you (indiscernible) ways of getting support and encouragement because they recognize that healthcare is going to get more expensive and more downstream (indiscernible) and it's more effective, and like I said, (indiscernible) upstream (indiscernible).

MS. POLANSKY:

Okay. What a great day. Tomorrow morning (indiscernible) -- tomorrow morning there's going to be breakfast in the Fleur-de-Lis room, which is on
this floor, full breakfast for you so please come
down between 8:00 and 9:00, that's a great time for
you-all to talk to the speakers and interact, as
well as tonight upstairs in our reception. All of
the panelists are going to be with us up there and
that's a good time to follow up with them.

So we're going to start promptly at 9:00 in the
morning, but 8:00 for breakfast. Same room after
you've had breakfast (indiscernible). Okay? And
now on the 11th floor (indiscernible) says actually
the Grand Chapel, it says Grand Chapel, 11th Floor
right on the elevator button. So just press that
and we'll have a lovely reception up there, free
drink. (Indiscernible) We'll see you all upstairs,
get a little refreshment and interact
(indiscernible). Thank you.

MEETING CONCLUDED AT 6:00 P.M.
I, BRITTANY MOORE, Certified Court Reporter, in
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BRITTANY MOORE, CCR
CERTIFICATION

I, BRITTANY MOORE, Certified Court Reporter, do hereby that on the 2nd day of October, 2019, aforesaid, that the foregoing 114 pages of typewritten matter constitute a true and correct transcription of the proceedings to the best of my ability and understanding in the above-entitled and numbered cause.

I further certify that I am not related to counsel for any party, or any other interested party in the cause.

This 18th day of November, 2019, Albany, Louisiana.

BRITTANY MOORE, CCR
MS. SUSAN HASSMILLER:

Good morning everyone. NOLA, NOLA. So I'm very happy to be back here and that you all came back. There's a lot energy in the room. You know, I come from -- I'm so torn because I have just a few minutes up here and I was torn between reading to you a story about William (inaudible) and school nursing. I was inspired by Andrea, by telling her story except that I couldn't memorize the whole thing. I guess if I would memorize everything and I would be here reading the story which would be just fine. I think stories are really important. I'm not going to read it, instead I want to just tell you something from my heart instead. We had a little conversation yesterday, I don't remember who exactly I was talking to, but there was a little tiny tiny little debate that what mattered for data, or stories -- who was I talking, yeah -- and what -- there was a data side and there was a story side. So very interesting, you know, I come from,
although, I'm spending most of my time now with the National Academy of Medicine now. But at Robert Wood Johnson Foundation, you know what, we have a huge, huge research department that's cranking out data 24/7. And we have a equally huge, huge communications and PR department that's cranking out stories 24/7. So I was brought up at the foundation to really understand that both are very, very important. Sometimes it seems that my research colleagues get frustrated especially those, Andrea, the future of person scholar program where -- when there new scholars working on their research and it's all about that research, it's all about that research and, you know, I always try to tell them that, that's only the first step, you know. Having a question and trying to get answers around the research is really just the first step because stories are incredibly important. And you know that, yourself. Find what moves you. And even thinking back to decades ago when we remember those Hallmark commercials came on, we were all sitting at the TV, boohooing our eyes out. And, you know, even the commercials now, and I don't watch that much TV, but you know what I mean. You hardly know what the product is until the end because it's all about
family, and love, and, you know, (inaudible) and all this. The stories really do move us as human beings because we have hearts but we also have heads as well.

Okay, so I wanted to sort of mention that -- and I wanted to say too that I know the Teen Act Campaign for Action is kind of news to me and I'm learning about this type of thing, laughing. And I also -- when we invest in something, Robert Wood Johnson Foundation or Campaign for Action, you know, I really want to move mountains. It's just in my body and my spirit to move mountains. And it's in my soul yesterday and today that there is, I feel, a big breakthrough with school nurses. I just feel it. They are in schools doing the very hard work. Sometimes in their corner. Sometimes in their silence. People don't even know they exist. People don't know the value but if there were ever a nurse that is prying for doing that recommendation that we came up with in the first future of nursing report, that all nurses should practice the top of their education and training, it is school nurses. So I was going to ask you, but I'm going to ask you and (inaudible) expect answers until the end because the team has graciously given me a few minutes at the
end as well, but I'm going turn it over to you. But what I want you to think about is -- and especially about the return on investment on our investing in you today to come here and meet together, and really think big on how we're going to move this mountain together. But it's about "What are you going to take home?" and "What are you going to do?" Yeah, it's like that, "What are you going to do on Monday morning the day after this conference?" well, I really mean it, you know, people say that but I'm going to go around the room so be prepared. I am going to ask you at the end of today or whenever we're ending it at 1:00 Pat? Okay, so I'm going to -- at 12:50, everyone should (inaudible) I'm going to go around and do a pop up. Okay, so be prepared and I need to know what you're going to do singularly or in collaboration with X, Y, and Z. And I'd love to hear the X, Y, and Z because I expect people that you're working with think outside of nursing. You know, that's the big thing now, we talk about -- people are still talking about interprofessional collaboration and I'm not cool with interprofessional collaboration but medical professional collaboration means to me nurses got nurses. And I've been working under professional
collaboration for a decade, okay. We are now
talking about multi-sector partnerships, multi-
sector partnerships and that means working outside
them. You guys are going to lead the way for our
nursing profession. You and public health nurses
are going to lead the way for how to do what Lillian
Wall and really (inaudible) thought us how to do. I
don't have time read you the story about Lillian
Wall but it was so cool that I found it. I just --
plug it in, go do Lillian Wall school nurse and
you'll find the story of Louis. Okay, and find that
story of Louis. But the point is, we're going to do
this and, you know, in my lifetime please. In my
lifetime. We're working on the big future of
nursing report. This is what it's going to be about
how we are all, public health -- you know, somebody
said to me and they've said it a couple of times,
"Finally, Sue you're going to a report on for public
health." As if the first one was just for acute
care, or just for nurse practitioners -- it was a
lot about nurse practitioners but there was a reason
for that. But I'm here to tell you that addressing
social determinants and health equity is not just a
public health nursing issue. It's not. It's an
issue for every nurse -- I know I'm being exclusive
to people in here who are not nurses but that's just the way it is. (indiscernible) Okay, so this is about public health, school health, occupational health, acute care, coronary care, emergency room, every nurse no matter what their job should at the very least understand what these social determinants are about and what their role can be. And that includes faculty. If we can't get the faculty of this country invested, Susan Swider, in this issues, I'm going to hold you personally responsible for helping on this issue, for helping not a total hundred percent but you got to think percentage here, okay, very soon. So we got to do this. School nurses breakthrough, okay? Be thinking about your pop-up, what you're going to do, and to who you're going to it with, to whom you're going to do it with. On that note, I'm talking about future leader, I bring up one of my greatest future leaders, Andrea Tanner. On the team.

MS. ANDREA TANNER:

Yes, the team, yes.

MS. SUSAN HASSMILLER:

I was just told to bring you up.

MS. ANDREA TANNER:

Oh, well, we decided to have a healthcare
conversation. (indiscernible) our turn too. So we started chatting last night just about upcoming moments what really stuck out at us, and just were beaming from ear to ear about the great conversation that had been started and the excitement of a great conversation that's going to continue today. And so I wanted to just highlight a few things that came up yesterday that we can carry over into our conversations today. For me, as I thought about everything that our first panel talked about, school nursing, envision and value. I think the big, big word, if I could sum it up in one word, I would have to refer to Tommy and his academic health. I feel like that, that is going to move us forward in a lot of different ways. Because a lot of conversation revolved around just bridging the gap between these two huge systems. You know, it's hard to understand all there is to know about education and I feel like we've got one -- is it just you -- I think we may have one school administrator in the room. And thank goodness we can have one because sadly it is difficult to find school administrators who understand and value the role of the school nurse, the role of health and education, and understand that connection and I refer to as (inaudible) as
many of you have probably heard it's probably the
tag liners in some of your email but former US
General Joycelyn Elders said, "We can't educate
children who aren't healthy and we can't keep them
healthy if they're not educated." Those two are so,
so inclined with one another. It's hard to even
separate the two and yet we have two very separate
systems that don't communicate well together
actually. So I would love to -- and we don't have
much time, but maybe just a couple of people, I
would love to hear how things are going well in
ventures to bridge health and education. We talk
about data. We need data and we need stories. I
did a little review and looked at mental health
initiatives that are happening in the schools, the
school nurses are involved in. And it was
interesting, because a part of what I looked at is
what outcomes are we looking at. And there are
always mental health outcomes because obviously it's
a mental health initiative, they wanted mental
health outcomes. And sometimes, every once in a
while, there's a quality of light outcome that they
outcome that they've looked at but very seldom,
well, in actuality, (indiscernible) actually had an
academic outcome. They didn't know, you know, I
was looking at school nurses in school nursing interventions. But we as the nurses need to make sure that we are speaking the language of the people all around us. And I know that all of you had experience working in settings where you are strictly a nurse surrounded by a whole lot of other people who aren't nurses or medical providers at all, and it's difficult unless you buy into what they are doing. As a school nurse we have to buy into the agency that we're working for. We have to buy into their vision, their values. We have to make it our business to be promoted education. To promote it people being at school learning. That's the whole reason we put school nurses in school to begin with was to say, "We have kids in school learning and we realize that they have to be healthy to be there." We've got to learn to communicate one another better. So personally, you know, I have individual student's success stories about bridging that gap between health and education, parents who are struggling, and to get their child the care that they need. A student with psychosis diabetes who lives with a single dad. They had insurance but their insurance paid for him to see an endocrinologist that was two hours away. They had
no car. And at that time, the legal department paid services to driving to that appointment two hours away. And so we finally worked out, his pediatrician, was willing to manage care -- it was not (inaudible) but better than no care at all and -- but they didn't always let me go to the appointments with him because he needed a translator. He needed somebody to build a bridge. He didn't understand what the physician was saying. He didn't know how to translate to the school. He didn't really -- even understand how to ask the health care provider to write some orders for the school so that the school nurse could provide that care in the school setting. So there's little, little opportunities like that, that I'm going to talk big scale opportunities. I'm going to talk big scale ways that we can bridge healthcare and education and relay those academic health. And if we had each one event flyer, some positive story out in the room at how you've been able to build a bridge, between health and education, I'd love to hear it.       All right, Erin.

MS. ERIN MAUGHAN:

So CDC -- we have a contract (inaudible) with CDC to look at chronic absenteeism and to
highlight a tool. And so we've been working with six different school nurses in four different states and we're in our second year into starting. But in one in particularly literatures we've worked it's in one in Massachusetts and the nurse worked so closely with the -- I forgot the name, the officer that they have to (inaudible) and with the principal and they have developed an amazing team that really understands that health and academics go hand and hand and they've changed the entire school atmosphere and it's spreading on to other -- other schools in that district as well because it's all about the (inaudible).

MS. ANDREA TANNER:
I agree.

MS. ERIN MAUGHAN:
And it's improving the health because it's keeping the kids in school but it's also improving their academic (indiscernible).

MS. ANDREA TANNER:
Awesome, I love it. And I think Michelle really did well on that. But that is that -- when we talk about outcomes, and something to measure, chronic absenteeism really is a good outcome to bridge those sectors together. Because they both
are so interclined with one another. So I think
we've hit nail on the head with that one and that's
fantastic.

Something else that came up in side
collection, since you didn't get to have the
microphone and hear all the chatter all night last
night, something else that came up on this topic was
about our state's school nurse consultants. So I'll
kind of turn to (inaudible) too 'cause it's
interesting to hear the difference between those who
had a state's full nurse consultant within the Board
of the Education versus the Board of Health. And
that, that position was a key position in building a
bridge between the Department of Education and
Department of Health. And we had a health person
inside of the Department of Education
(indiscernible) state that has that. We do have a
state school nurse consultant within our Board of
Education. And it's amazing. She's phenomenal and
she does do a lot ungratefully for us. So those
are some ah-hah moments for me. And I know that
continues on into the curriculum issue because
curriculum issues whether there's Pre-k to 12th
range and beyond. So I'd love to hear some things
that you learned.
MS. JESSICA WAGNER:

Sure. So what stuck with me yesterday, was that having side conversations and even during the sessions, was that, a lot of the work that is being (indiscernible) already doing in your action coalitions. We've heard partnerships with other members and other organizations per the school nursing, and part of being the law enforcement. We heard advocacy that we've been going up to the State House and asking for this so personally I want to thank everyone in the room. You are already setting up a good foundation for the work that needs to be done but what the next is, what next? How do we get to that academic health? How do we get to that prevention system model that the panelist spoke on yesterday? And for me, what I see is that, is that we need a turn, use great ideas and actions alive through policy. And I think that we heard that a lot yesterday. So how did we get that policy that make shape for school nurses and how does that meet to a sustainable model of healthcare now and for the next ten years. And so Dr. Campbell touched on that and gave examples. So I just encourage everyone in the room to start thinking about, how do we get to that academic health, how do we use data in the
school (inaudible) to get policy in place because that is going to be the passport for the next years and beyond. And I want to take a moment too and since I'm talking about beyond and I'm here, you know, with my baton, and we slept really nice yesterday, so thank you for the confidence in being next generation but to our school of nurses and our much more our students nurses here, we had some side conversations and I would like to open the floor to you now to share what were some of the moments you heard, what kind of (inaudible) bring to support you coming into this profession and as Marcus and I discussed this morning, the future of nursing in 2020 and 2030 is really going to be your frame work. How your entering your profession. So I'd like to open it up and share the floor with you, you know, really pass the baton to you two right mow. So Marcus ready (indiscernible).

MS. MARGUERITE DAUS:

Hi everyone I'm Marguerite Daus. I (inaudible) Pennsylvania second year (inaudible). I am really (indiscernible) and thank you for sharing your experiences. I love hearing the (inaudible) where we're talking about social terms in health at a systematic level and that we really are talking
about addressing the disparities that are occurring. Often times, (indiscernible) we're talking about these issues and I really appreciate that. I think for someone -- starting my career and looking at all you in the room and trying to (inaudible) the expertises, learning the pathways of how people got to where they are, and really learning about -- and different opportunities (indiscernible) because they're so many different tracks of nurses it takes, to see that in each of you in the room, as to how you've taken nursing, making it your own, and you also then changed different scepters and you've worked intersectionality and it's really impressive to do so. And I think coming here in that (inaudible) institution surrounded by research all the time it's nice to see in the community what's going on and learning from those experiences and how to integrate that into what we do. So for me, hearing these stories has been eye opening and also I just love for people to share their stories and really talk about how they got to where they are. Because for young people I think you often question how did you get to be in this place where you're doing this change and it's so impressive but for me what does that look like right now, and I have been
doing, and really working together in partnership to
try to learn together so thank you.

