

Key Principle: Community/Public Health

Definition: “Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world. A large part of public health is promoting healthcare equity, quality and accessibility” (CDC Foundation, 2017).

“Key tenets and responsibilities of public health practiced by school nurses, such as surveillance, outreach, population-based care, levels of prevention, social determinants of health (including access to care and cultural competency), and health equity, make up the practice components of this principle. Healthy People 2020, helps school nurses prioritize assessments and interventions and provides measurable guideposts that are applicable at the nation, state and local levels” (Meadows-Oliver & Allen, 2012; U.S. Department of Health and Human Services, 2017b).

PRACTICE COMPONENTS	DEFINITION*
POPULATION-BASED CARE	The Community/Public Health principle expands the focus beyond the individual to populations (e.g., school community) with similar health concerns. Interventions for school populations are guided by group assessments that target the student, family, school, and community systems.
HEALTHY PEOPLE 2020	Healthy People 2020—the United States’ national health promotion and disease prevention agenda for populations—helps school nurses prioritize assessments and interventions and provides measurable guideposts that are applicable at the national, state, and local levels (U.S. Department of Health and Human Services, 2017b).
LEVELS OF PREVENTION	Individual and population-based interventions can be categorized by levels of prevention: before the health issue occurs (i.e., <i>primary prevention</i>), when the health issue has begun but before complications and/or signs and symptoms (i.e., <i>secondary prevention</i>), or after the health issue has occurred (i.e., <i>tertiary prevention</i>). Several of the practice components relate to the levels of prevention. School nurses provide care at all three levels but place extra emphasis on primary prevention.
HEALTH EDUCATION	Health education is an example of implementing primary prevention.
HEALTH PROMOTION	Other examples of primary prevention: promoting immunizations, health promotion programming, and advocating for a positive school environment. The activities of primary prevention overlap with the principle of Leadership’s components of change agent and advocacy.

SCREENINGS, REFERRALS, AND FOLLOW-UP ACTIVITIES	Screenings, referrals, and follow-up activities are secondary prevention strategies that detect and treat health concerns in their early stages often before signs and symptoms appear—and modify, remove, or treat them before the health concerns become serious.
RISK REDUCTION	Secondary prevention focuses on risk reduction and disease prevention. Tertiary prevention includes strategies that limit further negative effects from an existing health problem and promote optimal functioning.
DISEASE PREVENTION	Secondary prevention focuses on risk reduction and disease prevention. Tertiary prevention includes strategies that limit further negative effects from an existing health problem and promote optimal functioning.
SOCIAL DETERMINANTS OF HEALTH	Social determinants are factors that impact health, such as income/social status, housing, transportation, employment/working conditions, social support networks, education/literacy, neighborhood safety/physical environment, access to health services, and culture (USDHHS, 2017). Social determinants are important because they are known to cause 80% of health concerns (Booske, Athens, Kindig, Park, & Remington, 2010).
ACCESS TO CARE	Access to care is having available comprehensive, quality health care services (USDHHS, 2017). It includes access to a school nurse, referrals to health care services, insurance coverage, transportation to care, and timeliness of care. Limited access to health care impacts the ability for people to reach their full potential.
CULTURAL COMPETENCY	Culture is another social determinant. It encompasses the customs, values, and beliefs of an individual and/or population. School nurses must continually work at obtaining cultural competency, which is a set of behaviors, attitudes, and skills that allow effective care to be delivered in cross-cultural situations (U.S. Department of Health and Human Services, 2017a). Failure to be culturally sensitive to students and families can decrease trust, leading to decreased communication and management of a health condition, resulting in adverse student health outcomes.

HEALTH EQUITY	Social determinants of health and health disparities (health inequity) are closely related. For example, children of racial minorities are more likely to have untreated asthma and be obese (U.S. Department of Health and Human Services, 2012; Wang, 2011). School nurses are in the critical position to address health disparities of students and families and provide equitable health services (health equity) because of their intimate knowledge of the environments where students and families live, play, and access care.
ENVIRONMENTAL HEALTH	The environment—including air, water, food, pollution, chemicals, biological agents, and psychological influences—is a fundamental determinant of individual and community health. Children are vulnerable to environmental threats that may exist in schools due to their daily exposure. School nurses assess for factors that negatively affect health in the school environment and promote policy and practices that reduce environmental health risks and promote emotionally and physically healthy school communities (ANA & NASN, 2017; MacNeil, Prater, & Busch, 2009).
SURVEILLANCE	Surveillance, closely aligned with nursing assessment, is a key school nursing and community/public health practice component. Surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to the planning, implementing, and evaluating practice. It is usually proactive and includes disseminating the data to those who need it to prevent or control health conditions (Centers of Disease Control and Prevention, 2017). School nurses practice surveillance when they monitor and describe an increase in strep throat cases or influenza-like illness. Surveillance and use of the data overlap with the principle of QI.
OUTREACH	Outreach, like surveillance, is proactive and involves identifying individuals or populations at risk, providing education about the health risk, strategizing ways to reduce the risk, and finding services to assist (Minnesota Department of Health, 2001). For example, school nurses outreach to students with undiagnosed asthma who exhibit signs or symptoms, educating them and their families, and connecting them with appropriate health care services.

