



ADDRESSING SOCIAL DETERMINANTS OF HEALTH AT SCHOOL AND IN THE HEALTH OFFICE

Resource Guide





Addressing Social Determinants of Health at School and in the Health Office

Resource Guide

School health and social determinants of health (SDOH) are inextricably linked. While the negative impacts of SDOH can have long-lasting implications for student academic success and achievement, school health programs and school health professionals can play a key role in mitigating the adverse outcomes associated with SDOH. It is vital to recognize the important role school nurses play in the lives of their students and the broader community, taking into consideration how SDOH may impact a student's ability to remain healthy thus impacting his/her ability to learn and remain in the classroom.

As part of its mission to empower communities so all children and youth can reach their potential, Children's Hospital & Medical Center, in partnership with the Nebraska Department of Education, launched Project ECHO: Addressing Social Determinants of Health (SDOH) in School Health in 2021. This eight week series was created to inform school nurses and other school staff on various SDOH topics and included a topic overview, definitions, data, and health office considerations. It also allowed for sharing resources – national, state and local.

This resource guide is being offered to provide school nurses with hands-on, useful information to help direct and support the great work they do. It can also be shared with other school staff and families.

www.childrensomaha.org/projectecho

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This Resource Guide is dedicated to our friend and colleague, Kathy Brandt.

Kathy Brandt was a passionate, consummate Social Worker for her entire adult life. She excelled at helping others as their therapist, as their colleague, as a supportive supervisor, and as a community collaborator. Kathy had the incredible ability to connect with those in need and create bridges to resources and helping hands. For fifteen years at Children’s Hospital & Medical Center, Kathy blazed a trail of program excellence in the fields of social work, behavioral health, nursing case management, and care coordination. She also set a high bar that inspired hundreds of teammates to consistently strive for improvement in services to patients and their families. Kathy is profoundly missed, and her legacy leaves a lasting impact.

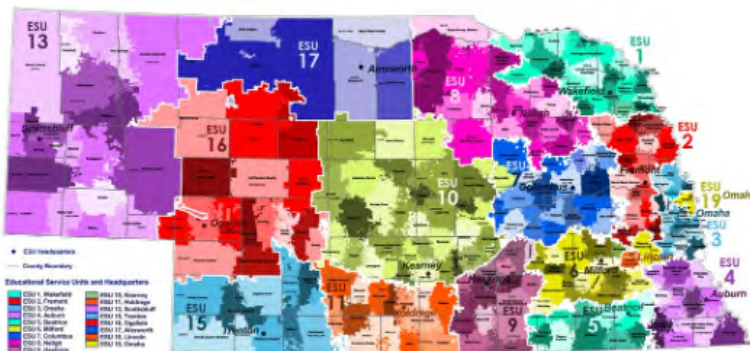
CHAPTER 1

CONNECTING POVERTY & INEQUITY WITH HEALTH & ACADEMICS

Poverty affects a student’s ability to come to school ready to learn. There is a strong and well documented link between poverty, student health outcomes and academic success. For a school nurse to fully help their students, an understanding of social barriers called Social Determinants of Health (SDOH), such as poverty, need to be recognized and acknowledged. School nurses can help families effectively navigate the resources and educate staff on the impacts of poverty for student health outcomes. This resource guide serves as a compliment to Children’s Project ECHO School Health Series on Social Determinants of Health delivered in the Winter and Spring of 2021.

DATA

Nebraska has 330,000 public school students in 1,004 schools across 244 districts. Of those students, nearly half (46%) are economically disadvantaged. As noted in the tables below, academic outcomes of those students are significantly impacted.



SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

When engaging with students and their families, consider:

- What are possible underlying barriers (SDOH) they might be experiencing?
- How do I recognize these barriers?
- What can I do to collaboratively address the barriers?

EDUCATIONAL ATTAINMENT & ACHIEVEMENT

	All NE Students	Economically Disadvantaged
3 rd Grade ELA Proficiency (2018-2019)	56%	41%
8 th Grade Math Proficiency (2018-2019)	47%	29%
Graduation Rate (2019-2020)	87.51%	79.7%

Source: Nebraska Education Profile: nep.education.ne.gov

Economically disadvantaged are those who qualify for the free (<130% of the Federal Poverty Level) and reduced lunch program (130% to 185% of the Federal Poverty Level).