MR. MARCUS HENDERSON:

(indiscernible). So I think the biggest thing
for me and I will be honest before I became a nurse,
you know, I was like (indiscernible) and then
throughout nursing school my community health
rotation I was at a place called (indiscernible) for
14 weeks as a nursing student. And it opened up my
world of the role of a school nurse does and how
they really are addressing social determinants in
action every single day. And using all of their
skills in unique ways to make research connections
and really care for the students and their families.
And I actually have students at that same high
school, now, as their clinical instructor where I
was a student when I was in nursing school. But
having them realize I think a lot of times when they
do their midterm (inaudible) it says, "Why is your
role as the school nurse here?", "I mean, I don't
see the role of nurse here" -- I mean, "I don't see
the role of nurse here", "What am I doing here?"
"I'm not doing blood pressures, I'm not checking
vital signs", "What's the role of the nurse?" And I
say to them, "Step back, why isn't this the perfect
place for a nurse?" And think about your critical
tinking skills, your care coordination and all
those other skills that you have to use because you
don't have the resources to provide. So it only
imagines that nurses function at (inaudible) levels
with limited resources and if we put the resources
behind, specifically school nurses, no brainer to
me. So I think, just, you know, it makes me go back
and think "How is Pennsylvania really supporting our
school nurses?" "Are the systems set up properly to
ensure the children are receiving the best
healthcare that they deserve (indiscernible)."
MS. KAREN SCHWIND:

    Good morning, I'm Karen Schwind. I am the
administrator for the (indiscernible) which is a
small district in Texas. And in Texas we have
really no regulation to who might be at the health
clinic. It could be a medical assistant, it could
be a LPN, it could be an RN. And in our particular
district we've had a model where we have our larger
campuses covered with registered nurses, school
nurses, and then some of our smaller campuses
covered with the licensed vocational nurse or an
LPN. And as I became an administrator what I found
was annually I was replacing the LPNs. We were
having a real problem attracting them, number one because of the salary. We were them basically a little more than minimum wage and they don't have experience. LPNs coming out of the one-year program right now can't get jobs because the hospitals don't hire them and so they come to school and it just wasn't a -- the best -- it wasn't what's best for our children. So I began to collect some data on the number of students that are being sent home when LPN is on the campus as compared with the registered nurse. I'm seeing so many more kids being sent home. Our attendance rates at those campuses are a much lower percentage. So there were a lot more children absent. The medical needs were really not being addressed as they were on the RN campuses. And so I presented that to our staff and to our administrators. The other thing I looked at was I came up with a formula to be able to determine the amount of my salary and my time that was being spent orienting nurses every year and getting them finally up to speed because again, they don't come to us with any type of school nurse experience or certification so that first really two to three years of nurturing and supporting is huge and then they leave because they find a Home Health job that
will pay them three times as much. And so there was not that commitment to school nursing. So as a result, as our LPNs are leaving we now have it in place that they will be replaced with registered nurses. Thank goodness.

And so the other obstacle we face with that is that we have the Texas Association of School Boards who writes a lot of our policies for our schools. And they currently are in support of the LPN Model because it saves the school money. So my battle continues, and I will continue to present it, and continue to support that data.

MS. ANDREA TANNER:

That's a perfect example of a school nurse voice and in the (inaudible). That's a huge political piece to canvass and I've heard a lot of school nurses talking about that very thing. How much time it takes to train a school nurse to be a school nurse. That's not something anyone exclusively comes to a school setting with -- unless they've done it before or unless it's been something heavily hit upon in their nursing curriculum and maybe they worked with Marcus and so they understand the role of school nurses. But this issue (inaudible) that we can't just bring in school nurse
to cath lab and say be a school nurse and all of
sudden they essentially understand all the newons of
building these bridges, the communication, the
language, and just the heart and soul of school
nursing and public health nursing.

MS. LABRENDA MARSHALL:

I am LaBrenda Marshall. I am the State Nurse
Consultant. I have worked with the State Department
of Education so I do bridge the gap. I am a school
teacher as well as a nurse and so the two there
(inaudible) doing very well for myself. And so out
of all the things that I can think I can complain
about Alabama I could tell you there are so many
other things that's so right with Alabama. And one
of the things is the opioid crisis in America after
have being at the very top as the largest number of
opioid crisis and abuses so week before thinking and
one of our Senators, (inaudible) Senator, Darrel
wrote a grant Five Million Dollars ($5,000,000.00)
that he received to help law enforcers as well as
the EMTs to put Narcan on -- in their cars and into
the ambulance and things like that. So we then kind
of talked about being a fourth finger and wanting to
have a part in that. So they then did send some of
the money over to school nurses and we did our
delegation training where we actually purchased MZOS and we put them in every one of our high schools so that if there was any crisis there then they already had those devices there. So what our nurses do, we have both LPNs as well as RNs, and they train and they delegate the training and the -- all the skills to make people that if they recognize any of this on our campuses -- all we had the funding for was just our high schools. And so they're not at the middle school, however, their grant is running out and so now we're faced with October 31st that those devices then will expire. So just recently our coordinator, she wrote her grant, (inaudible) grant, that she is allowed us to at least go out and to find a vendor to go on and continue this project. Because if we fall back, if anything happens to our students again, we are this round ball trying to fit into this square peg and you can't fit but there is a (inaudible) with everybody has the lane to stay in and then you have to then be able to merge when it's time to merge over into the lanes to work together. And so we're very successful at doing that because, myself, and one other State Nurse Consultant we write all of the curriculums, we do fire visual trainings, we have a big mega conference where all
of our nurses gather in Mobile and we train them for
upcoming legislative things that are going to be
brought out. And then we partner with our
Children's Hospital. And all the doctors they
respect the work that we do so much so that I got
(inaudible) because we could not afford to have
nurses on every one of our buses that come
(inaudible) they have now come with a prescription
that Lily has with the City which is now (inaudible)
that is really help us to now be able to focus more
on the trainings and to do those things as needed to
transport, you know, transport our students back and
forth because we're not funded totally. And so then
we have so many other entities that collaborate with
us to try to help nurses in the school setting to
help their jobs daily.

MS. ANDREA TANNER:

Thank you and what a great guidance to I think
some of things we've seen today and some of the
tiniest. You know, you haven't had to leave you're
(inaudible) and you're already seeing some of the
tiniest.

And a lot of what you'll hear later with our
panel does deal with mental health and the substance
abuse issues that are really playing in our country now. And really I think the biggest epidemic that's out there. There was a lot of rich discussion yesterday about the health and safety of our students and this is really where it ties in, the mental health in special populations, LGBTQ, suicide prevention, and then again, all of the mental health issues. And I think we need to look deeper at what are all of those, you know, we talk about prevention, but what are those extra layers for levels of prevention and maybe we could be doing to address some of these issues.

There's also a lot of opioid money coming into states now. And I would like to see school nursing some how tap into that money, like you said, to, you know, have the locks on their schools because we begged for our (inaudible) steel. I feel as a school nurse I was a professional beggar actually. (indiscernible) We probably shouldn't have to be doing that. We shouldn't be having budgets that really have a lot to do with things that our children need. So we need to advocate for that, we need policy around mental health, and how to deal with that. I want to leave here with a quote that I saw earlier this week, and it said, "Be who you
needed when you were young" so think about that. In your classroom, your office, wherever you are, be that person that you needed, think back, when you were young. And Marcus you eloquently said how, you know, a school nurse has such an impact and, you know, we aren't task oriented, we are character leaders, we're social learners, you know, we're providers of all things, lunches, clothing, sanitary products (indiscernible) just the wealth of things that address social determinants in health and the school nurse, the value of a school nurse is just so deep reaching. So again, be that person and I think this room is filled with a lot of those people. You are here because you have that passion and that drive to help students achieve, you know, the best life that they can have as they grow (indiscernible). With that, I think that's the perfect transition to speaking with our next panel. So if we can Sue Swider and the team come on up to talk to us more about what's going in the world of school nursing and how we can change the health of our nation.

MS. SUSAN SWIDER:

So, good morning, and I'm Sue Swider and I'm from Rush University College of Nursing in Chicago.
And we were fortunate enough to be the first non-site (indiscernible) we were able to host a non-study community in Chicago. And so today I brought with me some of my colleagues that we highlighted at work on the (indiscernible) was here because it's relevant to school nursing. And even broader what I think we've all been talking about is really school health. It's really the health of children. We think nurses have a unique role to play in the health but it's really all those things that they -- kids healthy and (inaudible) learning to succeed in life. And so the two people who I brought with me today are going to talk -- it's a little bit of a merger, it's built on yesterday, it's a little bit of a merger of what's to talk about this morning. They have data and stories for you. They're going to share with you some of their data from their work and stories of what they do. Sally Lemke here to my left, is from the school base health centers and the family center that we've run out of Rush University for about (indiscernible). So -- and she's been them for about seven. So lots of experience in that. And we're going to start with Dr. Heidi Cygan, my colleague to the right here, who has been doing a lot of work with our students in schools but
also with school wellness for the Chicago Health School System. And there are -- to our colleague who said, "things about Alabama we could complain about and things you love" there are lots of things in Chicago that are a challenge. The Chicago Health School System is a really large organization to reach out to all of our kids. And so the work that Heidi is doing really hits that whole system and how we can work to make the system (inaudible). So I'm going to start with Heidi to talk about her work.

MS. HEIDI CYGAN:

Okay. Thank you. I have to say I'm so inspired. Inspired by all the work that is being done in the student health and all the wonderful stories we've heard. So I'm going to start by telling a story as well. I have young children. My five year old came home from school one day and said, "Mommy, nurse Donna, is a gooder nurse than you" and nurse Donna is a school nurse. I said, "You know what she probably is but tell me more."

She said, "She has band-aids." So I said, "Well, you know, we have band-aids." She said, "Well, she has Neosporin" and I'm like, "We have Neosporin right here." She said, "She puts the Neosporin on the band-aid and then she puts it on you and she
gives you an ice pack. So I said, "Remember when all your friends got sick and it was nurse Donna who figured out why they got sick? And it was nurse Donna who helped the kids who didn't have a place to go to get healthy, find a place to get healthy. That new playground equipment that you have that's because nurse Donna wrote this big long letter to someone and asked for money to get that new playground equipment." So we have this, you know, my husband calls it a "lecture." I call it a very age appropriate conversation about this (indiscernible). "Well, I think nurse Donna is a gooder nurse than you." And so I guess, I should probably say I'm not a school nurse. I'm a public health nurse. But I've been working with school nurses and school districts for the last 15 years to improve student health. So you know, the three of us were talking yesterday and I said this to Sally, I'm like, "Oh, man everyone has stole my talk" and she said "Me too and Sue what are we going to talk about?" So a lot of what you hear today from both of us is going to be concepts that we've already talked about. Happiness and health, policy research, policy work force, -- yes, yes but maybe a little bit in a different perspective. So let's
start with population health. So over the past 20 years or so, we've seen a shift from public health to population health in nursing and in our overall healthcare system. So we're assessing social determinants of health. Tracking outcomes but also looking at those programs and policies that link the two. So in a school setting we have a set population. The student body accesses our population and focuses on nursing interventions and our ultimate goal is academic success and life success but as we know, students who are not healthy are challenged with academic success. And you say healthy students are better learners but again that is reciprocal right. Healthy students are better learners or better students are healthier learners -- oh wait, you know what I'm saying. It's a reciprocal relationship. And so that's -- the school nurse really has a big play there. Instead of focusing just on occasional strategies, we have to also focus on population, health, (inaudible) interventions. But that's (inaudible) we know that providing school nursing services to the individual student is necessary but it's also very expensive. So that's where school nurses are challenged. They're challenged from moving from the individual
focus to the population focus, but in doing so, what we do is start to shift the focus from volume to value. And so when I say that I mean instead of focusing on the number of individual students, we're reaching those individual encounters, we start to shift the focus to the value or the impact that school nurses on the overall population. But, you know, I think sometimes people get a little nervous when we start talking about the shift of population health. You know, I had some conversations yesterday with many of you which said, "How are we supposed to do this? You know, we're so overwhelmed with the number of individual students that we are seeing, how do we take time to, you know, change the legislation around, you know, (inaudible) quality in schools or whatever it may be" but sometimes it doesn't have to be that big of a switch. It's doing the same type of care that we've always do but with the population health practice. So for example, in Chicago public schools they just hired a small number of Advanced Practice Nurses. So particularly to focus on population health around their homebound students. So this group of eight APNs came together and formed a cure for a nation program where they go into the homes of the students who are homebound,
access for social determinants of health, do a physical assessment, provide prescriptions for occupational therapy, physical therapy, which then they totally provide and get reimbursed for, do care plans, link the families that link services with (indiscernible). And they're drawing in mental data but they're also tracking population on top of that. So out of all the students that they're seeing in the homes they're tracking that data and then are able to use that to not only make changes to their programs that have better outcomes but drive policy change to the school district. So it's not always having these big changes to the way we're practicing, it's just thinking about what we're doing with the data that we're collecting or thinking about how we better collect the data to inform -- to change our practices and then to inform district public policy which then can turn into a larger public policy.

So and again, that's just one example of what they're sort of doing but we can't do it in isolation, right? Yesterday there was a lot of talk about partnership. Today, there's a lot of talk about partnership. And I think one model that we do not utilize as well as we should in schools is
academic practice partnerships. So partnerships between academic institutions and practice settings. Now, ACM gives out an active and practice partnership award every year and I went on their website to see who the practice partners were and eighty percent of the awarding over the last six years are partnerships between academic institutions, (inaudible) nursing, and either hospital systems or healthcare systems. There's only one award that's been awarded to a partner (indiscernible) school district. (indiscernible) But we need to do is, think about the school districts as practice settings. So for example, as you hire public schools there's 250 school nurses who are practicing that is a practice setting. And the partnerships really allow school nurses to be able to do some of this population health work that may not come as easy or be just to put into the school district. So part of our academic practice partnership is the school base health center (indiscernible). But I've also been fortunate enough to be able to do some research and that is hopefully driving a policy, which is what I want to spend probably the next couple of minutes talking about. I have no idea -- time right now, so
(indiscernible). So as part of this active practice partnership, one of the things that's working at Rush is using our students to impact public school student's health. So I love Marcus's example, of working with the school nurse. I also had the opportunity when I was in nursing school to work with a school nurse and that really opened my eyes to everything the school nurses are doing. And so we have our graduate and (inaudible) students who are able to do their public health nursing rotation actually at a public school. They do a number of different things but mostly it's focused around sexual health. Sexual health education and (indiscernible) and schools around the sexual health. With the long-term full of improving student health outcomes related to sexual transmitted infections (indiscernible). We also have our advanced public health of nursing students or (inaudible) students who -- we have a hand full of them who have done their clinical rotation so -- doing over a 1,000 -- hours. Actually having public schools in the opposite student -- they also do their DNP project there too. So we're using our students to be able to improve the health of other students and it's a win, win situation. And we talk
a lot about the fact that education and healthcare are so different and we don't speak the same languages but I think our students in the schools they get to see schools as a place where they can practice. They see the value of a nurse. They see the value of a school nurse. And then the educators also start to understand the role of the school nurse or (inaudible) nurses the value that they can bring to a school district. So it really -- we've had really great outcomes with increasing student knowledge around sexual health outcomes. But I think the most important outcome that we've had is the fact that we're actually sharing information about the profession. We've had a number of our students who've gone to work for CPS now in different capacities which shows that's it's working, right? Being there and being in front of each other is working to show them applicable. You know we've done -- the reasons we've been collecting data that's also too. We talk a lot about policy where it's important for nurses and school nurses to advocate or work with professional accuracy. You know, advocating for, you know, standards, advocating for national (inaudible) guidelines. But the first step in that is really doing research and
often times when we think about school nurse research and school health research we automatically go to research about specific programs. So how can I evaluate this one program that this one nurse did in this one school. And that's important because it ensures that our practice is up there in space but we need to think bigger and really start doing some research on practice models. Yesterday Dr. Wong showed us the -- framework for 21st century years in practice. And currently -- and I verified this before yesterday to make sure that I'm not just speaking, but there is not a single publish original study that uses that framework to examine just one or two practice and impact. So we have this framework this nationally recognized framework but we don't have the data behind it to support it. So when we say, "This is what our school nurses to do so they can have what's been happening to students" we have to start to build the data behind that so that all the basic stories that everyone has about care coordination, and leadership, and quality (inaudible) in public health nursing that you will grinch those two things together. So -- but that's Austin Hospital isolation. So I think that's really come back to idea partnerships particularly with
academic institutions to bring that knowledge to expertise, the resources to be able to do those larger scale of projects. And then with that, then we can start to drive the policy, right? We don't have national standards. National standards for school nursing. If we can show on a big scale what it takes to be able to do this the right way then we can start to drive those policy changes. I know I have to go. A million other things to talk about too. So while we're talking about policy, another way that I think school nurses and nurses in general can really impact student health is to focus on the policies that impact the health of the students. So yesterday someone mentioned school health or school wellness teams. And (inaudible) requirement to have a school wellness team and get funds from UMCA. So -- and not only are you required to have school wellness teams but you have to have a wellness plan. You have to evaluate those wellness -- the wellness plan policies and you have to make it publically known that evaluation that you're portraying. What's the results of your health and wellness policies in your school. Well, there is not a single validated health policy mutation tool, right. Most of complete is the school, health, and desk.
It's a needs assessment. All right, it's not an (inaudible) tool so there's nothing there. I went through CPS as well the -- University (inaudible) and public schools to create and validate a school health policy mutation tool (indiscernible). And if we convince experts -- oh, stop, okay. That was my stop -- policy work and it takes leadership. It takes school nurses. It takes nurse partners coming together to really step up and say, "Okay, I'm going to do this. This tool is not there, I'm going to create the tool." "This, you know, there hasn't been a study done about this, I'm going to do the study." So I think we'll probably have something (indiscernible).