*Definitions of the framework principles and components were taken from the original articles that developed the Framework for 21st Century School Nursing Practice™ (NASN, 2016a; Maughan, Duff, et al., 2016). Where applicable the original source is cited. Permission to use granted by the National Association of School Nurses. Re-printed with permission by the National Association of School Nurses.

IDEAS: How can I use this principle in my practice?

- **Access to care:** Increase/improve access to care through family exposure and disseminating resource opportunities. Consistent with improving community levels of care and health literacy, facilitating health equity for all.
- **Cultural competency:** Nutrition/health education that is culturally relevant and culturally competent. Develops culture, ethics and principles that demonstrate district behaviors, attitudes, policies and structures are in place leading to working effectively cross-culturally.
- **Disease prevention:** Teaching workshops for parents. Reinforces message of culture of health, supports community engagement, and integrates school nursing practice with public health tenets.
- **Population-based care:** Identify school population/community primary health needs. Tenets of public health addressed to help school nurse prioritize care needs and community interventions.
- **Screenings/referral/follow-up:** Get assistance to complete screenings and develop strategies/interventions to follow-up on failed screenings. Promotes community partnering and community engagement with outside resources.
- **Environmental health:** Air conditioning in health office and classrooms. Students are affected by ambient room temperature which may impede their ability to learn and be healthy.
- **Risk reduction:** Reduce student stress levels. Educate student, staff, faculty, parents on importance of mental and behavioral health.
- **Outreach:** Surveillance of community health indicates that many adults (staff and parents) do not obtain the flu vaccine annually. State requires all preschoolers to have flu vaccine, but not rest of the students or school staff. School nurses strategizes ways to reduce the health risk with local community health department. School nurses and health department offer flu vaccine at school to all students, staff and school community members.
- **Health promotion:** Monthly health promotions topics. Improving community levels of health awareness on various health related topics.
- **Health equity:** Several ideas – mobile health vans, school based health clinics, health department clinics, federal funded clinics, private inexpensive Nurse Practitioner run clinics, hire school Nurse Practitioner. Demonstrates interdisciplinary and partnering with community stakeholders.
- **Health equity:** Food access program. Students and families benefit through access to food.
- **Social determinants of health (SDOH):** Integrates with care coordination principle to address SDOH, trauma informed care delivery aspects are included in care planning. Checks and assesses physical exams, charts, asks teachers, students and parents/guardians when appropriate, other district info (i.e. free/reduced lunch, Medicaid roster) for SDOH.
- **Social determinants of health:** Social media one-day “blackout” – Project Unplug. Assessing social and behavioral elements of technology on student growth and development.
- **Cultural competency:** Cultural diversity/perspectives forums. Sharing of perspectives and views to promote understanding within school community.

Resources:

CDC Foundation. (n.d.) *What is public health*. Retrieved from <http://www.cdcfoundation.org/content/what-public-health>

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *Healthy People 2020*. Retrieved from <https://www.healthypeople.gov/>

QUICK START FACT SHEET

KEY PRINCIPLE: COMMUNITY/PUBLIC HEALTH

TOPIC: Outreach

IDEA: Community Cafés:

Healthy Living and Healthy Lifestyles

THE IDEA	GOALS	ACTION STEPS	RESOURCES	MEASURE OUTCOMES
<p>What areas do you want to focus on for improvement?</p> <ul style="list-style-type: none"> • Desire to understand barriers and facilitators to healthy living and healthy lifestyles in the school community. • Incorporate principles of Whole School, Whole Community, Whole Child to create an active, collaborative space that provides a springboard for multiple perspectives and meaningful discussions. Group discussions often provide insights that might not emerge in interviews. 	<p>What exactly is it that you want to achieve?</p> <ul style="list-style-type: none"> • Discover the restraining forces that act to keep the problem from changing, and forces that may drive change. • Make emergent knowledge and insight visible and actionable. Use understanding of these forces in devising solutions to the problem and identifying targets and agents of change. • Develop a team of community partners committed to building a culture of health in the community. 	<ul style="list-style-type: none"> • Consider who will be affected and how? • Get buy-in for your initiative. Who are the individuals who must be involved and engaged in your initiative? • Who can lead the initiative? What partners/stakeholders should be involved? • What resources will be needed? (i.e. types of staff and required time; supplies and materials, equipment, other resources; estimated costs). • What are possible challenges and barriers? Reflect on these and think about possible solutions and strategies. • What is your timeline? • Do you have a short-term outcome to demonstrate early visible improvements? • How will you share/communicate your proposed initiative and with whom? • Have you thought about sustainability for your project? Will this be a project you can continue annually? 	<ul style="list-style-type: none"> • What resources can guide this project using evidence-based, best-practices? • Are there templates, information, guides already in place? • What are others doing? Find out about other initiatives. What are other schools, districts, states doing? Do not limit yourself to nursing-related initiatives. Be sure to ask what were the lessons learned. • Are there funding sources and grants that can help off set costs? 	<ul style="list-style-type: none"> • How will you measure progress and success? • What are your outcome measures? • How often will you check and measure your progress? • Who will be responsible for collecting and reporting the information/data? • How will you evaluate your initiative to determine success?