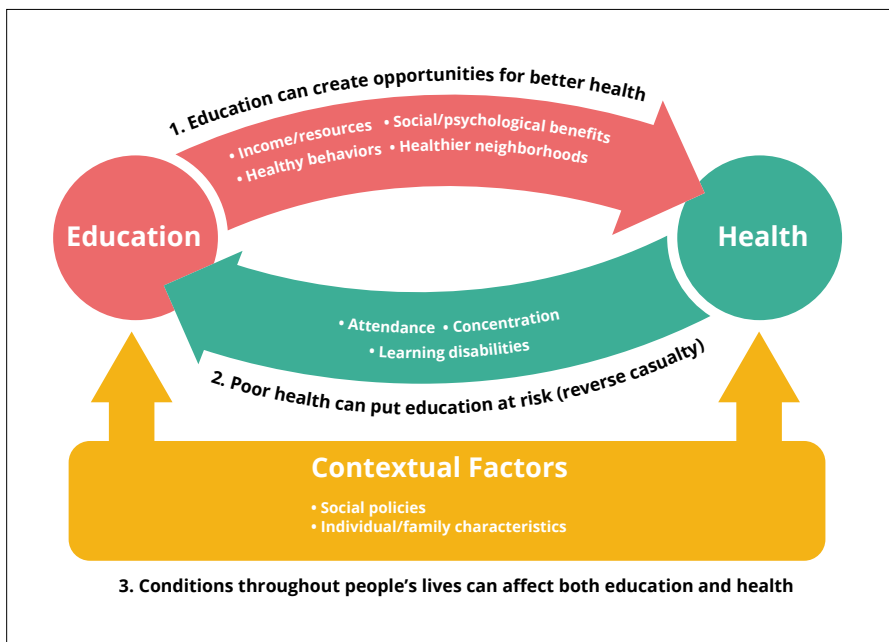
Racial Inequities also have a significant impact on Educational Attainment and Achievement.

	White	Black or African American	Hispanic or Latino	Native American	Asian	Native Hawaiian or other Pacific Islander	Two or More Races
3 rd Grade ELA Proficiency (2018-2019)	64%	30%	41%	32%	60%	55%	54%
8 th Grade Math Proficiency (2018-2019)	56%	19%	29%	18%	58%	49%	37%
Graduation Rate (2019-2020)	92.16%	74.93%	77.74%	71.54%	86.83%	72.72%	82.75%

Source: health.gov/healthypeople/objectives-and-data/social-determinants-health

UNDERSTAND THE INTERDEPENDENCE OF EDUCATION & HEALTH

The figure below illustrates how education protects and supports health, while poor health can negatively impact education. The yellow contextual factors are the Social Determinants of Health and can be best understood across the 5 domains in the figure on the next page.