MS. SUSAN SWIDER:

(indiscernible). Rush time.

MS. SALLY LEMKE:

All right. Rush time on a school base health center. So yeah, I'm just delighted to be here to talk a little bit more about something that Dr. Wong started a conversation on yesterday which is school base health centers. So I actually was able to eliminate quite a bit on my clock because he did provide some of the statistics but, you know, what I wanted to do was do a little bit more of a
deep dive and maybe a personal look at what school
base health centers are for those of you that might
not know this model very well. Rush operates three
school base health centers in Chicago public schools
serving one, two, three, four, five schools but then
also a number of neighborhood schools surrounding
one of our school base health centers. So, you
know, this is -- in United States there are 2,500 --
there's over 2,500 school base health centers but
they serve over 10,000 schools so that's, you know,
one school base health center may serve a number of
different schools. So that was something in
relation of what Dr. Wong said yesterday.

School base health centers across the
nation are (inaudible). And as you heard yesterday,
about eighty-five percent of providers in school
base health centers are APRNs bringing nursing
framework, nursing (inaudible) right into the
school, right into practice. You know, school base
health centers are almost always located in low
resource neighborhoods. In neighborhoods where
there's large health equity gaps. Where there may
be a health center like in Chicago I mean, there's
health centers all over the place but yet there's
really a lot of structural and systemic barriers
that are causing challenges in accessing quality healthcare for the young people in these schools. They are truly, you know, essential part of our nation's healthcare safety net and they're really a powerful tool for (indiscernible) health inequities. Registered nurses in school based health centers, provide a number of different critical services to support the provision of primary infinitive health care. They may be providing ambulatory visits into the absence or along side a nurse practitioner. You're kind of doubling the ability to get immunizations done, STI screenings done, risks assessments done, that can all be provided by RN's in school base health centers. A lot of school base health centers managerial oversight is an RN and being -- they're engaged individual, in classroom education, and help promotion activities. They sit on committees, of the wellness committees that we're talking about. They also -- at our school base health centers our RN's and our social workers', I'll talk a little bit about our model and how we arrived at what we have, sit on behavioral health teams at each school as well being able to bridge between what, you know, what's going on at the school and what's services we can provide to the
school base health center. And also RNs at school base health centers are largely involved in oversight of all the improvement projects and initiatives. And I'll talk a little bit about our academic practice partnership as well and how our nursing students are involved in those. So, you know, inside school based health centers, nurses and nurse practitioners are really working at the top of their voices. We have a little bit of physician contact. We have a medical director at our school base health centers. That's a requirement. We're certified school based health centers by Illinois the Property of Public Health so we're held to a certain bylaws and standards of care that need to be better for the earth. And -- but nothing says you have to have a physician working in your school based health centers but it does say you have to have a medical director. You know, the nurses and nurse practitioners are providing evidence base care but the school based health center model itself is an evident space for model of care delivery that we no longer use to health outcomes as well as academic outcomes. So evidence based care within the evidence case framework. School base health centers are pretty well researched in studies so there are a
lot of, you know, a lot of data and stories that come out of school base health centers and I'll tell you a little bit about those as well. You know, (indiscernible) we heard Dr. Wong talk about that as well as others. You know, this is a real critical point of what we're doing and all of our staff have been -- gone through formal training on what it needs (indiscernible) care. Many of our staff come from the neighborhoods of, you know, in this -- where our schools are located. So there's that connection there as -- our staff, we provide common formed support to our staff as well. As our staff working in these settings also, you know, makes very compassion fatigue or have a trigger so it's something we think about. We think about that with our teachers as well and provide information to our teachers who often come from the same neighborhoods as the students and is another way that we can bridge and integrate with our schools. You know, school base health centers are just another piece of the school base population health puzzle. We have school nursing, school base health centers, national allies, (indiscernible) children spend a majority of their time. You know, and as we learned yesterday about ninety percent of school
base health centers are providing care to the schools that are designated as type one. You know, with a large percentage of low-income students and over sixty percent of students served are minority. But one thing that I think is super important is that school base health centers are just a natural opportunity to address social determinants of health. We learned yesterday -- I hadn't heard it put this way but it made so much sense. Education is a social determinant of health. Of course I know that, but it was just so powerful just to hear it, you know, said so simply. And you know, providing health care in the educational system is just a perfect way to really learn more about what is actually going on in the younger person's life. And in the course of the care that our nurses and nurse practitioners provide, you know, the assessing and addressing social determinants of health, it's just woven right into care systems. The conversations that happen. The risk assessments that happen. Seeing that the child is absent from school for the third time that month. What is going on with the transportation. Is it, you know, an issue with food at home and their hungry or is it, you know, what is it. Is it that their -- are their parents not
working or working, you know, schedules that don't allow the child to get up and get ready and get to the -- can't support getting their kid to school on time. Those are a lot of the different things. So you know, family and housing stability, can be assessed for those. Items of everyday living that just keep a kid from learning, you know, having clean socks, or clean underwear, or toiletries. Having school uniforms. At one of our schools a couple of years ago, not having the proper uniform on was the number one reason kids were sent home from school how ridiculous is that? So you know, having the white polo shirts and the black pants around, you know, donations of black shoes in different sizes those are the simple types of things that we can assess for providing the school base health center as well. One of our schools, our school base health centers is located in a school of schools who are made for pregnant and parenting girls. But this is the group that was visiting for the NOM visit in Chicago, and had the ability to come and got to come in and visit this school. And you know, so these -- this is a school exclusively for pregnant and parenting girls in grades 6th through 12th and so it's a very small middle school
and then, you know, high school there. And, you know, we stop a number of things -- again, you just learn about what kids need. Baby food, breast feeding supplies, snacks, fresh water, things that you're not really thinking make a big difference but, you know, a 15 year pregnant girl who maybe didn't have much to eat and isn't drinking water because the school drinking fountains are disgusting or, you know, doesn't carry a water bottle is contracting and can't learn. So, you know, just simple things like that to keep her in school learning during the day. And in terms of those partnerships we're talking about, you know, Rush University Medical Center is a very large academic health system with lots of resources. I have worked in school base health centers since 2004 in less resourced settings and so I feel very fortunate to be connected Rush because I feel like you can leverage a lot of the resources that Rush has. We're able to get donations from our (inaudible) for baby food, and diapers and wipes and things like that. We keep them right in our health center. Breast feeding supplies. Transportation, we were able to get some donations to buy additional bus passes so if somebody needs to get to a visit
outside -- if you were referring somebody to go
visit outside a school base health center now we
have a way to provide transportation to that
student. So (inaudible) those connections to be
able to support our work has been one of our
missions. And yesterday transitions of peer came
up. We talked about moving onto college and our --
and that's a social determinant in this world you're
right. And that's something that the Illinois
Department of Public Health has recognized as a
critical piece of school base health center care.
It's preparing our young people who, you know, it --
it's kind of nice to be able to just come to the
school base health center. And they know they come
when they need to. But, you know, how do you then
prepare them for moving beyond and then being able
to take care of their health afterwards. So we just
developed a policy this past year and are
implementing this policy for transitions of care so
our kids are much better prepared for moving on
after school -- high school.

So I just want to quickly go through some of
the data and then go over the stories. Why do you
have two nurses in the school base health center
(inaudible) research shows that kids in schools or
health centers are twenty-two percent more likely to have a health care visit in the past year. It has significantly less early dismissals. Eight percent of students, ages 12 to 18, schools with clinics receive age appropriate screenings and care for mental health, immunizations, oral health and asthma. Thirteen million school days yearly are lost due to asthma. But according, you know, school base health alliance, kids in schools with school base health centers miss far less school when there's kids in schools without -- health care schools without school base health centers. Intercity house schools are showing one study to be 21 times more likely to access mental health services in a school base health center than a free standing center. In our own school base health centers in Rush, we've seen a steep decrease in subsequent pregnancy rates among parenting girls from 30 to three percent. After the first year of services in the new school base health center obviously (indiscernible). You got to keep contraception on site, it's a no brainer, right. Buckle up in Chicago. And we do online (inaudible) on contraceptives in all our school base health centers and in nursing care coordination to make
sure they're coming back, you're tracking, -- form those relationships, we have an RN that's in charge of nursing care coordination. A decline in STI rates. Significant increases in immunizations, administration, and (inaudible) rates. A (inaudible) increase in identification of students with asthma followed by appropriate treatment. An increase of over five hundred percent in identification of mental health issues. It's not that they weren't there, we just weren't identifying them. We didn't having symptoms in place. With a seventy percent (inaudible) behavioral health care. So many of these have been supported by our academic partnership with Rush University's student work. We have probably ten to 15 master's scholaring projects, and (inaudible) projects going on at many times in our school base health centers that support all of these new quality equipment projects. We couldn't do it without the partnership. And school base health centers are awesome training sites for teachers, nurses, and nurse practitioners. We always have people that we have to turn away because we just can't support everybody who wants to come out. So I'm going to skip this big long story -- well, maybe I'll just tell you a little bit 'cause I
know I have like two seconds. (indiscernible) All right. I just wanted to tell you the experience of a recent graduate from one of our school base health centers schools because it really shows sort of the -- how bringing nurses that are fighting different services in school base health centers are yet are working together they have a real impact. So this was a young man who after numerous hospitalizations for depression psychosis with poor health for his grandfather to come (indiscernible) an elderly gentleman who was taking care of his grandson just did not want to leave his grandson (indiscernible). He made his way to our school base health center. He had no followup after his hospitalization. So whatever care coordination was in place those hospitalizations fell through. He made his way to one of our school base health centers coming (indiscernible) check up okay for a whole lot of basics for base care, but a check up, okay that's code for a whole lot of basic school care, but a check up. So you of course have the encounter with the nurse practitioner it was discovered that he had this -- you know, these episodes that drove him to the hospital and he had some hospitalizations for depression and psychosis. So the nurse
practitioner, when we were able to quickly connect into our psychiatric mental health nurse practitioner, we have one that rotates to our three school base health centers, one daily, and then tell our other systems where she leave if she's at one school to a different school (inaudible). And we were also able to engage in care coordination services with our nurse practitioner -- with our nurse, with our RN. He was able to be linked to a supported living residence, (inaudible) he was able to get the type of oversight and the ongoing support that he needed for everyday living. His academics and school attendance improved and he actually graduated on time. You know, it was this team coming together to support this young man, all their (inaudible) and it made such a big difference. So I have so much more but I have to stop.

MS. SUSAN SWIDER:

(indiscernible) There are couple of things that I've been hearing as we've talked and then I've from both these guys. We've talked a lot about policy in school wellness. We've talked a lot about data and the use of data. And we talked not as much about financing and that's where I'm going to go in a second. But I have to do a quick commercial for two
one data (inaudible). One is -- and I haven't heard from (inaudible) or maybe you all use it but it's the Community Guide Preventative Services (indiscernible). They have looked at extensively at school base programs, school health and wellness, on a really large scale -- social determinants. They've looked at the impact of year round school. They've looked at the impact of after school programs with education and health outcomes. So if you're not familiar with the Community Guidance it's a really (inaudible). Maybe all of you are already using it and I apologize in advance but it doesn't seem to get as much play. It's the community side of like US (indiscernible). Lots of school base data in there on what's worked. They are looking at you can have a study here, a study here, and a study here, they are looking at those studies together and saying, "Do we have a (inaudible) evidence and what can we do with it (indiscernible)." So check that out. And then I wanted to speak on (inaudible) he's talking about, the USBA has this requirement for homeless committees. The Department of Education requirements of health would require these requirements under the Affordable Care Act. This piece of it is dead now but was something called the
"National Prevention (inaudible)" and a piece of what that was trying to do was to really (inaudible) agencies together. So they were not having to sorrow 48 different requirements but that maybe education health and some were at the highest levels of government could synchronize their requirements in a way that allowed the school health and education personnel to really focus on the kids and not on meeting all of these (inaudible) guidelines that they (inaudible). So I had raise that (indiscernible). But I want to start with guidance because I know that it's been an issue. Sally, in her ten year at Rush has brought the school base health centers to a place of positive budgeting and that's been a really hard thing. This coordination that she describes so nicely and that she's done so well, nobody pays for it nobody pays for that.

MS. SALLY LEMKE:

Nobody pays for that right.

MS. SUSAN SWIDER:

(indiscernible) Tell me a little bit about how you sustained what you do, what's -- where's the money.

MS. SALLY LEMKE:

Yeah, where's the money. So yeah, our school
base health centers have gone from having a nurse practitioner, in the medical center, and a medical assistant there most of the time, to now having teams of the front desk person and a medical assistant, a nurse practitioner, and a full-time social worker with a psych mental health NP that rotate. So we've really expanded and it's taken -- it's been, you know, that -- it's been data and stories that have helped us render the funding. We are largely grant funded. So I professional -- who was it that said you're a professional beggar? Oh, my God, that definitively is how I feel. So but, you know, about ten percent of our budget does comes from Medicaid reimbursements. We are a non Medicaid QHC school base health center so we do not get that (inaudible) advancement reimbursement rate. We have to fight for every dollar that we get because of those (inaudible) plans and the little IR are pretty stingy on what they'll reimburse. We also are very reliant on corporate and foundation grants. That's a lot of what I do so would have to be for that. But you know, state of Illinois has -- Illinois Department of Public Health does have a budget fund. School base health centers as well we do receive some funding from them. I can say we have leveraged
our kids to help push the policy on this. A couple of years ago we had a student who went down to Springfield on having a sick day (inaudible) before a sudden day on funding day mental health services in a school base health care that offers mental health services and really talked about the value of mental health services and what we see to use in school base health centers. The following year there was Three Million extra dollars put into the budget. So (indiscernible).