SOCIAL MEDIA

@CDCObesity
#cultureofhealth
@WHO
@MyPlate

@healthyschools
@schoolnurses
@NJSSNA1
#NJSchoolNurseLeadership

For more details on this project, see chapter 5, idea 1.

IDEA #1: COMPONENT SAMPLE IDEA: OUTREACH COMMUNITY CAFÉ – CONVERSATIONS THAT MATTER: HEALTHY LIVING AND HEALTHY LIFESTYLES

Idea:

Use Community Cafés to understand more about healthy living and healthy lifestyles in the local school community

The Story:

School nurse Pao is concerned about the childhood obesity epidemic. While this is a global concern, locally Pao has noticed more students with BMIs that are in the overweight/obesity range, and blood pressures that are elevated above pediatric norms. Worldwide obesity has more than doubled since 1980. 42 million children under the age of 5 were overweight or obese in 2013. Obesity is preventable (World Health Organization, 2017).

*However, obesity is just one “symptom” of the health of a community. **To develop initiatives, Pao knows that one must start with a community health assessment (gathering data from the community).***

What is happening locally, and how can Pao be sure that interventions will be evidence-based to promote health and healthy behaviors in students and the school community?

Objectives:

- *Begin understanding community needs and potential interventions as it relates to healthy living and healthy lifestyles in the local community.*
- *Develop school and community partners that focus on a culture of health initiatives.*
- *Develop initiatives that address major findings for next school year.*
- *Plan a pilot study that can be expanded to other schools, grade levels and/or community partners.*
- *Establish baseline of students with BMIs that are overweight/obese. Examine trends from prior years if data is available. Benchmark results for next school year.*

**Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007).
See Making Change Happen (p.11):**

1. Establish sense of urgency.

- **Motivating statement (often communicated to key school administrative decision maker(s)):**

Dear Mr./Ms. Administrator:

As our school health leader, I am interested in helping our district better understand some of the supports and barriers to healthy living and healthy lifestyles. For example, in 2016 more than half of the adult population was overweight or obese. In our county 31.7% of our children between ages 10-17 are overweight or obese (The State of Obesity, 2016). These children become overweight and obese adults who then are at risk for hypertension, heart disease, arthritis, and obesity related cancers.

But, this is more than about obesity, this is about building a culture of health in our community. We need to know what healthy living and healthy lifestyles mean to our community. The research supports healthy lifestyle interventions that involve school nurses are effective (Schroeder, Travers, & Smaldone, 2016). Healthy students are better learners (Basch, 2011).

I know health and healthy living is a complex issue. I want to contribute to the body of evidence our school creates to inform our decisions about future interventions to improve the health of our school children and our school community. I would like to start a community cafe – an informal gathering of parents in our school. There are resources available to begin a community café through a local school district in Camden, NJ, which has already used the program with great success. I would like to begin developing a group of partners who we can work with to help us combat this issue here in our own community.

- **Examine the literature and community assessment.** In addition, the following areas related to this are:

School Community Health Problem/Needs Assessment:

- Obtain district and school-based obesity data, need benchmark.
- Start here for data: Obtain county and community local health assessment data at New Jersey State Health Assessment Data (<https://www26.state.nj.us/doh-shad/home/Welcome.html>)
- See Essex County Community Health Improvement Plan (CHIP) Example (http://www.uhnj.org/patients/docs/UH_CHNA-2014.pdf)
- Identify available resources that may already have templates, guides, resources.

- **Identify potential solution based upon scan of literature and relevant sources of information.**

Provided below are resources and examples from ONE example/type of a community café. There are many ways to do a community café, set-up and discussion. The example here may be right for your needs. Be sure to check the resources below

- Utilize national toolkit resources: Community Cafe Organization Guide (http://www.ctfalliance.org/images/initiatives/Parents%20resources%20pdfs/Host_Orientation_Kit.pdf)
- Watch this video to hear Robin Cogan, School Nurse, talk about her experiences with the Community Café in Camden, NJ: Host a Community Cafe by Robin Cogan (<https://spark.adobe.com/video/KZoSROnGfzuzP>)
- See “Storyboard for Community Cafe Training – Conversations that Matter!” attached at the end of this idea.
- The World Cafe: Cafe to Go Quick Reference Guide (<http://www.theworldcafe.com/wp-content/uploads/2015/07/Cafe-To-Go-Revised.pdf>)
- Wiser Together Guiding Principles/Ground Rules (<http://www.wiser-together.com/about/guiding-principles/>)
- Right Care Cafes Organizers Guidelines
- Local NJ School Nurse support contact:
Robin Cogan, MEd, RN, NCSN
Faculty - Rutgers School Nurse Certificate Program
Johnson & Johnson School Health Fellow - Program Liaison/Community Coach
Email: robin.cogan@rutgers.edu

2. Form a powerful guiding coalition.

- **Who are my partners?** Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this example, the individuals would be school district administrators, principals, office support staff, parents, local community health organizations, child advocacy groups, chronic disease organizations.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Deming’s Plan-Do-Check-Act cycle, a four step model for carrying out change (<https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/work-flow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act>)
- Include as part of annual professional development goals, or SGOs.