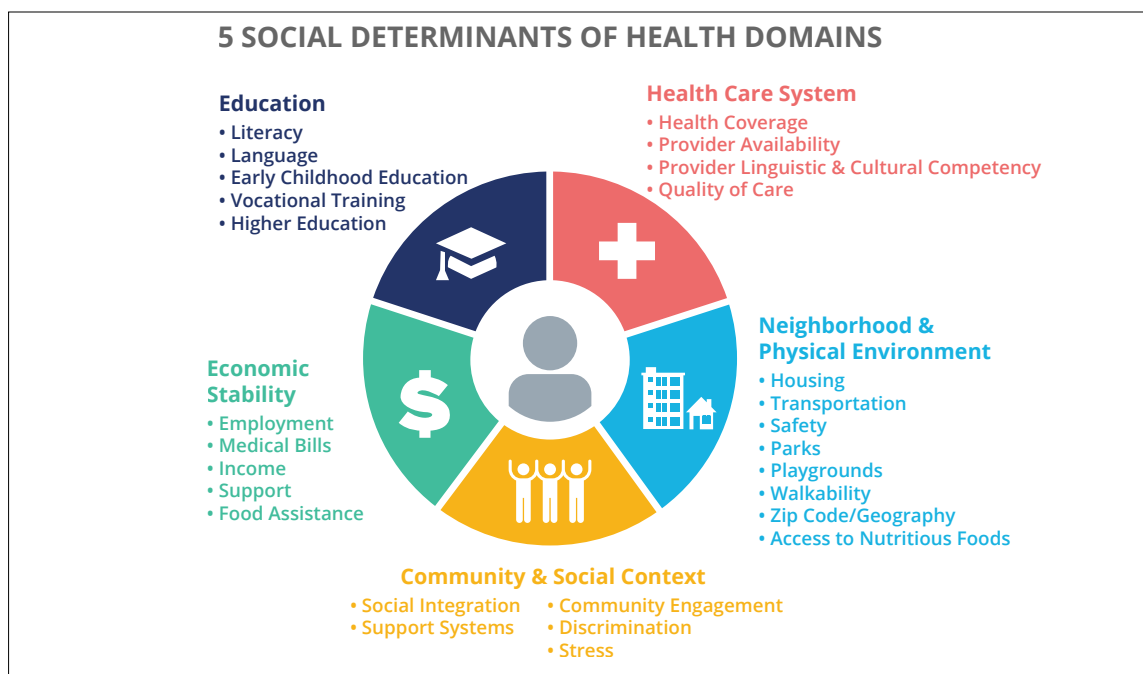


2020 HEALTH OF NEBRASKA STUDENTS

- 5.6% or 26,907 under age 18 have no health insurance
- 46.1% do not have a medical home
- 19.9% have not seen a dentist in the past year
- 7.2% have asthma
- 1 in 10 is not in excellent or very good health
- 13.3% of high school students are overweight

Source: www.kidscountnebraska.com

Source: Adapted from: societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html



Source: Adapted from [health.gov/healthypeople/objectives-and-data/social-determinants-health](https://www.health.gov/healthypeople/objectives-and-data/social-determinants-health)

HEALTH OFFICE CONSIDERATIONS

COLLABORATING WITH OTHER SCHOOL STAFF

- Respect the added burden that children come to school with on a daily basis
- Educate staff on how academic success is tied to health and poverty
- Educate self and staff on anti-poverty programs and resources in the community, including Medicaid, SNAP, Temporary Assistance to Needy Families
- Identify a community resource liaison – internal or external to your school - that you can reach out to with questions or concerns
- If the student has a 504 plan, ensure the school nurse is part of the planning team to advocate for economic support for the family
- Promote Economic and Medicaid assistance to families

WORKING WITH PARENTS/GUARDIANS

- Find a staff member that best connects with the parents or guardian to build trust and help the family access needed resources
- Form trust and build the relationship with the parents or guardian so you can ask questions related to the situation at hand
- If able, do a home visit – join with a social worker if possible; it can be helpful to see more about the home environment
- Look for shared interests and common goals with parents/guardians to support the child
- Respect parental boundaries

RESOURCES

LOCAL

Find and connect with your local public health department: dhhs.ne.gov/Pages/Local-Health-Departments.aspx

STATE

Nebraska Department of Health and Human Services Assistance Programs: dhhs.ne.gov

- Economic Assistance: (800) 383-4278
- Medicaid Assistance: (855) 632-7633
- Supplemental Nutrition Assistance Program: dhhs.ne.gov/Pages/SNAP.aspx
- Temporary Assistance for Needy Families: Aid to Dependent Children (ADC) - provides cash assistance to low income families with children dhhs.ne.gov/Pages/TANF.aspx

Nebraska Works: neworks.nebraska.gov/vosnet/Default.aspx

211 Nebraska: www.ne211.org

Kids Count Data: datacenter.kidscount.org

Nebraska Educational Profile Data: nep.education.ne.gov

NATIONAL

Centers for Disease Control & Prevention, Social Determinants of Health: www.cdc.gov/socialdeterminants

This resource guide was developed as a compliment to the Project ECHO School Health series on Social Determinants of Health, Session 1: Connecting Poverty and Inequity with Health and Academics, presented by Kathy Brandt, Dr. Shirley Vargas and Lane Carr, on January 13, 2021. Additional resources can be found here: www.childrensomaha.org/projectecho

CHAPTER 2

UNDERSTANDING THE COMPLEXITIES OF SDOH ON CHRONIC ABSENTEEISM

Absenteeism is tied to academic success with a direct impact on grades and lifetime outcomes. Students who do not participate in classroom instruction have a difficult time keeping up with the educational activities and information provided.