MS. SUSAN SWIDER:

So the other thing that you mentioned in leverage and I think you've done very effectively and I know (indiscernible) Heidi, she mentioned (indiscernible) that there are no practice partnerships. And maybe those of you doing this work are using these really, really well but I do think it is a mechanism that we need to explore on a (inaudible). I come from a health background, pure and simple. With my (inaudible), about ten years, doing some (inaudible) around this issues with public health nurses, you said, "Well, you know, you can only try and take nurses whenever we can, but it takes this much of time and it would give me nothing in return for it, absolutely nothing." I think one
of the things that we've done really at Rush that
Sally speaks on and then I wanted to ask you to
speak to, is we've really leveraged those
partnerships in a win, win way. The clinical sites
at school et cetera should not just be there as
sites for our students. We need to be giving --
those of (inaudible) need to be, you know,
(inaudible) something back so that it is a win, win
because it is taking (inaudible) and yes it is
educating the future, and it is helping them see how
far grown they have, and all of those good things
but the folks are strapped for time. And asking
them to take on students without any kind of a
(inaudible) or applaud and I think we've done this
effectively. (indiscernible) now speak to the
benefits of (indiscernible) the partnership and then
some of the challenges.

MS. HEIDI CYGAN:

Okay, yes. You know, after active
partnerships. I think he talks around the terms
sometimes "partnership," he may say, "Oh well, we
started our students at this clinical site it's the
academic practice part we're missing" but reality is
that not all of them are. And so really sitting
down and having an intentional discussion with organizations about these are the resources that we are able to bring. What resources can you bring to this partnership? What benefits do you hope to get? What benefits do we hope to get? So in (inaudible) Chicago public health schools. For example, we even realized, so if we're going to be in the schools and we're going to be -- our students are going to be teaching sex ed, there some equipment that they need. They need power points, they -- or they AD equipment, they may need, you know, flip charts, they might need hand outs. Who's going to provide that. And so things simple as that, was the school saying, "Okay, we'll do the photocopying but you guys have to bring your own laptops. We don't have laptops. Then okay we can do that." But out of that we expect that "X" number of students are going to receive sexual health education. Okay, yes, so we -- you over the last five years we provided sexual health education to 3,500 (inaudible) students but we've also, I believe, I don't -- adding into how many we have right now, over a 100 graduate gymnastics students who have done their clinical rotation through the Chicago, Illinois schools. So I think it takes that intentional
discussion about what the -- either the idea of
shared resources or shared verdict. You know, we're
all going to benefit from this but we also have to
put a little skip in me, right. And then building
upon that, we move from the state of the clinical
site to -- I started to do a lot of research in
Chicago public schools. Well, as an outsider, the
first time that I walked into a meeting, I said,"You
know, I have all these great ideas, this evaluation
work that I want to do" and they were like "No, no,
no, no, no. There's this one thing we want you to
do and we want you to execute your own policy. They
wanted me to find out why schools are having such a
hard time implementing their health and wellness
policies. I wanted to do things on obesity, and sex
ed, and they were like, "This is what we want." I
was not excited about this project, but I did it,
and I got really excited about it, and it's opened
so many doors. So forming these active and practice
partnerships it's intentional but it also takes time
and it's, you know, and there's a few ways to go
about doing it. It can start at the hyper low level
where you walk into the -- your neighborhood school
or where you have kids at school and say, "Hey, I'm
nurse, this is -- you know, this is what I was
thinking can I help with this?" or you can start at the district level and say, "Hey, this is what our institution, our academic institution has to offer and we wanted to partner with you. But it's really being persistent and forming those relationships. And I mean, Sally, could (inaudible) to this to, the relationships --

MS. SALLY LEMKE:

Oh, yeah.

MS. HEIDI CYGAN:

-- when it comes to this work are more important than any written, you know, agreement that you have it's really the relationships that drive the trust and the ability to be able to do the work.

MS. SALLY LEMKE:

Right. To be able to really integrate within the school system to do the real work and not to go one on project of some sort.

MS. HEIDI CYGAN:

Well, and I think too, as academic institutions, you know, school districts don't really know what to do with (inaudible). I'll be like "Oh, wait are you a nurse? Oh, wait but you work out at which University so are you an educator?" Well, so I'm both and, you know, it's the
same as school nurses, "Well, you're a nurse but you work in the school so where do you fall?" You know, you have one foot in each size and -- but as an academic institution you almost have -- it works to my benefit where I can speak the language of education in some ways. I can speak the language of nursing and try to bring the two together. So I think that we need to leverage those -- our position, as active academic institutions and say, "Yes, we understand both and we can, you know, work to bring them together."

MS. SUSAN SWIDER:

      Maybe it's because we need to tell them you weren't as good of a nurse as nurse Donna.

      (indiscernible)

MS. HEIDI CYGAN:

      (indiscernible) nurse Donna. Now I have to live up to nurse Donna all the time. All the time.

MS. SUSAN SWIDER:

      (indiscernible) My head was around financial stability and active practice partnerships but I wondered if anyone had questions for any in any area

      (indiscernible)

DR. LISA CAMPBELL:

      Wow, to the thunder I didn't do that. So
first of all, thank you. This is phenomenal. Your speaking guys, you are all (inaudible). So thank you very much and being in the public health space. So Dr. Cygan, what I've heard yesterday and I want to pull this forward in thinking about the (indiscernible) about when we see things in the population health and the public health nursing lens. So yesterday, what I've heard and was spoken is racism is a social determinant of health. And so as we think about the policies and the inequity of -- you heard from our public about family, about funding, and also -- how our income affects the ability of school districts to have school nurses, right. So in thinking about that and the policy work that you're engaged in where do you see yourself approving to engage to address structural racism, racism in terms of policy (indiscernible)?

MS. HEIDI CYGAN:

Absolutely. So -- and, you know, I don't want to take credit for much of this work because the Chicago, Illinois schools has really been focused on equity and taking the step further. It's not just focused on equity but to truly focus on justice, right. So not just this idea of equity. You know, we talk about the equalities and neither
or the same thing. You know, equity is giving people what they need but then justice, you know, removing those barriers. And so school districts are definitely -- well, Chicago, Illinois schools it's very intentional about removing a lot of those barriers. And so for example, one of the things that they've done is free breakfast and lunch for everyone. So, you know, we think about policies that are a good (inaudible) to give students what they need. So the students who can't afford lunch and you get free lunch. The students who can't afford free breakfast you get free breakfast. Well, we know there's stigma around that right, and so I think school districts are -- particularly Chicago, Illinois schools' they said,"You know, everyone gets free lunch" and I've had parents who have said to me, you know, "Well, why is that where our money is going to give everyone free lunch?" And so I think as nurses and as community members that's where we need to support our schools and say, "Yes, this is where the funding should go" and it may seem, you know, silly to some of the community members and parents to say, "Well, our school is going to be a healthier school environment. Our students are going to learn more if everyone is fed" right? And
so I think it's how -- and that's just a very specific example and I know there's funding issues that come along with how we do that, but the reality is these pay for themselves, right. When students eat they're in school, our crowning absentee rates fall and then schools get more funding because kids are in their seats and when we fund the nurses, then kids stay in school. They stay healthier. Our academic outcomes improve and then we get more funding based on that. So I don't know if that actually answered your question but --

DR. LISA CAMPBELL:

   It did.

MS. HEIDI CYGAN:

   Discussed it maybe?

DR. LISA CAMPBELL:

   It did beautifully. I'm sitting here going thank you.

MS. HEIDI CYGAN:

   Okay.

DR. LISA CAMPBELL:

   Thank you, thank you. Very good. Great example.

MS. KATIE JOHNSON:

   Katie Johnson, Washington State.
And so much of what you said has resonated in me. I'd like to -- just comments really. One is, what we're talking about here when we build these partnerships is translational research. So I'm involved with PhD. I have a DMP. I come from school health. I know what those (inaudible) problems are. She comes with the expertise and that knowledgy. We did a focus -- some focus groups on type one diabetes where parents record PTSD symptoms and how does schools support those children. Another story, but the funding to continue that work, we don't fit in categories. So it's really challenging. How do we get the money to continue that research which we know as school nurses are going to benefit children. And then the second piece about building the tools, I've had probably 20 casual conversations, over the last maybe two years, with school nurse leaders who have built tools to manage the complexity in their students and how do they allocate their limited resources. The problem is, is these are (inaudible) things. We already inventing the wheel. So what I want to say is thanks to Dr. Montz's work the premise of our data set was to be able to compare apples to apples and to teach school nurses how to talk about their work
in standardize ways. And then second, we're ready, we're ready for all of the support and visibility that we're getting from this. We have that research trajectory that has really carefully identified what are the pieces that we need to move this forward and to look at models, and funding mechanisms, et cetera, et cetera, et cetera. Thank you.

MS. SUSAN SWIDER:

I think to your first point, you know, we really do in here, and you said this yesterday, we really do need to be looking at different ways of funding. Whatever we want to call it translational or, you know, all of this it's -- we've really learned that human health can't be well (inaudible) other basic sciences can. So how are (inaudible) to catch up with that and how do we change the con-trajector from what we're (indiscernible) of outcomes because it's common. Thank you.

MS. JESSICA WAGNER:

Hi I'm Jessica Wagner, and I'm really motivated to hear you apply the public health principle to school base health. And so my question is related to that. In Gary, Indiana, so it's a county that's facing a lot of health disparities and very close to Chicago. Their FAQC actually conducts a social
determinant of health screening tool on every patient that comes in through your clinic so that they can address more than just the health that is impacted with all the other issues. So do you feel that something like that could be applicable to school nurses and if so could you share some of those tips because I keep on hearing from everyone, you know, how do we not reinvent the wheel. This is currently being done right now by public health practitioners and would just love to hear your thoughts on that and the ability on that?

MS. SUSAN SWIDER:

I can say from the school base health center perspective, we're fortunate, because we're able -- we have the staffing to do STOH, you know, the screenings and then follow up on what we've learned. And I think that's partly what's difficult is the staffing and the resources and the time it takes to address what we're learning. And I think in systems where, you know, Chicago public schools has, you know, a terrible school model, and I think it would be very difficult to do in this current state. I think it's a (indiscernible).

MS. HEIDI CYGAN:

And you know, to view back on that Sally thing,
I think that, you know, there's a fine line. It's this idea of how many things do we want to ask the school nurse to do. And if you think about that and even in a primary care setting, how many things do you expect the, you know, the primary care provider to assess or him do in that one visit. And so we have (inaudible) to be very intentional and I think this where the idea of these national standards come together. What exactly? What are the priorities? and is it assessing the social determinants of health. We all probably think about public health access like the first problem (indiscernible) but the screening is that we don't have a place to refer then don't even screen, right? And so I think it's a little bit of fair of should they be doing it? Yes. In Gary, I think it should be done, but I think it's probably already being done in a very informal way but putting together that structure of like this is what we're going to assess and these are the systems to put together referrals are very specific within your community. If the student says (indiscernible) the student doesn't have a safe place to go at the end of the day, what do you do with that information. So I think it's, yes, I think is the right answer but...
MS. SUSAN SWIDER:

You know, (indiscernible) but at Rush University the nurses are actually in the inpatient setting doing social determinants and health screenings on everybody. But one of the biggest challenges was, was what you just said --

MS. HEIDI CYGAN:

Right.

MS. SUSAN SWIDER:

-- feeling like they didn't have any time on their job to do anything about it and so why do you want me to at this data that I think important and it really touches my heart but I don't have any ability. So we've been doing some food insecurity work and our nurses are much more engaged in that but I think (indiscernible)

MS. ERIN MAUGHAN:

(indiscernible).

MS. EILEEN HINELINE:

Hi, I'm Eileen Hineline. I am the from the American College Health Association. (indiscernible). I would like to applaud what you are doing school base health centers. They are a phenomenal start for our students. And when we're talking about healthcare across the (inaudible)
fifty percent of our 18 and 19 year old students are attending colleges and Universities. A couple of comments on this. Fifty percent of our students are entering colleges and Universities. We can continue the care that they've been receiving in a very, very similar fashion through college health and (inaudible). However, a lot of our students are not prepared to enter institutes prior to education. They're not being retained. More than fifty percent are having to be mediated when they come in. So we're having a very high -- a very poor retention issue in higher ed. We're seeing the students at my University who are receiving pell grants. Pell grants or financial aids that are for low-income. If they're not able to be retained they're not able to get health care. These are students that are coming in with the same situations, they're not able to afford their (inaudible), they're not able to afford their insulin, they are not on their parent's insurance until the age of 26 because their parents can not afford insurance. These are students who are coming out of our foster care system that are homeless. And our homeless centers in South Florida do not accept students or do not accept individuals until their 23 years old. So now we have a gap of
18 year old individuals for -- to 23, that are
totally homeless and have no place to go because
they're no longer in the foster care system and they
are no longer able -- and they are not able to
qualify for the homeless shelters. So what they do,
is they try to stay in college. Not to get an
education but to provide the basic needs in life.
And then in the meantime we try to educate them and
we try to help them and assist them with the social
disparities. Many, many colleges with Universities
have food (inaudible). We have students sleeping on
a -- bus stops so that they can attend their
classes 'cause they have no place else to go. I
don't know what the answer is, but if we want to
address health care through the life span we have to
stop using this gap of individuals who are too
young to care for themselves truly and too old to
qualify for something in federal assistance. And
you -- I don't expect you to have all the answers.
God bless you, you know, what you're doing. And
with the foundation that you're giving them it's
fantastic we just need to find a way through policy
to be able to protect our youth and are still in the
youth (indiscernible).

MR. TOMMY REDDICKS:
Hi, Tommy Reddicks, from Indiana. First off, I love what most of you are doing. Thank you so much for your work in Illinois. And Heidi, you bring up in the second time in two days, the idea of a wellness team, and wellness plan, IDUSDA. It really struck me, when it came out the second time, our schools individually in Indiana have about 180 reports due annually to send off to the state of a 180 days of the calendar year. So we -- the regulation is pretty intense. And so a lot of times these wellness plans are check marks that go unchecked by the state of anyone else. And I think for asking our local nurses just about raised the flag and say, "Hey, if we're going to be a part of this process we might not be making friends as much as we would be (indiscernible)" and same with the state level this needs to be a more thorough process and not just a check mark (indiscernible). So I think we want to look for more of our state supporters or state administrators to push the habit (indiscernible) to go through the process with a little more (inaudible). The second part, looking at what you were saying, Sally, about (indiscernible) and we'll talk about this a little more today, I see over, and over, and over, and over again about our
school districts in Indiana where (indiscernible) form care is a educator driven event. It is a (indiscernible) less rates, where schools are hiring professionals that are not (indiscernible) and spending thousands and thousands dollars on this inclusive with health. And so our (inaudible) are becoming very informed and they understand what to look for. (indiscernible) Where they're not really working with our health agencies (indiscernible). So there's a money (inaudible) there and it's we're spending a lot money almost (indiscernible). My last thing is, in terms of finance for schools, (indiscernible) schools have the money to afford nurses. But getting back to the value of the next argument, they don't value. And budgeting is a value based process. So I think if we keep pushing that -- I don't want schools to have to (indiscernible) I'd sure like to find other ways to do it but I think I don't except the fact that schools don't have the money. They just don't value it in that respect so thank you.