4. Communicate the vision.

- Use every avenue/vehicle possible to communicate: PTA meetings, Robocalls, flyers, student poster contest, school nurse and district website, school newsletters, professional organizations, local hospitals, local healthcare providers.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision.

- Will I need any policy changes? For example, obtaining written consent to participate in the community café?
- Collaborate with school and community partners.
- Enlist the help of parent supporters/champions.
- Create interest/buy-in that supports community healthy lifestyles and nutrition.

6. Plan for and create short-term wins.

Define and set a date for visible performance improvement. Recognize and reward those involved in the improvements.

- Set a date early in the initiative that creates excitement. Example: Parents in the first community café reported that they had difficulty finding programs that support children and obtaining a healthy weight. A local hospital offers a family-based program and initial discussions with the hospital have indicated the possibility of having programs in the local community. Other factors discussed also included decreased walkability in the surrounding areas of the school.
- As part of the community café model – information, ideas, etc. are used to form a dialogue about barriers and facilitators to obesity prevention. The community cafes continue with all ideas collected and then used to guide next steps. For example, next steps may be to prioritize the ideas and then with community partners begin to formulate action steps and/or interventions.

7. Consolidate improvements and produce more change.

Use the increased credibility (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.

- Evaluate and plan for changes/improvements for the following/year.
- Address policy changes as needed.
- Do you need additional support resources (i.e. Staff) to further understand the problem?
- If resources are needed, formulate a plan to demonstrate the cost and benefits for the additional supports.

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results.

- For example: List compiled results of the community cafes. Identify potential interventions and how intervention(s) were chosen and plans for future implementation.

What are my resources:

NASN. *School Nurse Obesity Toolkit*. Retrieved from https://portal.nasn.org/members_online/members/viewitem.asp?item=S069&catalog=MAN&pn=1&af=NASN

NASN. *School Wellness Resources*. Retrieved from <https://www.nasn.org/nasn-resources/practice-topics/school-wellness>

Robert Wood Johnson Foundation. (2017). *Building a culture of health*. Retrieved from <https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html>

Healthy Schools Campaign. (2017). *State ESSA plans to support student health and wellness: A framework for action*. Retrieved from: <https://healthyschoolscampaign.org/wp-content/uploads/2017/03/ESSA-State-Framework.pdf>

U.S. Department of Agriculture. (2016). *Team nutrition*. Retrieved from <https://www.fns.usda.gov/tmn/local-school-wellness-policy>

Centers for Disease Control and Prevention. (2017). *Local school wellness policy*. <https://www.cdc.gov/healthyschools/npao/wellness.htm>

Centers for Disease Control and Prevention. (2004). *The role of schools in preventing childhood obesity*. https://www.cdc.gov/healthyyouth/physicalactivity/pdf/roleofschools_obesity.pdf

State of New Jersey, Department of Education. (2016). *Physical activity and obesity prevention*. Retrieved from <http://www.state.nj.us/education/students/safety/health/pa/>

Potential Funding Sources:

USDA Grants for Healthy Nutrition: <https://www.usda.gov/media/press-releases/2015/03/26/usda-announces-grants-childhood-obesity-prevention-programs>

CATCH. Coordinated Approach to Child Health. (2017). *Grants for obesity prevention*. Retrieved from <https://catchinfo.org/grant-finder/>

Social Media:

#cultureofhealth

@CDCObesity

@kidseatright

@WHO

@MyPlate

@healthyschools

@schoolnurses

@NJSSNA1

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POTENTIAL INDICATORS/ MEASUREMENT ITEMS FOR THIS PROJECT, IT PROVIDES A MEANS TO EVALUATE THE VALUE OF THE INITIATIVE.	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
1. Community driven list of targets for change/improvement 2. Short list of potential stakeholders/partners/agents of change who are interested in working further on community initiatives. 3. Pilot study or initiative for implementation of change/improvement is planned.	1. Compiled from community cafes. 2. Developed through interactions, communications. 3. Planned using best practices and/or evidence-based resources appropriate to the initiative.	http://www.theworldcafe.com See attached “Resource Guide for Implementation”
For more examples of Data: Indicators and Sources visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685		

What Else Do I Need to Do?

- Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians? Do I need parental permission to use the services?
- U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). *Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects*. Retrieved from <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.102>

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:

Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners

with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

U.S. Department of Education

U.S. Department of Education. (2011). *Creating Equal Opportunities for Children and Youth with Disabilities to Participate in Physical Education and Extracurricular Athletics*. Retrieved from www2.ed.gov/policy/speced/guid/idea/equal-pe.doc

NJ Department of Education

State of New Jersey Department of Education. (n.d.). *New Jersey tiered system of supports*. Retrieved from <http://www.state.nj.us/education/njtss/comp/>

State of New Jersey Department of Education. (n.d.). N.J.A.C. 6A:9, *Professional Standards*. Retrieved from <http://www.state.nj.us/education/code/current/title6a/chap9.pdf>

State of New Jersey Department of Education. (n.d.). *School health services*. Retrieved from <http://www.nj.gov/education/students/safety/health/services/>

State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy and in school: Student support services*. Retrieved from <http://www.nj.gov/education/students/safety/behavior/support/>

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement(s)