A student is considered chronically absent when they miss 10% or more of their enrollment requirements. This includes all absences whether excused, unexcused or suspensions. There are many factors related to SDOH that influence absenteeism and include the following:

BARRIERS	NEGATIVE SCHOOL EXPERIENCE	LACK OF ENGAGEMENT	MISCONCEPTIONS
<ul style="list-style-type: none"> • Illness, both chronic and acute • Lack of health, mental health, vision, or dental care • Trauma • Unsafe path to/from school • Poor transportation • Frequent moves or school changes • Involvement with child welfare or juvenile justice system 	<ul style="list-style-type: none"> • Struggling academically or socially • Bullying • Suspensions and expulsions • Negative attitudes of parents due to their own school experience • Undiagnosed disability • Lack of appropriate accommodations for disability 	<ul style="list-style-type: none"> • Lack of culturally relevant, engaging instruction • No meaningful relationships with adults in school • Stronger ties with peers out of school than in school • Unwelcoming school climate • Failure to earn credits/no future plans • Many teacher absences or long-term substitutes 	<ul style="list-style-type: none"> • Absences are only a problem if they are unexcused • Missing 2 days per month doesn't affect learning • Sporadic absences aren't a problem • Attendance only matters in the older grades

Source: Nebraska Department of Education

DEFINITIONS

TRUANCY V.S.
CHRONIC
ABSENCE

TRUANCY

Counts only unexcused absences
Emphasizes compliance with school rules
Relies on legal & administration solutions

V.S.