MS. LINDA ROBERTS:

My name is Linda Roberts. I'm a registered nurse. The reason I say that, a hundred percent of the time when I come to a microphone is, we know
that nurses, nurses are the most trusted profession for the last bazillion years but people don't know that the nurses in their community -- our nurses in our communities are almost atomists. If you want to hear my latest atomism project ask me when I'm going to be doing that (inaudible) it's a long story. But so I hope somewhere this will fit in but this my ask. So I asks is to have opportunities such as we have with public health nurse leaders grant, number one. Number two, the asks is, is to have a template. A template for us to use in the nursing and healthcare community or how to get policies and procedures and the district and the state and the different levels. With Florida regarding the foster children and the transition. My state senator, Robert Peters, just passed what was a huge sponsor for legislation to have pieces in place for foster children once they get out of the system to help them transition into going to school and what they're doing next. In Illinois, again, we brought up yesterday about the work force positive things that we've done. We know through our legislators in Illinois, we have been able to sustain having you're going to be a school nurse, you will be a certified school nurse in the state of Illinois, period,
that's the end of the conversation. When we talk about it in Illinois, we talk about Chicago and the rest of the state. Chicago and the five counties are 65 to 69 percent of the individuals who live in Illinois. We also know that there's extraordinary disparities within the city of Chicago regarding accessed care, quality of care who (indiscernible). We also have the southern seven counties in Illinois which had the most desperate need to improve in social determinants in health. What Illinois has done for their state (indiscernible) are ANA Illinois, Illinois Organization of Nurse Leaders, and the Illinois Nurse and Workforce Center, is we have sustained the activities that were initially funded by the Robert Wood Johnson grant in 2015. Eileen (inaudible) continues her fellowship, ANA Illinois continues their 40 out 40 recognition we're in our 5th year, and my (inaudible) colleague is in her 2nd year of our 40 under 40 nurse leadership. The nursing workforce center, our link as been education. Education including the public health nurse leader center academic practice partnerships, if you want to know what we have done on nickels and dimes, I can tell you what we've done and sustained for three years. We have included in our academic
practice partnerships and we adjusted the AACN grant application model, is that all of the projects that have been done, and we do about ten a year, we have sustained the outcome deliverables from the County Health Department. So we have done a fair amount. We also have recently in our (inaudible) and directors group, reaffirmed the 2014 position on BSN transition from associate degree programs to beckloran programs. So the work that we've done continues and we would love to continue to do more.

MS. SUSAN SWIDER

Thank you Linda and I have (indiscernible) thank you for the extra time. Thanks to the -- for the attention and thanks to Heidi and Sally for your time and all the good work you do. And we have our next panel.

--BREAK--

MS. PAT POLANSKY:

Thank you, thank you. You know when they got congress and they say Mr. Chair person and I want to yield my time to the other person? So since I'm kind the fact (indiscernible) I've taken the liberty to reschedule the time of this 'cause we really did want to hear from all of you and provide as much time for questioning. So we're going to do
the same exact time for the rest of the
presentations for this morning and Mary Sue and I
are going to yield our time to Sue Hassmiller so
that picks up that little 15 minutes we just had in
here. So this next segment will go from 10:45 to
11:00 and then the panel from 11:00 to 11:45, and
then Sue is going to do her thing and keep the
honor's hat there so how's that? And we're going to
get you to your lunches and your (indiscernible).

They keep switching from that to this
right. I think we're all good.

MS. YVETTE FRANCIS:

We're good to go?

MS. PAT POLANSKY::

Yeah, (indiscernible) it's all good. It's
really exciting and one of the things we wanted to
do today, especially, and I think you can tell is
kind of do a further drill down to what's really
going on the ground and provide you with some of the
speakers to really expound just like Sue did with
her last group, you know, where's the money come
from? You know, how do you do that kind of thing?
So Yvette Hinsman Francis, is the regional vice
president seated right up there, at the Community
Health Center. Worked with Community Health Center for 25 years. I think that more than qualifies you for doing all these things. But more importantly, oversees eight of the CHCI locations as well as school base health services in over 200 schools. So we're really thrilled to have you and talk to everybody here about what you do and what is going on up there and how do you experience that and kind of pulling together some of what we've heard before but how that affects you on a day-to-day basis and how you've work with the student's issues 'cause 200 schools is a lot of schools., it is, and it's the MS. YVETTE HINSMAN FRANCIS:

It is, it is a lot of schools. So I want to say good morning to everyone and I am delighted to be here and have the opportunity to add my voice to the chorus of why this is really valuable and important to work. And to really speak to the role of nursing and changing health outcomes specifically for children. So a Federal Public Health Center, what is that? It is a -- it's a part of the country's safety net in healthcare delivery system and is a distinction that comes from the federal government that identifies that the community that we are serving is medically under served. That
there is not the accessed primary care that there really should be for the residence of those community. Our target population is the under served. So primarily people living below two hundred percent of the federal poverty level who have had challenges in accessing health care for a variety of reasons, largely around social determinants of health, most significantly poverty. Some of it about English proficiency, health (inaudible). But primarily we're geared to take care of our communities and most vulnerable residence. And Community Health Center Inc., the organization that I work for, is pretty innovative in doing that work. We are focused on clinical excellence. Each federal (inaudible) health center provides medicine, dentistry, and behavioral health services in an integrated and comprehensive manner but CHC, Inc., has really looked at delivering healthcare services where our patients are. So we have 15 large primary care centers across the state of Connecticut. We realize not everyone is going to walk into our doors, so we've made a commitment to going to where our patients are and providing those health services in homeless shelters, domestic violence shelters, and most importantly schools.
And so that's where children are. Serving families that are under resourced, to say to them, "You have to make a decision as to whether you are going to ask for time off from work, try to get it, then try to navigate transportation, then try to figure out to get your child out of school, back to school to go to a healthcare appointment." So we've said, "Let's take that off the table" not for those families to have to make that choice and to have those critical health services delivered where that child is, which is in the school. Of all the work that I've done in the health center and all the work that I have done, I have to say that the school base health is really what resonates with me the absolute most. I came from the community that we serve and so I understand the challenges that under resourced families face on -- in a very direct manner and so when we have the ability to partner with school nurses and school districts and to provide exciting, innovative, and important career opportunities for nurses, and spontaneously, bringing quality healthcare services to children in a very free manner, that is doing the right thing the right way and we should all be engaged around doing that. Think out of all the conversations, so I listed to
Dr. Wong, and I listened Sally, and I thought everybody said everything that I was going to say today. So I would say this -- I'm going to say it again. School base health services do not replace school nurses. I hear the (indiscernible) but I talked to LaBrenda yesterday. School health services do not replace school nurses. The presidents of school base health services actually allows a school nurse to do what he or she needs to do much more efficiently and much more effectively. I mean, just imagine being in one room and being able to assess the child and to know that they need connection to a female health provider or that they need a well-child physical and to be able to walk that child into the next room and to say, "Hey, here's Pat, she's going to do your physical today." And to be able to call home to that parent and to say, "You are all set. You don't have to worry about going to place A, B, or C outside of the school building" but to really do that more comprehensively. I just think it is very powerful and very amazing.

The other piece of the work that I think is absolutely critical is that children who are able to get healthcare services in their school are going to
be that generation that knows first hand that
healthcare is their right and not a privilege. You
know, to be able to say that I have gotten -- to
take away the stigma of health services, of
behavioral health services why, because it's in
their school building. It's -- they get it just
like they learn how to do math and just like they
learn science. They go and talk to a licensed
clinical social worker or they seen by an advanced
practice nurse practitioner or get their teeth
cleaned by a hygienist and then they get their
cavities filled by a dentist. And just to be able
to go through their academic career and then
transition to higher ed and to know how to navigate
a health system that is regularly available to them
I think is powerful. I've seen heads nodding as we
say, "The kids are our future" well, we need them
know that they should be able to access healthcare
in a way that isn't filled with hurdles, and hoops,
and requirements but it is available regularly where
they are. And that's one of the benefits of school
base health services. I think that federal
(inaudible) health centers are just nationally
positioned to be a part of the implementation and
the spread of school base health services across the
country because of who we are, of who we serve, and who we attract to work for us. So we attract the work for us that should be driven, they want to serve the community. And in organizations like ours' attracts nurses because we still utilize nurses to the top of their licensor of scope in practice. And so you have a workforce that is committed and engaged to the population, and you have a presence, and you have a reputation nationally of being, you know, of outcomes because we are required to report our health outcomes. There are standardization and there is also a reimbursement rate I think in regards to policy, you know, we has a country, we has a nation really need to look at ensuring that health services are reimbursable. That they are (inaudible) at each and every level and that we should not have these disparities depending on what community you're in, what your zip code is, and what your delivery system is. So when we can get behind that, I think that's really where we need to look for policy change. And I would -- and I know we're short on time so I just want to share a situation, a story with you. One of the things that we try to focus on is really meeting school districts and where there at. So we don't
have the cookie cutter model for delivering school base health. Dr. Wong talked about Connecticut having a 166 school base health centers, and we do, and those are the traditional model of that 166 I oversee 36 of those. Traditional model meaning there is a advanced nurse practitioner or a medical provider, behavioral health clinician, and some type of oral health service, and I think that's great. And if we could have that in every single school I'd sign up for it. That is the gold standards, but we know that everyone isn't ready for the gold standard. Every school district superintendent just either buildings don't have the space or they're Board of Education is nervous about it, don't know what we're doing in schools, and Connecticut is a small state but we have no county governments. So there's 169 cities and towns that do things 169 different ways so while you're timing our opportunities for conversations are multiplied 169 times. And so we enter into every single one of those conversations as blank slate. What is that you want? Here's our buffet of options. Gold standard, full scope of comprehensive, you know, multi disciplinaries, community health center in your school or you just want behavioral health, just
do behavioral health. You just want oral health, we'll just do oral health. And you start there. And we become a part of the culture of the school. We work hand and glove with that school nurse. You can't any of this work without a school nurse. Our school nurses are our absolute best partner in the school base health services in the school. And so we meet them where they are and then we evolve as they evolve. And districts when we started out, where they said, "We don't want don't want you to do anything but the oral health services" now have multiple confidants in school base health centers. You build the relationship, you build the trust, you provide outstanding care, the parents love it, the kids love it. Kids are our best champions of the work that we do. When a child is seen by one of our practitioners and goes back to the classroom and says, "Hey, I just got my teeth cleaned" or "Hey, I just had group with my counselor" they are our best marketing material. They normalize it. They can speak to the value of it and you can see the differences in the outcomes.

So in 2002, a school district that we had approached because we knew some of the challenges in that particular school district. At that time my
children were in that school district. And very quickly, this is how challenging it was. My daughter came home, second grade, came home one day with a title one consent form. And I was like, "You don't need title one" my mother was a title one advocate so I knew what title one was and I knew my daughter didn't title one services. So I called the teacher and I said, "Why is Desiree getting this letter?" and she says, "Desiree doesn't need the services, there's another child who does but her mom isn't going to fill out the consent and if you fill out the consent then Perry can come in and help the other student." Broke my heart, and I said, "We're going to figure out another way to do this because you're not going to have a title one consent form on my child's school record" but that's how challenged school district was. So humongous red flag for me. We approached the school district, were not open to any school base health services. But in 2002, they approached us with a sense of urgency, "We need you to partner with us so that we can provide access to behavioral health services to kids in our districts." What was the emphasis behind us as an urgency? Daniel Scruggs was a 12 year old boy who had been relentlessly bullied persistently for years
in the school system. His mother had some significant behavioral challenges that were tepid in Daniel and on January 24th of 2002 Daniel was found hanged in his bedroom closet. It was the clarity of call for that community but they needed to do something different. And so we responded. And now we have not only behavioral -- multiple behavioral health clinicians in all the schools in the district but four conferences in school base health centers. On Tuesday night as I was packing to come here, I got a call that they're was a 14 year girl who was found hanged by 12 year twin sisters. I don't know how you recover from that. I just don't know. But I do know that the presence of school base health services in schools is a part of the screening, early identification, early connections to care, removing barriers from families, not forcing families to have to make those really what can be life without choices, "Do I go to work or do I take my child to this behavioral health appointment? How do I find a behavioral health clinician that's going to see my child that's on Medicaid after four o'clock on the day that I need it that's culturally aware? How do I that?" So any and every opportunity that we had to make sure that every
child, in every school, in every state, from across this nation has access to the health care services that they need. We have the responsibility to do it. The nurses own this. Nurses are the champions for change. Nurses are collaborators. Nurses are phenomenal communicators. Nurses are masters of care coordination. Nurses work together and we need you to do this work.

MS. PAT POLANSKY:

We're trying to stay on our time but if anybody any one comment we're happy to take that before we go to the next (indiscernible).

MS. LISA CAMPBELL:

Can I just say Amen!

MS. PAT POLANSKY:

Amen.

MS. LAURIE COMB:

(Indiscernible) to hear you acknowledge that schools need school of nurses and school base health centers. And when we hear school nurses saying they don't have time to work on population health it's because they're working fiercely to coordinate the care in this fragment and system we've been talking about. So imagine the future where every school had a school base health center to manage episodic
preventative care and the school nurse to do population health.

MS. PAT POLANSKY:

We'll take this one last comment and then...

MS. SHARON LEE TREFY:

I'm going to speak as the Vermont State's school nurse and consultant. Back to my statement from yesterday, primordial prevention, annual well-care visits, we talk about episodic care and mental health those are all pieces of annual well-care visits as promoted by the American Academy of Pediatrics Bright Futures most recently. And it includes all of the components you've discussed and we've discussed about screening but it also includes building resiliency. I really like -- especially like your statement about helping youth learn how to use the healthcare system. So a school base health center -- a school base that located facilities health services is a key part of that and I really appreciate that, thank you. But I'm going to keep it going back to primordial prevention, annual well-care visits, or health supervision is recommended by the American Academy of Pediatrics to pick up on all of those things to build resiliency. Thank you.

MS. PAT POLANSKY:
Thank you. And thank you (indiscernible).

MS. REBECCA KING:

Hi welcome to our panel. We're the, I guess, the wrap up (inaudible) here so hopefully we'll bring some -- a lot of the issues and tie in what's been talked about up-to-date. My name is, Becky King, and I'm the nursing director for the Division of Public Health in Delaware. Actually, not for much longer and that's going to be literally after the time I retire onto the (Indiscernible).