National Association of School Nurses. (2017). *Overweight and obesity in youth in schools - The role of the school nurse* (Position Statement). Retrieved from <https://schoolnursesnet.nasn.org/blogs/nasn-profile/2017/03/13/overweight-and-obesity-in-youth-in-schools-the-role-of-the-school-nurse>

American Nurses Association (ANA) Position Statement(s)

ANA. (2014). *Position statement: Professional role competence*. Retrieved from: <http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence.html>

ANA. (2007). *Assuring safe, high quality health care in Pre-K through 12 educational settings*. (Position Statement). Retrieved from <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html>



Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a *required* component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit website below for more examples:<http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf>

Annual Professional Development Goals/Objectives

District policies and procedures

School nurse district policies and procedures

Community Cafe Training Guide: Host Conversations That Matter

Welcome to a specialized training to learn an easy and effective method of community engagement called a **Community Cafe**. **Community Cafes are small group gatherings where structured conversations around specific topics are held and community-based solutions are identified.** It is a participant-driven discussion that empowers community members by asking about their experiences or solutions to specific topics (Brown, 2005).

For example, a Community Cafe can focus on parents' perceptions around their children's health care experience, or their understanding of the impact of chronic absenteeism on student success. The point is that the discussion is community-driven. Asking the experts, our families, to create community-driven solutions empowers them through giving their perspective a voice.

Let's break down the process into **actionable steps**:

Step 1: Begin the planning process for a *Community Cafe* with an understanding of the goals of each conversation.

- Consider topics based on trends identified within the school community. For example, if your school community identifies an increase in absenteeism, barriers to school attendance may be an important topic to discuss.
- Explore topics based on needs identified by the community outside of the school. For example, if your community has seen an increase in incidences of neighborhood violence, your topic may be related to school safety concerns.
- *Community Cafes* build connections in communities that are sometimes self-isolating. Listen for trends and concerns that parents or community members bring to your attention.
- Community leaders are home-grown, this is an opportunity for parents/guardians and community members to shine.

Step 2: Recruitment - *Community Cafes* are intimate gatherings of 10-12 participants. You can have one large conversation or break up into smaller groups, it is completely up to you.

- Invite parents/guardians and community members with diverse perspectives to attend simply by asking! Explain that you are looking for parent/guardian and community members input around important topics.
- Parents/guardians and community members are our experts!
- Communicate early and often with participants - person to person works, reach out through face to face discussions, text messages and invitations.
- Create a simple invitation - people respond to being personally invited. Invitation [Template](http://greetingsisland.com) (greetingsisland.com)
- Remind people weekly through text messaging, flyers and invitations. Use the invitation as a flyer!
- Be enthusiastic and explain that the parent/guardian and community perspective is needed and important.
- Tell potential participants that the goal is community - driven solutions to specific topics.
- Be positive and engaging; participants want to share their opinions. Enthusiasm is contagious, spread it!
- Be mindful of working families and stagger the times of your Community Cafes. For example: Host Cafes at the beginning, middle or end of the day in addition to evening hours. Make it convenient, hold it in your school, where participants already have a level of comfort and connection.

Step 3: Preparation: Be sure to include others in planning! People love helping and having a purpose to make an event happen. Share the fun of preparation. Allow for others to step forward. Making space for others to shine is the sign of true leadership.

Identify the location and time of the *Community Cafe* - Time frame is usually 90 minutes. Use your school building if this is possible, as this is a comfortable and familiar setting for most participants. Arrange for childcare, if this is feasible. School aged children should be in classes during daytime hours, but infants and toddlers may be with participants

- Provide light refreshments and drinks
- Identify yourself as the facilitator
- Be mindful of translators if needed
- Identify greeters who enthusiastically welcome participants as they arrive (Ask a team member to be a greeter)

Remember supplies:

Nametags (peel a stick tags are fine)

pens/pencils/markers

Confidentiality agreements/IRB forms

Large wall poster size paper

Tape to hang up poster size paper

Food, drinks, cups, plates, napkins, utensils, table cloths (disposable are preferred)

Step 4: Start the conversation! As people walk in make sure they are greeted, that they have a nametag, complete necessary sign-in information and confidentiality forms (see NJCCN documents), invite them to help themselves to refreshments and find seating. Types of seating can be small group tables of 4-6 or semi-circular or circular seating to encourage larger group conversations.

- Introductions (Warmly welcome everyone)
- Tell the participants that this is an informal gathering of parents/guardians to share perspectives and stories; and to stimulate thoughts and ideas for community driven solutions.
- Announce roles: Facilitator and note takers
- Be sure to acknowledge that the participants are the true experts and therefore their opinions are so important!

Read Creating a Safe Space (instead of ground rules)

1. This conversation stays confidential
2. Every comment is valued and valuable
3. There are no wrong questions- all questions have merit
4. Refrain from identifying a solution too early
5. Don't necessarily comment after each story
6. Make sure every voice is heard
7. Be comfortable with silence - let the conversation flow, pauses are OK!

Present the question/issue to be discussed. Keep it brief and open ended. This is a community driven conversation.