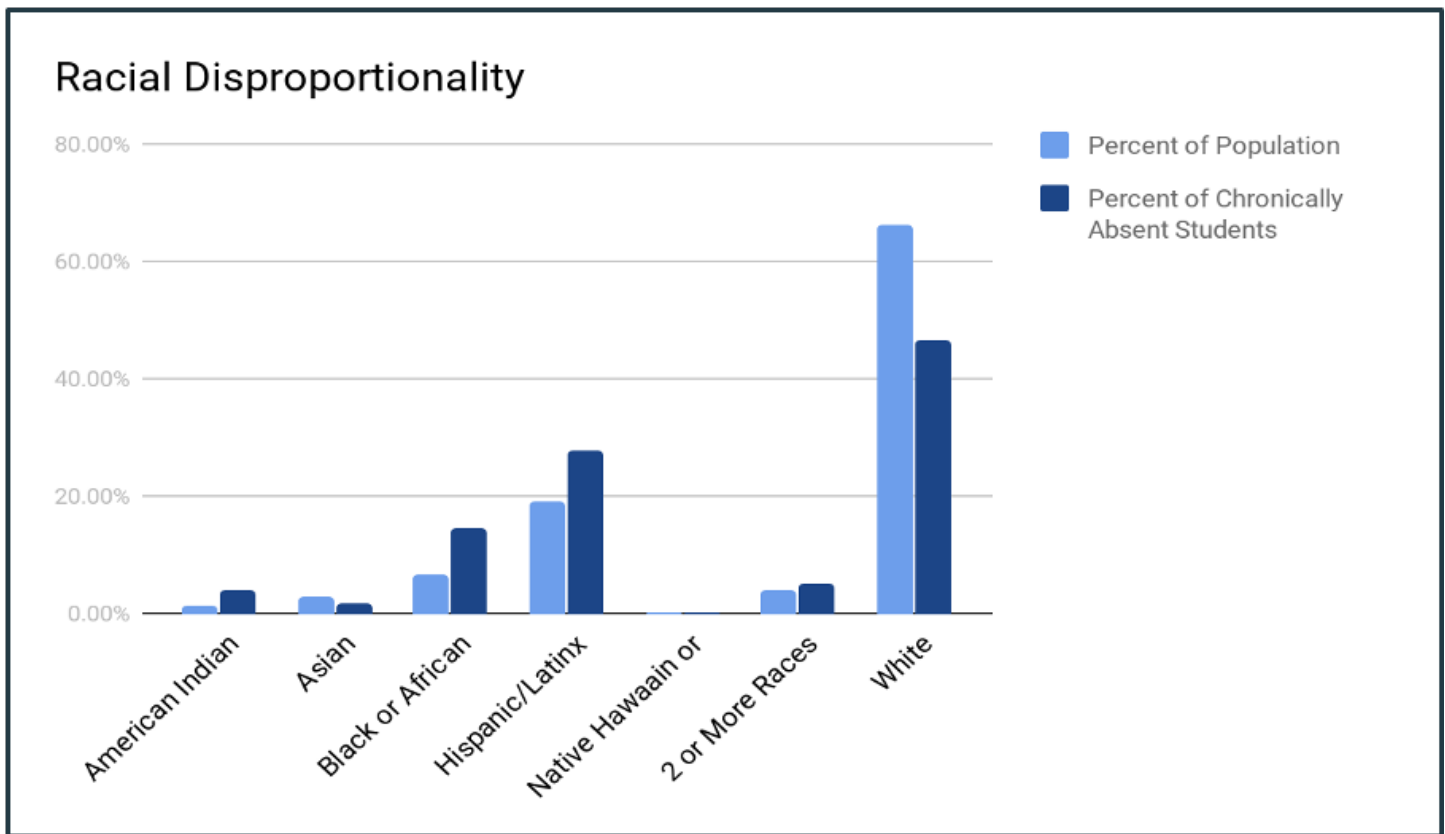
CHRONIC ABSENCE

Counts all absences: excused, unexcused & suspensions
Emphasizes academic impact of missed days
Uses community-based positive strategies

Source:
Attendance Works

DATA

- For school year 2019/2020, 10% of Nebraska students were chronically absent
- Students in junior and senior high are more chronically absent than those in elementary
- As reflected in the chart below, students of color are disproportionately chronically absent



Source: Nebraska Department of Education

HEALTH OFFICE CONSIDERATIONS

COLLABORATING WITH OTHER SCHOOL STAFF

- Create a school climate that encourages students to come to school every day, welcoming culture of attendance
 - Cultivate an atmosphere where students feel respected and safe
 - Share visuals (bulletin boards, banners, posters) that reflect attendance messaging
- Assess student and family needs and intensify outreach
 - Work with relevant community agencies to develop a comprehensive educational plan that also addresses student and family needs
 - Create a cross-agency team to support students who are chronically absent to include healthcare providers, social workers, county attorney or law enforcement

WORKING WITH PARENTS/GUARDIANS

Here are some helpful tips you can give parents to work with students to increase attendance in school.

1. Set attendance goals with your child and track your child's attendance on a calendar. Try offering small rewards for not missing any school, such as a later bedtime on weekends.
2. Help your child get a good night's sleep. A lack of sleep is associated with lower school achievement starting in middle school, as well as higher numbers of missed school and tardiness. Most younger children need 10-12 hours per night and adolescents (13-18 years of age) need 8-10 hours per night.
3. Try to schedule dental or medical appointments before or after school hours. If children have to miss school for medical appointments, have them return immediately afterward so they do not miss the entire day.
4. Schedule extended trips during school breaks. This helps your child stay caught up in school learning and sets the expectation for your child to be in school during the school year. Even in elementary school, missing a week of classes can set your child behind on learning.
5. Don't let your child stay home unless he or she is truly sick. Reasons to keep your child home from school include a temperature greater than 101 degrees, vomiting, diarrhea, a hacking cough, or a toothache. Keep in mind, complaints of frequent stomachaches or headaches can be a sign of anxiety and may not be a reason to stay home.
6. Talk with your child about the reasons why he or she does not want to go to school. School-related anxiety can lead to school avoidance. Talk to your child about their symptoms and try to get them to talk about any emotional struggles they may have with issues like bullying, fear of failure, or actual physical harm. If you are concerned about your child's mental health, talk with your pediatrician, your child's teacher, or school counselor.
7. If your child has a chronic health issue such as asthma, allergies, or seizures, talk with your pediatrician about developing a school action plan. Meet with and get to know the nurse at your child's school. If you need guidance and documentation for an Individualized Education Program (IEP) or 504 Plan, ask for your pediatrician's help accessing services at school.
8. Follow the rules. Be sure you know what your school's requirements are for when your child will be absent or late. If you are supposed to call, email, or provide a doctor's note after a certain number of days out, then do it. If we want our children to follow rules, we must lead by example.