Part of my career too, I was a school nurse. I worked about eight or ten years in a school setting with the age 12 so I've got a lot of experience there. The other thing I have a lot of experience with is -- and I know we talked, you know, our stories very often, is I'm a mother of a daughter in long-term recovery. My daughter has suffered a traumatic sexual assault her second week of college. (Indiscernible) anyway shortly after that she was prescribed a large, you know, prescription of Percocets and went down a very rough path of a heroin addiction. I am very proud to say she is eight years of sobriety now. When that trauma (Indiscernible)and Tim is going talk about, you know, the transition and the recovery is just so
important in our school settings. So I'm very happy
to talk to you and introduce our panel analyst this
is Dr. Alexis Chavez she's from the Trevor Project
and then we have Tim Rabolt from the Association of
Recovery in Higher Education. So Dr. Chavez
(indiscernible).

DR. ALEXIS CHAVEZ:

Great. Can everyone hear me all right? I'll try to be mindful of my time. I've seen a lot of people get the bell so (indiscernible). So I'm the medical director at the Trevor Project. It's a national non-profit for ending suicide among LGB (inaudible) for young people. And there's a number of things that I've things that I've learned that I will be able to share with you. I'm not necessarily an expert in school nursing so I know other ways that I'll be talking is how we can integrate in how we can conceptualize this as part of the broader picture. I think that as many people have said today and yesterday before me, that mental health is a critical piece of the health of our young people. Mental health education has to start early and it continues across the life span. We have to be proactive about it. We can't wait until somebody is already deep into their struggles before we can even
ask ourselves what we can do about it. What's more, we can't rely on kids to know exactly what they're experiencing and when it isn't time to reach out because they may not ever have been talked out in the first place. Additionally, with regards to policy level interventions. We have to make mental health an explicit priority in our schools. Schools are where young people spend most of their day. There are a few, if any places, where they spend more time in places other than school except their house at home. We need to be serious that we are able to do some of interventions. What's more is we need incorporate addressing all of our disadvantage youth. So I speak for my -- to specifically LGBT for youth, that there are so many other areas in which many of you I appreciate and I've touched on during your presentations and during your comments. Because when we care for those who are most disadvantage we are really caring for all people in the best way possible. So I'll give you a few examples from what the Trevor Project does and help understand how we might be able to address some of these. At the structural level we have created along with some other excellent organizations, thank the American Foundation for Suicide Prevention,
we've created what we call "our school policy."

It's a what a school policy could look like that could address suicide prevention at every level from prevention, intervention, and post-vention. How do we start looking at these things before they happen so that we don't have to be asking ourselves, "What could we have done differently?" And it corporates being able to have skilled people, like school nurses in the schools that are able to recognize these and reach out and recognize the signs in the young people and help them in their time of need, and when needed connect them to outside resources that might be helpful. It means that the administrators are accepting and taking seriously that this is a top priority for us and how do we allocate the time and the resources to be able to make that happen. How do we make sure that when young people are struggling in their lives that they get the time that they need and the people that they need to talk to. Perhaps they are struggling and they become hospitalize. How do we work to make sure that the coordination care happens of what happened in the hospital to make sure that when they come back to the schools we are setting them up to engage in the best way possible. That they are
making -- we are making sure that they are having these conversations and then what happens beyond that. The conversations that we have, the reintegration, and to understand what kind of (inaudible) about how we can begin to affect even more younger people.

The second thing that I will address is something that we have done (indiscernible). We understand that young people all over the country have an insight to each others's condition in a way that an adult will not see until much later. 'Cause the young people themselves pass all kinds of notes. They have this communication. They understand what are the current struggles that each one of them is going through and so we have to leverage there expertise to help us know how to help them. With our lifeguard workshop we try to teach them the emotional communication in how to talk to a trusted adults. Who are those trusted adults at schools that you can talk to? Because if we can identify before hand, who are those people, like a school nurse that you always know have your back and that's it's been proven not just because the administrators have told you this, but because they have shown you this time and time again. If you know these people
ahead of time, then you are much more likely to talk
to them about -- open up about any of your problems,
about whatever is going on, even before perhaps the
youth themselves realize that there's a problem
going on.

The last piece I will touch on is, how do we
create spaces to make them safe for all young
people. There is a difference between the
environment that youth create for themselves and the
environments that we create when we put them in.
Some things that we don't have a choice over nor do
they. For example, I understand that there are not
all places in the country that are equally welcoming
for (indiscernible) young people. That's something
that is right now. It's a reality that we have to
work with. But that doesn't mean that we can't make
every school more inviting and more explicitly
excepting for these young people. I think that we
need to a better job at this and towards that, when
we recognize that there are issues in our schools we
need champions like school nurses that understand
the impact that these have on our young people to be
advocating or to make that happen. To make sure
that every young person, no matter where they come
from, no matter who they are, receives the best
education and the best health that they can because they go hand and hand. When you realize that young people also need to have -- to feel safe spaces. Sometimes they need spaces that are outside of our reach as well. We see them going on social media and connecting with people in different ways that we've seen before. One example I will talk you is, we have something called "Trevor's Space" that's a type of social media for LGBT young people. It's curated and we have some moderators that are trusted adults from our behalf that are helping to make sure that all this -- the content that's shared is safe. I can't say that this is the perfect solution for every youth but I can say, that as we find spaces where young people who do upset them and that they can share whatever they need to. Whether it's social media, whether it's a little youth club around the area, whether it's in the office of the school nurse, wherever that is, help cultivate it and connect people and help them find the areas in which they can feel accepted if it's not the places that they already found. And I think that as we incorporate these together we understand how as we've talked about earlier today and yesterday the piece of mental health goes hand and hand with
education, with the help that the school nurses are promoting, the health overall of young people. And we can't separate any one individual facet without ruling everything else. And so I know that this is quite a bit that's going to need to happen, but I very strongly believe but this is the place where it can start.

MS. REBECCA KING:

Really some great examples of, you know, policies and programs that can actual help thrive some of this and I think getting that out to more schools and more communities (indiscernible). Mental health just ties right into the addiction epidemic that we're facing and that students face and we also have this other group. You know, school nurses are facing the wave that's coming of the children that are the babies and the (inaudible) babies who are, you know, they've been exposed to parents who are dying young. I actually happened to know several young children that have no parents now because the parents have died of a opioid overdose. So school nurses are going to face this and the teacher. And we really need to look at treatment of addiction and recovery also (inaudible). I mean, this starts pre-k, goes up through high school, and
then onto college. And Tim is a friend of Delaware and I'm very happy that he's here to talk with us today (indiscernible).

MR. TIM RABOLT:

Great and thanks Becky. Real quick, one thing, you know, I was thinking about as we were up here is sometimes at events it's really nice to go last if everyone else kind of before you set (indiscernible) a low bar but this event is kind of opposite and the bar is like up to the 11th floor so I have the work cut out for me to match that in the next eight minutes.

So I'm going to talk about substance abuse, addiction, a little bit more on the addiction side. And when we think about it, I think it's important really to really address that whole continuing. So prevention, intervention, treatment and recovery. And I was also sitting here thinking about as I was coming to this assembly how uncomfortable it still is unfortunately to talk about addiction in any kind of public settings. I mean, I've been in recovery for over eight years. I'll stand up here and talk about this all day. But I was thinking back, you know, a decade ago when I was in school, and there's no way I was going to be opening up about that.
Because your -- the students are worried the consequences and, you know, what we're told over and over again is, you know, just don't pick up. Don't use, you know, don't ever start and I think it's turning in a good direction but I think there's still a lot progress to be made. So really quick just on the work that we do, as I think it'll kind of help frame the conversation for the points I'll get to. The Association of Recovery in Higher Education, we work colleges and Universities across the country that have essentially addiction recovery support services on campus for students. Those are known as Collegiate Recovery Programs. And I'm kind of the product of one of those. Whenever I got out of recovery in high school and moved on throughout college and had the benefit of, you know, meeting new students and meeting regularly, having housing accommodations, and space to meet and those are kind of all the different components what a Collegiate Recovery Program, you know, might look like. And some of the limited data we do have because it's still kind scratched from the service. I mean, we have 136 schools as members of our association but it's still a very good concept. And there was a study a few years ago that looked at about 500
students in recovery in these programs that crossed about 30 different institutions. And there two kind of main findings from that. First, was around student success measures. Compared to the average student at the University, the students that are in these programs at, you know, (inaudible) graduations or GPAs that were significantly higher than the average student. And, you know, when you go kind to explain that it really kind of comes down like the (inaudible) and grit that maybe he was in recovery learning development are provided, adequate support services (inaudible) services to support them as they're pursuing their academic degrees and juggle, you know, being in recovery. The other finding that was really interesting that kind of ties in with the points I'll get to quickly was that if you look at the typical addiction life span. Individuals are drinking or using for the first time, you know, at 12, 13, 14, 15 and then they usually having about a period of 15 years of addiction related consequences. And then, you know, if they're still alive, they're generally having their first treatment -- they go in treatment for the first time around age 31, cycling for another five years, then finally getting into stable recovery at 41. And
That's kind of been the typical life span for addiction. Compared to the students who are in the recovery programs they're still using and drinking at, you know, the same kind of ages 13, 14, 15 and then they're going to treatment generally at 21. And they're staying in recovery from that point. So it's not just that, you know, say one of you have individuals who are more successful, healthier, more engaged, things like that, and they're getting into recovery 15 years earlier. So that's the difference between, you know, someone who's a big cost to society and your community and, you know, relationships aren't what they need to be versus, you know, healthy, successful, because providers wrap around support services. So all that is to say, you know, you might be sitting here thinking "Okay, what can nurses do to kind of get involved in that?" And I have three points that I want to get on quickly. So the first one, *** so a lot folks might be familiar with it already. That stands for Screening, brief intervention, or (inaudible). So screening for the severity of the substance abuse or the substance use disorder. And then determining the intervention piece the appropriate level of care. You know, like what needs to happen next.
And then referring to that. So, you know, I also
don't work with the current nursing fees so I'm not
sure how prevalent it is. I know Becky and I have
talked about just a little bit but it would be
really helpful to see that incorporated a lot more
and to be able to address at a much earlier age. If
we're talking about some of the, you know, signs
that we're able to see addiction start to develop.
And then like for me I got in recovery at 18 but if
this was caught earlier I could have got into
recovery at 15. Who knows what, you know, the
benefits that could happen there. So the second
piece that I wanted to hit on, I heard care
coordination thrown quite a bit, and you know
whether it's that or just being a kind of community
connection. You know, the -- we talked about school
nurses being -- there was a quote yesterday "Trusted
health experts in the community" I love that. I
thought that was great. I'm not sure which panel it
was but the trust piece experts in health in the
community base and being able to know about the
different resources in the community. Connect, have
those relationships with either, you know, providers
or mutual age groups et cetera. Being able to
provide information to the families, to the staff at
the schools, to the students themselves, you know, playing that role can't really be, you know, overstated enough of how important that is for a student to have that, you know, someone that's kind of like a ally really. And that brings me to the third point, is, you know, having nurses that are seen as recovery allies. And so what I mean by that, it can look, you know, different in a lot of different scenarios. There's some different trainings that are out there. A kind of recovery community in the world I work in is still developing a lot so there's not, you know, one set kind of recovery at ally dream here. But what that looks like is, you know, of course they have an understanding and confidence around addiction and recovery knowing the terminology and the language to use. So it's funny, you know, being at certain events that don't know how to specialize in the work we do because you know we're very grateful that the -- we're not grateful for the opioid crisis, we're grateful that it's opened up a lot of people who were never talking about this before to finally talking about it. At the same time, it's not just opioids, you know, and when this gets resolved and if there's enough money it's going to be something
else. And that's just going to keep happening. But it's not, you know, there's definitely an overdose crisis, right? I mean tens of thousands of individuals who are dying every year. But addiction is much more widespread. It's not specific in one substance. So understanding, you know, that piece. You know, I know abuse kind of gets tied to substances quite a bit. In our fields we do not say "substance abuse" it -- you know, if you look at it like, you know, domestic abuse, sexual abuse, child abuse, and then substance abuse, at least for me personally I don't want to be locked in with that. You know, I don't see, you know, substance abuse yeah, technically is it a crime not to list the substances but we're talking about the medical condition, right. The disease of addiction and so using a different language to frame how we're talking about it. And especially the person first language. You know, yeah, at a 12 step meeting, I may identify as an addict or alcoholic but out in the community like that's not very helpful. So talking to individuals especially a young student who might be struggling, you know. Saying to that person with, you know, with substance abuse disorder or conflicted by addiction, you know things like
that, just to have a better conversation and open
some doors for that individual seek help. The third
piece of conduct, every ally component. The
grateful health was around trauma informed and
understanding, you know, how early it can start.
All the different ways that trauma can, you know,
kind of have a role in someone's life and just a
cheer of prevalence, of it is important. And I
think it's also another aspect for the recovering
addict needs to be, you know, culturally confident.
Another one was just to be able to meet individuals
where their at, understand that there might be a lot
of (inaudible) stories going on, it could be an
email -- you know, there's a lot of different areas
that really help. But you know, what it comes down
to again that quote yesterday that "school nurses
are the trusted experts in the community" and what
they, you know, what they've already done for so
many different things. And then how important and
critical they can really be in the addiction's space
if detection is a lot earlier on. And I think
there's a lot, you know, successful prevention work
being done but, you know, (inaudible) we're in the
recovery space and there's a lot individuals who are
going to end up, you know, battling addiction and to
get them the resources, and get the family the resources. And you know, the last piece I'll kind to say is, you know, instituting a culture of -- for recovery and, you know, that looks different in every single community. But, you know, I kind of laughed last night as the, you know, people were going up to the reception as "free drinks" and I was like "Well, that's -- " for me now it doesn't bother me at all but, you know, in college and in school you are faced with that everywhere. You know, it's not just drinking it's all sorts of things. So being able to institute more of a culture of having recovery and support every student and what they're dealing with is, you know, kind of a role that nurses play. And again I'm glad to be here and be able to talk about all of the good work that we do so thank you.

MS. REBECCA KING:

A lot of what both of you addressed is having that same space in the school. Where a student feels like they can really go and say really what's on their mind or where maybe they don't have that have social (indiscernible) that they can just have that discussion and the school nurse can sort that out and find the resources for them. I really
feel we need better structural supports and staffing the schools and communities to address this. And one single nurse in a school with 1,200 students and, you know, a student comes in, in crisis and there are 30 students ahead of them to seek services how in the world is that nurse going to spend that quality time and put that student who fell into what might be a really deep conservation and I think we need to do better on policy and constructious in schools. Are there any questions? I do want to pull out -- well, (indiscernible)

MS. KATHY HAGER:

I'm here from Delaware and I'm wondering if you all have a set nurse curriculum and if so does it include supplemental health like looking for red flags for bullying, or substance, use or whatever?

MS. REBECCA KING

Well, actually Delaware, we are one of the states that has a school nurse in every school. So that does (inaudible) really (indiscernible). So equity and acuity with the numbers is really still a major issue. We are working with -- our Lieutenant Governor has a behavioral health in (inaudible) that she began. I chair the education and prevention committee for that. And we are actually on
(inaudible) 11th regional state community wide service. Where not me, it is actually providing education that total health one on one for educators and the school staff across our state. Now, mind you Delaware is not very big so it's an easier task for us to undertake. But we've heard through the behavioral health association there was a very strong need for teachers to be able to recognize, know what to do, and then how to refer these student's mental health issues. The nurse sustained that health too. You know we need professional development on understanding a lot of these. I happen to have a lot of expertise on addiction only because it's a living experience for me but there's, you know, a lot of certifications and other training out there to provide that school with that level of education that we need to appropriately deal with the student who is in recovery. And some are mental issues.