Here are two examples of Community Café Topics:

1. What is working and not working in your child's health care experience?
2. What challenges do you have with your children's school attendance? What solutions can you suggest to address the barriers?
 - Encourage participants to identify barriers and solutions, with a focus on communitybased solutions!
 - Small group work is ideal, have tables of 4-6 participants working together.
 - Participants will be sharing their findings at the conclusion of the Café experience, so provide large poster size paper with colorful markers for them to write or draw their barriers and solutions.
 - If your gathering is small (6-10) you can have one scribe and facilitate one group conversation. It is a flexible model and can be customized to fit the needs of your group.

Step 5: Conclusion/Wrap-Up

Invite each group to share their findings. If it is one conversation, review the findings, but ask a participant to join you to share the information.

- Create a "Gallery Walk" of all the groups work
- Ask participants about their Community Café experience
- Keep the momentum going! Plan on continuing these Conversations that Matter.


Step 6: Unpack the Community Café

Write down first impressions immediately after the Café so you don't forget important points. Debrief and discuss common themes that were identified during the Café. Keep the posters that were created from the "Gallery", you may find them very helpful as you continue to build on follow up Cafes.

QUICK START FACT SHEET

KEY PRINCIPLE: COMMUNITY/PUBLIC HEALTH

TOPIC: Screenings/Referrals/Follow-up
IDEA: Vision Screening Referrals and Follow-up

THE IDEA	GOALS	ACTION STEPS	RESOURCES	MEASURE OUTCOMES
<p>What areas do you want to focus on for improvement?</p> <ul style="list-style-type: none"> Screenings, referrals, and follow-up activities are secondary prevention strategies that detect and treat health concerns in their early stages often before signs and symptoms appear — and modify, remove, or treat them before the health concerns become serious. Follow-up opportunities are missed once the initial referral is sent home. Aim to follow-up on 100% of referrals, and set benchmark for medical follow through to get the services the child needs. 	<p>What exactly is it that you want to achieve?</p> <ul style="list-style-type: none"> Implement school nurse comprehensive referral follow up for grade 4 and grade 6 students based upon suggestions from (Neville, Radl, & Velmer, 2015). Implement use of Commission for the Blind and Visually Impaired (CBVI) for grade 4 and grade 6 vision screening. http://www.state.nj.us/humanservices/cbvi/services/prevention  <p>Scan QR code to CBVI screening services</p> <ul style="list-style-type: none"> Implement use of parent volunteers to assist with escorting students. 	<ul style="list-style-type: none"> Consider who will be affected and how? Get buy-in for your initiative. Who are the individuals who must be involved and engaged in your initiative? Who can lead the initiative? What partners/stakeholders should be involved? What resources will be needed? (i.e. types of staff and required time; supplies and materials, equipment, other resources; estimated costs). What are possible challenges and barriers? Reflect on these and think about possible solutions and strategies. What is your timeline? Do you have a short-term outcome to demonstrate early visible improvements? How will you share/communicate your proposed initiative and with whom? Have you thought about sustainability for your project? Will this be a project you can continue annually? 	<ul style="list-style-type: none"> What resources can guide this project using evidence-based, best-practices? Are there templates, information, guides already in place? What are others doing? Find out about other initiatives. What are other schools, districts, states doing? Do not limit yourself to nursing-related initiatives. Be sure to ask what were the lessons learned. Are there funding sources and grants that can help off set costs? 	<ul style="list-style-type: none"> How will you measure progress and success? What are your outcome measures? How often will you check and measure your progress? Who will be responsible for collecting and reporting the information/data? How will you evaluate your initiative to determine success?

SOCIAL MEDIA

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For more details on this project, see Chapter 5, Idea 2.

IDEA #2: SCREENINGS/REFERRAL/FOLLOW-UP GET ASSISTANCE TO COMPLETE SCREENINGS: VISION SCREENING REFERRALS AND FOLLOW-UP

Idea:

Screenings, referrals, and follow-up activities are secondary prevention strategies that detect and treat health concerns in their early stages often before signs and symptoms appear—and modify, remove, or treat them before the health concerns become serious

The Story:

School nurse Rosario has a large workload and worries every year that she has little time to follow up on the referrals she has sent home to determine if the students have received the services they require. In addition, she would like to screen more students earlier in the school year to identify students who fail vision or hearing screening. This year as part of her district professional development plan she decides to focus on vision screenings and improving follow-up on students who fail vision screenings in grade 4 and grade 6.

Objectives:

- *Implement school nurse comprehensive referral follow up for grade 4 and grade 6 students based upon suggestions from (Neville, Radii, & Velmer, 2015).*
- *Implement use of Commission for the Blind and Visually Impaired (CBVI) for grade 4 and grade 6 vision screening. (<http://www.state.nj.us/humanservices/cbvi/services/prevention/>)*
- *Implement use of parent volunteers to assist with escorting students.*
- *Contact local eye vision professionals to reference recommendations for vision failures.*
- *Dedicate time to telephone parent/guardian regarding vision referral follow up.*
- *Locate financial resources locally and through professional organizations.*
- *Explore funding sources to purchase handheld autorefractor vision screener.*

• **Examine the literature and community assessment:**

School Community Health Problem/Needs Assessment:

- Grade 4 previous year vision referrals: 12 students/109. 3 referrals returned = 25% return.
- Grade 6 previous year vision referrals: 13 students/121. 2 referrals returned = 11% return.
- Inconsistent ability to screen without interruption in busy school nurse office.
- No school-based information on parent/guardian reasons for lack of or delay in follow-up.
- Inconsistent monitoring of vision referrals sent and returned to school nurse office.
- Need current local eye care professionals and eye specialists list, and contact information. Engage at least one eye care professional as reference for recommendations and findings of vision screening for vision failure.
- New Jersey State Health Assessment Data: 10.8% of community is uninsured. Approximately 19.4% of Hispanics in county are living at or below poverty level (New Jersey Department of Health, 2015).
- Policy changes required to district manual to ensure evidence-based vision screening.