Source: www.healthychildren.org

RESOURCES

STATE

Nebraska Every Day Counts! - www.education.ne.gov/csds/chronic-absenteeism

United Way of the Midlands Education & School Attendance - www.unitedwaymidlands.org/investment/education

NATIONAL

AttendanceWorks - www.attendanceworks.org

Healthy Schools Campaign - healthyschoolscampaign.org/issues/chronic-absenteeism

This resource guide was developed by Children's Hospital & Medical Center as a compliment to the Project ECHO School Health series on Social Determinants of Health, Session 2: Understanding the Complexities of SDOH on Chronic Absenteeism, presented by Kathy Brandt and Lane Carr, on January 27, 2021. Additional resources can be found here: www.childrensomaha.org/projectecho

CHAPTER 3

THE IMPACT OF RACE & ETHNICITY IN SCHOOL

We are living day-by-day in a system and with policies that perpetuate disparities. Marginalized people are less likely to be the beneficiaries of the services needed. This disproportionality can be addressed by looking at key concepts through the equity lens: Access & Opportunity; Pursuing Diversity; Building Efficacy (be ourselves and still connect); Social Responsibility = Equitable Outcomes.

The educational system was initially created to teach white males and was built around a less diverse population. Today, our population is getting more and more diverse, and some students carry a legacy of historical injustices and beliefs. They also carry many other issues related to SDOH.

The culture of American society often operates in a system of established socialization patterns that lead to social injustice such as:

- Inequity among races leading to some populations having greater access to opportunities and resources
- There is a disproportionate representation of health concerns among races
- Access to community resources varies by location – such as school based health centers

DEFINITIONS

Equality: uniform access and using the same methods and tools for everyone; fairness; equal access

Equity: allows all students to have equal opportunities by addressing barriers and providing specialized resources and tools to those who need them

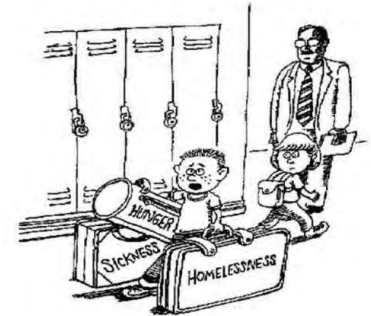
DATA

Percentage of children eligible for free or reduced price school meals by race/ethnicity (2018/19)

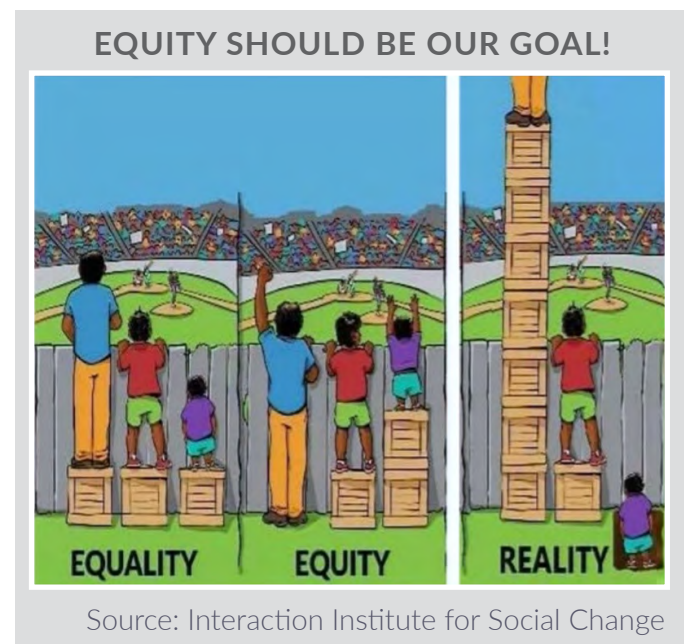


Source: 2020 Kids Count Report

“Could someone help me with these? I’m late for math class.”

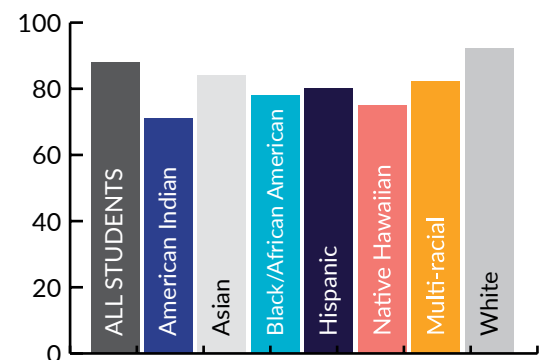


By Scott Spencer



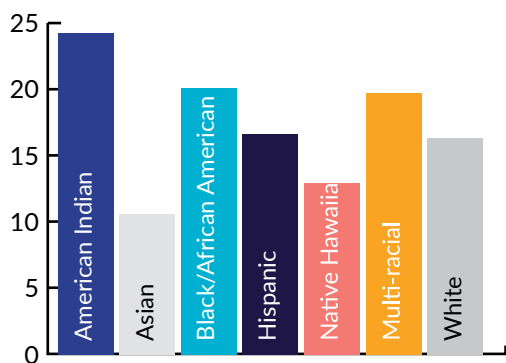
Source: Interaction Institute for Social Change