MS. KATHY HAGER:

We have a huge -- some of last year in Kentucky on substance abuse disorders. I did not know I wasn't the but that's what we talking about and my take away was that we needed to teach kids how to cope with bullying and not being pretty enough, or
smart enough, or (inaudible) enough, or whatever
they're getting bullied for anxiety and depression
(indiscernible) And I guess what I wanted to know
is, if you all have, in Delaware, a certification
program that covers pretty much the co-pay? Does
anybody in the country have that? 'Cause I think we
need them to work for us on coming up with what the
curriculum looked like. I'm concerned that we're
going to get school nurses in schools and not be
able to prove they're affecting this. We need data
and it can't just be on absenteeism so I think
that's something that we could do as a group is make
sure they don't hold up the curriculum and it
catches everything (indiscernible).

MS. REBECCA KING:
And school nursing I mean it really is. It's
everything. And how can you be (indiscernible) but
if you look at the data in our community then you
know that you have that heavy burden one versus the
other. If there were these certifications out there
that provide you with a professional bone and the
expertise then that would be helpful.

MS. JODIE SHEETS:
I'm Jodie Sheets, I'm the president of the
Louisiana Civil Nurse Organization and I am
currently still a school nurse but (indiscernible)
And so I've been listening to everyone in this room
for the last two days and honestly I could take up
two days and sit up there and talk about the issues
as a school nurse that we have. And it just goes --
comes from so many different directions. As a
school nurse with, you know, my intentions to always
look out for the health and safety of the student
every single day and to keep them healthy and in
school. I'm no orange. I work under, you know,
with the State Board of Nursing so, you know, I have
a practice that I take (inaudible). So we have
Oranges is, we have the Department of Education,
let's call them apples, we have public health, let's
call them bananas, until we all go into one mode, no
but seriously, until we all go into one mode as a
fruit salad, we're going to continue to have the
issues that we have. Until we all have the same
focus for the children. We have so many wonderful
ideas, and so many wonderful research projects, and
so many things going on in this room but we are
preaching to the choir. We are all members of the
choir until we preach to the people that need to
hear it there will be no change. To me, this
platform should be at a superintendent's conference.
At a principal's conference. At conferences where the people that need to hear it and understand it. No one wants to understand what we do until they meet us. The amount of money that school nurses bring into the schools every single day with the children that we see and that money goes into the general fund, that's a lot of money. That money should be generated back to our department to bring in more nurses to generate more money. It's all about the money and that is so sad to me. It should not be about the money it should be about the children. Data is what -- I did, through NASN, I did some data work. I surprised myself with how many children I kept in school instead of sending home but it was because I was there. When I am not there the children come in with a belly ache, or a headache, or with a paper cut, "Call you're momma." You think that child is not going to be able to say, "Hey mom, I really need to go home" and then they leave school. And then they miss a whole day's worth of school for a paper cut. And I'm not exaggerating. I'm not exaggerating. We have to be in the schools. If we are not in the schools taking care of the children, there is going to continue to be a problem where these kids are not being educated
because they're either not healthy or they just

don't want to be there and it's an easy way to get

out saying that they're sick. We have such a

problem in this country and it's not just in

Louisiana it's everywhere where we are so

misunderstood. And if people would understand the

value of what we can bring to the table, I think

that (indiscernible). Thank you.

MS. LAURE MARNO:

Hello, Laure Marno, West Virginia.

(indiscernible). I'm going to be the voice of some

school nurses that I've been working with in West

Virginia. We recently had a round table as part of

a state-wide initiative to identify for the state

(inaudible) what we can speak to our legislators

about the policy issues at the next legislature

session. One of the things the school nurses are

asking for which I think speaks to this idea of a

curriculum it ends up with a curriculum like what's

the -- we do to take care of the sub set of kids who

are suffering on exposures to substitutes disorder.

So what they said to us is, "We need a syndrome" for

lack of the better word, I'm not sure I like that

but anyway stay with me on this, but the -- if you --

- if -- (inaudible) poor example feel out syndrome.
We recognize these the sub set kids had these certain features and we labeled it and again, I don't like that word but stay with me, you know we had this set of kids, we had this -- they're identified as such, we had this treatment plan that goes with it, we need this service, that service, and so on and so forth. The school nurses said to us "We need the same thing for children whose families are suffering from substance use of sort. How can we do that?" Because once we have that then we say well this is -- these are one, two, three, four, five, six, seven, things that happen, that's where a funding screen comes in because you then have something attached to it and it's an (inaudible) for care. So I'm wondering, you know, what's your thought on that, how -- is that something that would help children and families and of course school nurses obviously, because they're going be boots on the rack identifying (indiscernible).

MS. REBECCA KING:

I think that one of the things that we have to think positive about is we're creating some sort of, you know, that -- we're clustering things together is how can we have it provide the most
utilities and from one sort of intervention that leads to how can we utilize it the best. And so we want to make sure that -- I think that we're seeing a lot of different missing kids troubled a lot by things from things in the environment and I about how was the best way to help them and I'm not sure that I can have the answer to that.

MS. LAURE MARNO:

I feel like the school nurse knows what they see. They get it. These kids have quite frankly a lot similar issues and concerns and then it's that supporting them to get them the services that need. We had a big conversation last night about the appropriate ways of using (indiscernible) I'm personally am concerned about that. It's not really designed to be used in the pediatric population. It's designed to be used in the adult population. I get it but the reason that we do that is really identification and so that has a very good intent. But I also you know labeling kids are whatever because of using the tool when it wasn't designed for that population so that is -- these are the things that I'm sort of bringing to the corner. What can we do to help school nurses and get the resources that they need because they're identifying
the kids. You all are identifying the kids.

MS. REBECCA KING:

And especially this next week with the kids that we are going to see.

MS. LAURE MARNO

Right.

MS. REBECCA KING:

You know, coming into the system that were NES babies and were (indiscernible) like how are we going to help them if we can't call somebody. And I agree with you about the way we were even the stigma that's attached to that but to get funding for that and to measure and then to implement, you know, programs and resources we have to call it something. I agree with you. Thank you.

MS. ALEXIS CHAVEZ:

I think that's the one extra piece that's recognizing as I stated many, many, times throughout this. If the school nurses are identifying, they've -- they -- they're saying these kids need help what -- I don't even have the resources to do that then that's not what we're bringing up on the table and I don't think I've ever been so excited to make fruit salad before but I think that's a really good (indiscernible).
MS. KATHLEEN (KATIE) JOHNSON:

Hi, Katie Johnson. I just want to very quickly highlight one of my favorite articles. It's from 2006 by Erickson it's called, "The Healthy Murder Mile." So as we talk about all of the things that school nurses can do we also can't -- we don't know everything about everything. So one of the reaches of that is one of my favorites the leadership model but also clinical nurse specialist like we have in hospitals who are experts in that particular area of the care to provide support from the front line to the nurses. So I just wanted to bring that up for (indiscernible).

MS. SHARON LEE:

This is a question for Dr. Chavez. Can you share some examples or strategies around supporting resiliency in youth developing Pre.-K through twelve who present consent with were questioning their gender? I'd like to focus on recently (indiscernible)

MS. ALEXIS CHAVEZ:

Sure. I can touch on a couple different parts. One of them is that many is that -- any child who is has some sort of diversity like sexual orientation or gender identity there's their child -
- there's children that face all the same experiences that anyone else plus they have your common extra layer of perhaps discrimination that something else they have to deal with. So many of the areas that we focus on with resiliency are strength. We can look back to what we're already using for many of our children. So one program that I see is called "Sources of Strength" which I really appreciate and they focus on a strength based model in resiliency and they go to schools and they teach about what are some of the ways that we can leverage family support, what are some of the ways we can leverage school support, whether that's their faith or their religion throughout the community and (indiscernible) but I think it really speaks to the fact that any time that there's a challenge that is presented to you then how can we build out the web the interconnectedness in everything that they're involved in, in their lives to help strengthen those protector factors. And recognizing that even if there's a difficulty coming through one thread how does it resinate from all the rest of that web. And so I was at someone's questioning their general identify or their sexual orientation and they're not really sure where the -- where they have support
either in their family or their school or whatever
that is, what are the places where they feel like
they are themselves in their life so they are
supported. Are they engaged in activities, do feel
like school actually is supportive so the parent's
aren't. Are there clubs that they like to be a part
of. How can we strengthen those and if there are
areas that are particularly might be their family or
somebody else are there ways -- I truly think that
everyone wants to do the best and they just don't
know how. So if there are these how can I how can
we help to get to those areas more education,
connect them to more resources. I know that not
every person in the schools or not every person, not
every doctor is going to be able have some sort of
speciality that their going to know all the answers
to every question but how can we help them find the
resources and answers so they can get what they need
and I think that, that's really an important goal.
MS. SHARON LEE:
And what's the name of it again?
DR. ALEXIS CHAVEZ:
Source, Health, Strength.
MS. SHARON LEE:
Source, Health, Strength.
DR. ALEXIS CHAVEZ:

Yeah, it's based out of -- we think that they may have started a quota and they now they have a small presence (indiscernible).

MS. HEIDI CYGAN:

So a thought came to me as I heard (indiscernible) data a lot, (inaudible) came up and the tools that we use to measure. And one word that I haven't heard or raised this couple days is (inaudible), right. We have our data that's collected and the way that we use that -- I don't know if we're using that data as much as we can. I actually just published it and asked that of a school nurse about how school nurses can partner to use (inaudible) data and I know it's cool to get on your district level unless you're a larger district but we're collecting data directly from our students. We're asking them, you know, how do you identify we're asking them about their experienced in (inaudible) without using a survey that's developed for (inaudible) and we're asking about social problems that them asking what types of fruits and vegetables they need for breakfast, you know. All the data are there. And it's a matter of being able to look at that data they'll provide and
to plan our policies and our programs around that. And to figure out what questions we need to ask. So for example this year, there is a question around gender identity let's add it to (inaudible). In the last five years there was a self recording teen pregnancy question. So had you been pregnant or gotten someone pregnant before. So we have the ability as nurses and the school nurses to say these are the questions that we want to know the answers to and get them on this national scale. So I mean, I don't know that I have a question but it's a statement that these are things that we can use that we need to figure out how to best utilize that data.

MS. REBECCA KING:

There's a lot of that data plus what ESM you know that's all very helpful data. I think the easier we talk about the fruit salad, you know, school nurse from a school setting, you know, administrators that may not know how to work at (indiscernible) so I think that's where school nurses play a role in helping them assess that health data and what does that mean and then how can that data information you've collected be structured into programs. And services and having a funding for those programs in the school settings. So I
think that's to leverage that is so important.

(indiscernible).

MR. MARCUS HENDERSON

Marcus University (indiscernible), School nurse.

We talked a lot about billing capacities with the schools with the work force in different areas and building that culture of safety and circle in the settings. But I think another thing would be -- I don't know if we've -- probably touched on a little bit, but we need to focus more on it's not just there that these children go home and that culture is within their need. So I can feel safe in the school, I can feel safe at my primary care provider, I can feel safe in those settings, but when I return home I don't feel because my parents don't believe that I'm depressed. My parents don't think that I can be suicidal because I have everything possible and this happened to me. That, you know, you went to IV League Institution, you're doing all these wonderful things, "Why are you not depressed, How could you be depressed?" But I was in a supportive environment where I got the resources that I needed so I was successful but that's -- that doesn't happen all the time so we
need to (indiscernible) communities and build
capacity within our communities and that's really
our main goal. (indiscernible).

MS. REBECCA KING:

And I think that's why to students to be
advocates with their own self-care (indiscernible)
and self-care for those in recovery.

Well, just how would a school nurse help to leverage
a student to seek out services to be their own
advocate in their community? They may go home and
their parents are addicts too so how do they go home
and get out of that cycle and use minor resources?

MR. TIM RABOLT:

Yeah, it's tough. It's just probably piece by
piece and meeting the student where their at and
knowing what specific, you know, as far as resources
and that -- in that community. But yeah that's one
of the points I was saying. I think it's helpful
that you know what's out there and you get to know
more about the individual scenario of what it's like
at home or you know what's the parent's role
involvement and know some other aspects of the
individual's life outside of the school to really
have the best kind of understanding. But yeah, I
mean, you have to really have a solid grasp hold
that's individual's scenario. But it's tough in
general of knowing them.

MS. REBECCA KING:

Well, thanks everybody. (indiscernible).

MS. SUSAN HASSMILLER:

I just have one more statement.

MS. REBECCA KING:

Okay.

MS. EILEEN HINELINE:

What you all are doing is fabulous. We do
(indiscernible) in higher education. We do a lot of
GTQ treatments in higher education. What I am
advocating for our school nurses is to partner with
us and have the warmth that population is very
passionate about this (inaudible) population to
continue their education in an institutive higher
education and I don't care where it is, we have to
better prepare our children to be able to go in and
remain in an institute of higher education so that
they can grow and develop and mature into adult life
so that they can deal with these issues and that
they can go onto be successful adults. But if we
don't, we are going about through this life our
students at the age of 18 will go to the edge and
drop off and we don't want to see that happen. So
before we can collaborate with our educators
(inaudible). Thank you.

MS. SUSAN HASSMILLER:

Okay. Tremendous meeting. Really exceeded my
expectations. My expectation worries
presence(indiscernible). So the first thing we need
to do is thank the team that their (indiscernible).
Tremendous job in a very short amount of time you
just don't know. So the other thing is, I am going
to ask you to take the pad and paper that's on your
table -- I don't know what we'll be able to do with
all of this energy, and ideas, and data that has
been brought forward in these last 24 hours
(inaudible) but I'd like for you write something
down that you think we need to do, that you need to
do, that we need to do, but take a moment to do
that. And I will commend that staff will look at
all of these ideas to see how we might be a partner
with you doing something I don't what that might be.
But we're going to see what you're going home and
do. Maybe there's two things. What you might go
home and do, and then you're call to action for us
in a larger group. And while you're writing down, I
always completely agree that we can't always be
talking to the choir, that's after all why Robert
Wood Foundation chose to partner with AARP as opposed to the Nursing Association. I think today in this room that there were some people who met each other for the first time. So it wasn't completely talking to each other but we had a start, okay. (indiscernible) And I'm going to ask you put your name on those and put your -- I don't think we need email addresses, right?

MS. REBECCA KING:

No, we don't.

MS. SUSAN HASSMILLER:

Just put your name down.

MS. REBECCA KING:

We know.

MS. SUSAN HASSMILLER:

We know who you are. Okay, you should have something down. People are writing paragraphs and that's funny. Everyone write, "We will accept" because, you know, sometimes you have to -- I was telling I think Pat up here, some people are more (inaudible) articulating, you know, what was going on and I think if we would put words around what's going on and what we might need to (indiscernible) and then if you can go home practice this articulation of what went on here. I'm going
to ask people if you have data (indiscernible). I've asked Derek to help with me data. There's been a lot of data that's come forward and we have some compelling data that is on your website that is probably accessible, send it to me, okay? I'm going to give you my NAS account so write this down too. So it's shassmiller@nas, National Academy of Science, shassmiller, H-A-S-S-M-I-L-L-E-R, @nas.edu.