Steps to Leading Change and Transformation (Kotter, 2007).

See Making Change Happen (p.10):

1. Establish sense of urgency.

• ***Motivating statement (often communicated to key school administrative decision maker(s)):***

Mr./Ms. Administrator,

I know we are both committed to the learning and health of our students. I am worried about the students who fail and are referred for a more comprehensive vision exam. Student learning is influenced by visual acuity, and most student learning occurs through vision. The American Optometric Association (2016) reports that 25% of school age children have vision problems. Did you know that 33% of students with failed vision referrals from schools do not receive professional exams (Neville et al., 2015)? Studies also report it can take on average two follow-up phone calls and 18 months after the initial referral from the school to visit an eye care specialist (Kemper, Helfrich, Talbot, & Patel, 2012).

Many times, the parent/guardian does not return the referral form. Therefore, it is unclear whether the child received the services they need. This may impact the student's vision - possible permanent vision loss; and impact academics - behavior problems in the classroom and poor academic performance (Basch, 2011).

This year I have a plan for my professional development plan to improve my vision referral returns and follow up on those who may need assistance in locating vision providers and/or financial resources. I need your help to support my proposed initiative as it includes utilizing an outside resource to help with screening and parent support as helpers. This is a great way to get parents involved in the school community. I am starting with grade 4 and grade 6 as that age group falls within the average age of school students developing distance vision problems. If it proves successful, I would like to ultimately use this plan for all grade levels.

- **Identify potential solution based upon scan of literature and relevant sources of information.**

Contact CBVI: The CBVI's Project BEST program services include: mobile eye examination unit; vision screening for preschool and school-age children. Screenings for students can be arranged through contacting the CBVI at (973) 648-7400 / Toll Free (877) 685-8878.

School Nurse Office: Check vision referral letter, update and revise as needed. See Neville, et al. (2015) for sample letter to parents/guardians. Develop phone script for follow-up telephone communication. Arrange for language translation assistance as needed for calls. Devise organization method for tracking referrals and phone calls. Work with PTA/PTO, classroom parents to arrange for parent escorts. Parents complete any necessary school paperwork required for school volunteers. Identify resources for referrals. Have teachers provide input into schedule to avoid conflicts.

2. Form a powerful guiding coalition.

- Who are my partners? Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this example, the individuals would be school district administrators [superintendent, principals], other school colleagues such as classroom teachers, student support services, school guidance counselor, PTA, eye care professionals, local clubs and organizations.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Deming's Plan-Do-Check-Act cycle, a four step model for carrying out change (<https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act>)
- Include as part of annual professional development goals, or Student Growth Objectives (SGOs).

4. Communicate the vision.

- Use every avenue/vehicle possible to communicate: faculty staff emails, PTA meetings, robocalls, flyers, student posters, school nurse district website, school newsletters.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision.

- For example, policy changes that include 12-Component Vision and Eye Health System of Care: <https://nationalcenter.preventblindness.org/sites/default/files/national/documents/VSPProgramEvaluationNHSAVersion.pdf>
- Ask questions and include parents/guardians in understanding challenges and barriers in taking their child to an eye care specialist. This will allow for tailoring school-specific interventions that address the challenges.
- Collaborate with community partners (i.e. Lions Club, eye care specialists, VSP providers).
- Create interest/buy-in to acquire (purchase if necessary) evidence-based vision screening tools that promote quality and efficient screening of students.
- Encourage classroom teachers and other school colleagues to let you know if a student appears to have difficulty with vision (squinting, turning head to one side, etc.).
- Develop plan to create a list of parent/guardian helpers.

6. Plan for and create short-term wins.

Define and set a date for visible performance improvement. Recognize and reward those involved in the improvements.

- Set a date early in the initiative that creates excitement. Example: This may be sending an email to the principal and classroom teachers that lets them know screening has been taking place, found that using parent escorts are making screening go much more smoothly and efficiently. The fourth-grade students in Mr. A's classroom made an amazing poster on the importance of vision, brain activity and learning. Send a personal thank you note to the parent/guardian escorts. Send a thank you note to the ABVI.

7. Consolidate improvements and produce more change.

Use your success and improvements (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.

- Evaluate and plan for changes/improvements for the following year.
- Address policy changes as needed for district vision screening.
- Obtain needed new equipment for vision screening. Evaluate funding sources and budget limits. For example, purchasing a handheld autorefractor may involve checking with district budgets, perhaps applying for grant monies, asking local businesses or organizations to help. If yes, how will you show a return on investment.

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results.

- For example, two months after implementing outside agency screening and school nurse telephone follow-up, 45% of all vision referrals had been returned, three students obtained necessary eyeglasses. By May 80% of all vision referrals had been returned. This represents a large improvement from 25% for 4th grade and 11% for 6th grade. The school art teacher would like to have a poster contest for the following school year with vision as a theme. Funding for students that required financial assistance was obtained through the Vision Service Provider (VSP) program and the local Lions Club. The local eye care specialist thanked the school nurse for including her in the school initiative as she had never been contacted by a school nurse in the past. A small grant was obtained to purchase a handheld autorefractor to improve efficiency and quality of screening.

What are my resources:

National:

National Center for Children's Vision & Eye Health. (2017). *Home page*. Retrieved from <https://nationalcenter.preventblindness.org/>

NASN. (2017). *VSP Sight for students*. Retrieved from <https://www.nasn.org/nasn/membership/current-members/vsp-sight-for-students> (NASN membership required)

VSP Global. (2017). *Sights for students. Community partners*. Retrieved from <https://vspglobal.com/cms/vspglobal-outreach/giftcertificates-nationalpartner.html>

New Jersey:

New Jersey Lions. (2017). *Home page*. Retrieved from <http://njlions.org/>

VSP Global. (2017). *Sights for students. Community partners*. Retrieved from <https://vspglobal.com/cms/vspglobal-outreach/giftcertificates-nationalpartner.html>

State of New Jersey, Department of Human Services. (n.d.). *Helpful links and resources. Commission for the Blind and Visually Impaired*. Retrieved from <http://www.state.nj.us/humanservices/cbvi/links/>

School Nurse, Grade 4, Vision Screening Referrals
<http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf>

Potential Funding Sources:

National Institute of Health. National Eye Institute. (2016). *Financial aid for eye care*. Retrieved from <https://nei.nih.gov/health/financialaid>

American Optometric Association. (2017). *Healthy eyes, healthy children. More than \$65k in grants awarded for children-focused community vision projects*. Retrieved from <https://www.highbeam.com/doc/1G1-503574750.html>

Social Media:

@PBA_savingsight
@schoolhealth
#ophthalmology
#optometry
@schoolnurses
@NJSSNA1
#NJSchoolNurseLeadership

POTENTIAL INDICATORS/ MEASUREMENT ITEMS/ OUTCOME	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
<p>Number of referrals returned – tracks effectiveness of intervention.</p> <p>Perceived barriers stated by parents/guardian – provides community assessment data to further tailor intervention.</p>	<p>Locally created data</p> <p>Spreadsheet or other record to record communication with parents/guardians</p>	<ul style="list-style-type: none"> • Kemper et al., 2012) p. 28-29 sample vision screening referral form and eye care provider report form. Use of data base helped track failure to follow-up vs. failure to obtain documentation of follow-up. Discussion about alerting teachers that students use corrective lenses as prescribed. Demonstrated effectiveness of intervention. • (Neville et al., 2015) p. 137 sample letter, telephone script for parents, barriers to obtaining professional eye care discussion. Demonstrated effectiveness of intervention. • (Nottingham Chaplin, Baldonado, Hutchinson, & Moore, 2015). Excellent school nurse-based article on measuring visual acuity with standardized, evidence-based eye charts, optotype-based screening, and instrument-based screening.
<p>For more examples of Data: Indicators and Sources visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685</p>		

What Else Do I Need to Do?

Will I need an Institutional Review Board (IRB)?

See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). *Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects*. Retrieved from <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.102>

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:

Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

U.S. Department of Education

U.S. Department of Education, Civil Rights Division, Office for Civil Rights, Office of Special Education and Rehabilitative Services. (2014). Meeting the communication needs of students with hearing, vision, or speech disabilities. Retrieved from U.S. Department of Education website: <https://www2.ed.gov/about/offices/list/ocr/docs/dcl-factsheet-parent-201411.pdf>

NJ Department of Education

State of New Jersey Department of Education. (n.d.). *New Jersey tiered system of supports*. Retrieved from <http://www.state.nj.us/education/njtss/comp/>

State of New Jersey Department of Education. (n.d.). N.J.A.C. 6A:9, *Professional Standards*. Retrieved from <http://www.state.nj.us/education/code/current/title6a/chap9.pdf>

State of New Jersey Department of Education. (n.d.). *School health services*. Retrieved from <http://www.nj.gov/education/students/safety/health/services/>

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement(s)

National Association of School Nurses. (2017). *Practice topics. Vision and eye health*. Retrieved from <https://www.nasn.org/nasn/nasn-resources/practice-topics/vision-health>

National Association of School Nurses. (2017). *Chronic health conditions (students with): The role of the school nurse* (Position Statement). Retrieved from <https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/07/28/chronic-health-conditions-students-with-the-role-of-the-school-nurse>

American Nurses Association (ANA) Position Statement(s)

ANA. (2014). *Position statement: Professional role competence*. Retrieved from: <http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence.html>

ANA. (2007). *Assuring safe, high quality health care in Pre-K through 12 educational settings*. (Position Statement). Retrieved from <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html>

Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a required component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit website below for school nurse exemplar example: <http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf>

Annual Professional Development Goals/Objectives

District policies and procedures

School nurse district policies and procedures