MS. (inaudible)

Does it have an accent?

MS. SUSAN HASSMILLER:

NAS, National Academy of Science. We're working the next future nursing report right now. Yeah, repeat it one more time. It's shassmiller, H-A-S-S-M-I-L-L-E-R, S as in my first name, shassmiller, @nas, like National Academy of Science, .edu. Okay, so -- and I'm finally going to ask people who haven't spoken, a lot of people have been to the microphone but if you have not come up -- you have written something down so you should be nice and brave, you can could read what you wrote right? And come to microphone. I'm going to start out by telling you a (inaudible) Kennedy left with me. She was incredibly inspired. She is ready for action and this is what she said. I said I'll read this,
she said, "This is my commitment, to engage (inaudible) board, the national (indiscernible) to engage in any board regarding school nurse impact in relevance of our strategic plan." She's going to put this in her strategic plan and the intersexuality and two she's going to promote partnership developments in three areas, in our promatic work, in our policy advocacy and our states that are fully in this engagement. That's really big. Okay, so Adrienne has spoken. Come up. Yeah, sure, come right up.

MS. EVA STONE:

Eva Stone. --

MS. SUSAN HASSMILLER:

This is just a pop up and I persuade because these are pop ups, pop ups are short so you can't like go on and on. You can give me paragraphs but you just have to say one or two things and sit down, okay?

MS. EVA STONE:

Gotcha. So Eva Stone, Major Health Services of Kentucky. And what I want to say is there's a lot of discussion nationally about school safety. And that's focusing around gun violence and our worry in school. So Kentucky just passed school legislation
addressing school safety. What is left out of that conversation is safety for those kids with life threatening conditions. And so I think framing a conversation about it, if a child has a life threatening allergy at school they're more risk -- more at risk of dying than the risk is for somebody to come in and get shot. And while it's tragic with the gun violence, I think as nurses we need to be talking about school safety for those kids with chronic health conditions.

MS. SUSAN HASSMILLER: Okay, you're giving that call to the group, what are you going to do?

MS. EVA STONE: I've been doing it so we're trying to do that in Kentucky.

MS. SUSAN HASSMILLER: Okay, okay.

MS. EVA STONE: But it hadn't been long.

(indiscernible)

MS. LT. COL. LAKISHA FLAGG: Board of health nurse by trade. Really inspired to be in this venue. What I wrote is that I like for the conversation to continue but what I
have found in my own practices we often wait for someone else to act. I think there's a lot of advocates who were well put to initiate where they sit, where they stand and I think that's really important. But even if the conversation isn't continued in a formal setting like this, wherever you sit, wherever you planted, move, right? So there was a conversation where there was a request and to ask for a tool kit. Those that now how to move forward with policy and make that happen get with the person who mentioned that. So I think the emphasis on us as individuals who are well in certain areas to move those initiates forward.

MS. SUSAN HASSMILLER:

(indiscernible) concrete. What are you going to do? What are you going to do as an individual for your organization? Let's use (indiscernible) what are you going to do?

MS. CYNTHIA BIENEMY:

Good morning, my name is Cynthia. I'm Director of Louisiana Student of Nursing and also (indiscernible) the we'd like thank you for coming and -- to Louisiana, for this great meeting. I was not able to be a part yesterday but my (inaudible) was. But one thing I'd like to start off is to say
apologize that our meeting our president of Louisiana School Nurses Association for the first time, we communicated over the phone prior to this meeting but she has not been an actual part of our act of coalition. So the number one thing, (inaudible) 'cause I sit here -- I'm not a school nurse but I know that education is a social determinant of health. And I know that everything that's been said is part of that building the culture of health is that we're going to make sure that our school nurses are represented (indiscernible) act of coalition.

MS. JOAN HLINOMAZE:

      Hi, my name is Joan Hlinomaze. I am the president of the Ohio Association of School Nurses, but more importantly I am a middle school full nurse -- full-time school nurse that takes care of 1,100 middle schoolers each day. And what I found that resinated with me on this meeting is a need to develop a sustainable model of school health services and school nursing practices through our country. And to do that we need to address the areas of funding, policies and procedures that own the local and state national level, and to access -- and access to nurse administrators for all school
nurses. My commitment --

MS. SUSAN HASSMILLER:

Thank you.

MS. JOAN HLINOMAZE:

-- to do that, to address these issues with things to address it with the Ohio Department of Education as I serve as a member on a work group that they have developed. It is to address the needs of the whole child and I think we can bring these issues into that work group so that we can address some of these needs at my state level.

MS. SUSAN HASSMILLER:

Okay, great. Make that profile.

MS. CAROL DRENNEN:

Hi I'm Carol and I'm also from Ohio. I'm with the (indiscernible) And I want to echo what Cynthia said that we're the same way in Ohio on our committee we do not have the school nurses. So that would be one of the first steps when I go back is to make sure. And again, the same thing happened from that year so we need to have better connections with the (inaudible) and the school nurses. The other thing I wanted to take back that I will do is we have two public health nurse leaders in Ohio and they have worked for many years in the last few
years on a project on this (indiscernible) and
creating an education module and a screening tool
that we hope to get across Ohio and they've been
working on that. But however, again, I have to go
back of what I learned here, while as we focused on
education, partners, colleges, and we focused on
acute care hospital. Again, in what we said today
that we need to expand that and make sure that we're
hitting the public schools with making sure that
they have that tool in education.

MR. DAVID WYRICK:

And I'm going to do two things, (indiscernible)
start a discussion as to why we do not have school
nurses (indiscernible). But the second thing that I
want to do right now is I'm going to ask Jessica, we
have obviously the school nurse representation SSI
that's huge but we have some (indiscernible)

MS. JESSICA:

We do not.

MR. DAVID WYRICK:

We do not. And so that's something we should
talk about. This is the committee (indiscernible)
NCAA that focus these a lot of the safety compliance
issues (indiscernible) and I know there's lots of
representation on the (indiscernible).
MS. SUSAN HASSMILLER:

Keep it coming.

MS. CINDY ZOLHIEREK:

Colleague at the Texas Action (indiscernible) and also CEO of the Texas Nursing Associations. We get by policy and I love my colleagues (indiscernible) upstream. We have an initiative right now of nurses in office trying to take off our nurses on board. With the numbered resources to get nurses in office with the primary focus of nurses on school boards. So with the other thing I want to do is and the concern of health of Texas Association of School boards is how we can partner with the Texas Association of School Boards to make sure they have the information that links that event of performance to school health. An important role of nurses is that they value nurses in that and if we can get their support maybe (indiscernible) a school a nurse in every school.

MS. LILLIAN BRAVO:

Hi, everyone, my name is Lillian Bravo. I'm a PhD student (indiscernible) at the University of North Carolina (indiscernible) in nursing and I'm also a child nurse (indiscernible). So thank you for having me here. I've been really inspired by
all the work that you guys have been doing so far
and in setting us up for mental issues, and some so
I thank you for that. And I would like to which I
have heard I'm so excited about but I think there's
another part of the conversation and services that
we're linking (indiscernible) engage with. And then
what I will be doing is my research is in
(indiscernible) which I especially to focus on the
largest subset of youth in the United States around
the year 2060 so through my research I wanted to
understand the various that they had with one health
care treatment. When I think about school nurses
and how school base health care (indiscernible).

MS. SUSAN HASSMILLER:
And you are also going to go back to your home
and scholars group and tell them about this
conference and some bullet points of what you
learned? Yes.

MS. MARTHA DAWSON:
Thank you first. (indiscernible)

MS. SUSAN HASSMILLER:
Yeah, speak up. You have to (indiscernible)
it's on. (indiscernible) your voice. You got to use
your voice.

MS. MARTHA DAWSON:
Yes, my name is Martha Dawson I am the president of National Black Nursing Association. I'm here on behalf of (indiscernible). I've been working with family property for about five or seven years. One of the things that really caught my attention is my only lack of knowledge (indiscernible) so just by being in the room today I can think one of the things that I would definitely do is -- well the only (indiscernible) first of all, but to try to do (indiscernible). We talked a lot about interproffessionl activities we don't talk here much mutual professional support and I think that's what we need. And as we continue to engage and have these type of conversations, no one nursing speciality can solve these problems alone. We have to come to the table to figure out how do we support each other. So one of the things that I started doing immediately, being the national president, I have application and I looked down at all the property roles I did not have school nurse so we have added school nurse (indiscernible). The other thing that I claim to do is, I just met my colleague, you know, my governor colleague, we did not know each other prior to this invitation was done (inaudible). I suggested to her already that
we are going to put an article in the State Nursing Association newsletter. We need to get one in the black nurses newsletter, and we need to get something back on (indiscernible) website. So I think putting the word out there and having conversations, and starting the Donald, that this is much bigger than just, you know, giving out (inaudible). All those are small things, which like I said if you're guilty, you're just guilty. But I heard some things if I could just take one more moment just to say. Someone mentioned the concept about bridging health and education, so my challenge back to this group is how are you connected with classroom years. So you have health education or you get it with that biology teacher to talk about clean air, clean soil, food sources, so what are you doing when it comes math, are you reaching about the cost going to those math teachers. You have to -- and someone else said, you have to be more than just a nurse there, you have to provided to the academic issue. If your nurse doesn't know that you support academic issue then yes, (indiscernible) so you have to get your voice heard, you have to connect with them. How many of you have taken all of this health care knowledge and all of this stuff about
population health, healthcare determinant, and asked your principals that you come in and do a at the PTA. So you have to create your platform some time. We can't wait for someone to invite us there. So now that I'm on this little change with the little school nurses I will figure out to get you all engaged with us and we will engage with you.

MS. SUSAN HASSMILLER:

We'll take about five more people but I'd like for you to add to your list if you can think about it now. And it can be any five people the ones that have gotten up before, some people who have been up a number times please feel free to get up again. But if you can add to your list where you will be speaking and who you want to speak for you, okay. Where you will be speaking, it could a principal's office, it could be a national conference, and who you want to speak for you and maybe where you want to publish. Okay, let's keep going.

MS. JODI SHEETS:

Jodi Sheets, Louisiana School Nurse Organization. So I would like to practice what I preach and I am going to contact the superintendent -- the superintendent's organization I'm not even sure what it is in Louisiana. And also the
principal's organization and request that I be a
speaker at their conferences.

MS. SUSAN HASSMILLER:
There you go.

MS. JODI SHEETS:
I think it's great that we focus on education
educators on the value that we bring to the table.

MS. SUSAN HASSMILLER:
I said five people so three more people please
need to come.

MR. RICHARD LAMPHIER:
Richard Lamphier, nurses Association. I have a
meeting next week similar to Kentucky. We have a
new program at the Department of Education that
saves schools from culture and we're meeting next
week to talk about that program about some of the
things that are not only safe for these schools with
active shooters but also the medical conditions that
turn a higher risk of death in schools.

(Indiscernible) Nurses to take back to their
community.

MS. LABRENDA MARSHALL:
Michelle Bell from Department of Education.
Made friends with Dr. Wong and get to talk to him
about these school base health and I invited him to
Alabama under knowing that he will be in Alabama to visit the Civil Rights Museum is right down from my office, so therefore I'm making the connection with our state superintendent meeting and that we set the platform and guard the school base clinics in Alabama.

MS. ERIN MAUGHAN:

So as you know I work for a national organization and I've been thinking one of the things that come is, there's a lot going on with -- or kind of like, there's gaps the (Indiscernible) so my goal is -- I work -- I'm also with the school health section of APHA and we're just changing our strategic operation plan to make it more about population based (inaudible) health and with that group + , I'm going to pull that group together and also look at our traditional partners who else school age and really look at it from a population standpoint to identify what we are doing together so we aren't duplicating (Indiscernible) but then ultimately finding our gaps so that we can address them from a positive prospective and speak to those partners that we don't often put there and we really focus on the (Indiscernible).
MS. EILEEN HINELINE:

Hi. I'm going to take the step to the -- our college health association where I can express that I've learned today and yesterday to help develop a health orientation for our 11th and 12th graders. ACHA has online (Indiscernible) that they're developing that should be produced in 2021. And that should be initiated in every high school across the nation to help better prepare students for higher education. And so I will be advocating for that. And I also believe that we need to develop a (Indiscernible) and school base nurse components through higher education. We are not school nurses and college health nurses we are all nurses who specialize in the health education and we need to partner together.

MS. MICHELLE BELL:

Hi, I'm Michelle Bell, from San Diego, and I am going to reach out to my community college nurses because I work with my University nurses but not with the community college that's in the area so that's why I say I'll be reaching out to. The second is that I'll continue to mentor the younger nurses that I've hired over the last 14 years so that they can move this work forward. I feel like I
do a good job at hiring nurses into the school
district who are brand-new grads and mentor them but
to continue to work with those who may come another
discipline with five years or so to continue to
mentor them. And I'm going to continue about what
school nursing is, and what we do, and how to
champion, and how to bridge that with our other
staplers that are not in the health profession.

MS. SUSAN HASSMILLER:

Okay, last two comments really quick.

MS. CHERYL VEGA:

Cheryl Vega with Future of Nursing. I'm not a
school nurse but I (indiscernible) what I'm going to
do is to (indiscernible)

MS. SHARON LEE TREFY:

Sharon Lee Trefy, National Association of State
School Nurse Consultants. I'm going to continue our
work with (inaudible) to move our numbers from 35
states that have a state school nurse consultant
towards 50 states that have state school nurse
consultant. This is a system that oversees school
nursing in the entire state and advocate for the
changes that we've talked about.

MS. SUSAN HASSMILLER:

Okay, we're going to move them out of here.
We're going to move them out. So take your paper and give them to this -- at this table. (Indiscernible) take the paper. Okay, I want to thank everyone again for your full attention. Everything thank you. The Louisiana for hosting them. If anybody is interested I'm going to the -- I have my daughter coming, going to the city park tonight for a concert in the park. I don't know if they have tickets left but let's enjoy Louisiana and NOLA and safe travels to everyone.

MEETING CONCLUDED AT 12:11 P.M.
I, BRITTANY MOORE, Certified Court Reporter, in and for the State of Louisiana, the officer, as defined in Rule 28 of the Federal Rules of Civil Procedure and/or Article 1434(b) of the Louisiana Code of Civil Procedure, before whom this sworn testimony was taken, do hereby state on the record:

That due to the interaction in the spontaneous discourse of this proceeding, dashes (--) have been used to indicate pauses, changes in thought, and/or talkovers; that same is the proper method for a court reporter's transcription of proceeding; that the dashes (--) do not indicate that words or phrases have been left out of this transcript; and that any words and/or names which could not be verified through reference material have been denoted with the phrase "(phonetic)."

BRITTANY MOORE, CCR
CERTIFICATION

I, BRITTANY MOORE, Certified Court Reporter, do hereby that on the 3rd day of October, 2019, aforesaid, that the foregoing 138 pages of typewritten matter constitute a true and correct transcription of the proceedings to the best of my ability and understanding in the above-entitled and numbered cause.

I further certify that I am not related to counsel for any party, or any other interested party in the cause.

This 18th day of November, 2019, Albany, Louisiana.

BRITTANY MOORE, CCR
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