4-year cohort graduation rate (2018/19)



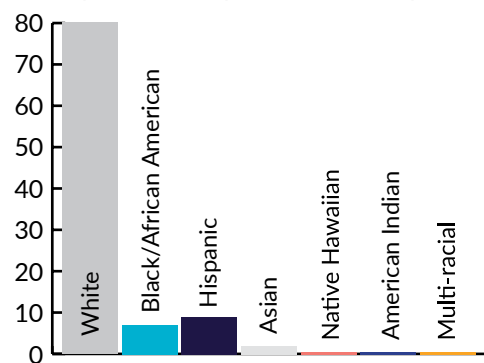
Source: 2020 Kids Count Report

Special education classification (2018/19)



Source: 2020 Kids Count Report

Percentage of teachers in public elementary and secondary schools by race/ethnicity (2015/16)



Source: National Center for Education Statistics, 2018

HEALTH OFFICE CONSIDERATIONS

Help eliminate racism to optimize student health and learning by doing the following:

- Cultivate change in schools and school systems
- Review and address racism in bullying and violence policies
- Advocate for system changes that celebrate diversity, equity, and inclusion
- Engage school staff in yearly education on cultural diversity, discrimination and racism
- Encourage leadership to hire and retain staff with diverse backgrounds
- Provide evidence-based curriculum that teaches students and families how to recognize implicit bias and address racism
- Promote empathy by actively listening to lived experience of racism as told by students, families, colleagues, and community members
- Improve student and teacher interactions to increase students' sense of belonging and connectedness
- Celebrate Black History Month (Feb); Native American Heritage Month (Nov); and Hispanic History Month (9/15 – 10/15)
 - And don't stop celebrating all year long!

RESOURCES

STATE

Nebraska Department of Education, Equity - www.education.ne.gov/commissioner/equity

NATIONAL

Alliance for a Healthier Generation - www.healthiergeneration.org/our-work/business-sector-engagement/improving-access-to-address-health-equity

WeRNative - www.wernative.org

This resource guide was developed as a compliment to the Project ECHO School Health series on Social Determinants of Health, Session 3: Race and Ethnicity's Impact in the School Setting, presented by Dr. Zainab Rida, Barry Thomas and Echohawk Lefthand, on February 10, 2021. Additional resources can be found here: www.childrensomaha.org/projectecho

CHAPTER 4

LANGUAGE & CULTURAL CONSIDERATIONS

The United States is touched by every part of the world. As the phrase on our monetary coins states, “e-pluribus unum” (out of many, one), there are many cultures and ethnicities that enrich the population and culture of our country. With this uniqueness comes various languages and dialect which can greatly hinder communication and the ability to socialize and adapt into a society.

People come to the United States for a variety of reasons, and some are here legally while others do not have government permission to live and work in the country. Schools are responsible to educate children regardless of their citizenship, and with that comes the responsibility to meet the language needs of students and families.

Some students in school face a variety of challenges such as their citizenship status and a lack of English language skills. Many school staff do not have a second language skill which can add to difficulties for students trying to acclimate into a school setting. Because children are legally obligated to be in school, it is imperative for schools to find ways to communicate with and make students feel welcome.

DEFINITIONS

Immigrant: a person who comes to live permanently from another country with permission from the government

Undocumented Immigrant: a person who comes into the country without permission and are not authorized to work or receive benefits

Legal Permanent Resident: those who have a “green card”; someone who has been granted authorization to live and work in the United States on a permanent basis usually sponsored by a family member or employer

Refugee: a person who fled war, violence, conflict or persecution and crossed an international border to find safety in another country; have permission to be in the country

English Language Learner (ELL): students who are unable to communicate fluently or learn effectively in English, who often come from non-English-speaking homes and backgrounds, and who typically require specialized or modified instruction in both the English language and in their academic courses

DATA

Nebraska has 22,000 English language learners in grades K-12 speaking over 110 languages. Source: NDE, 2021

7.2% of Nebraskans are foreign born. Source: US Census Bureau, 2020

IMMIGRANTS

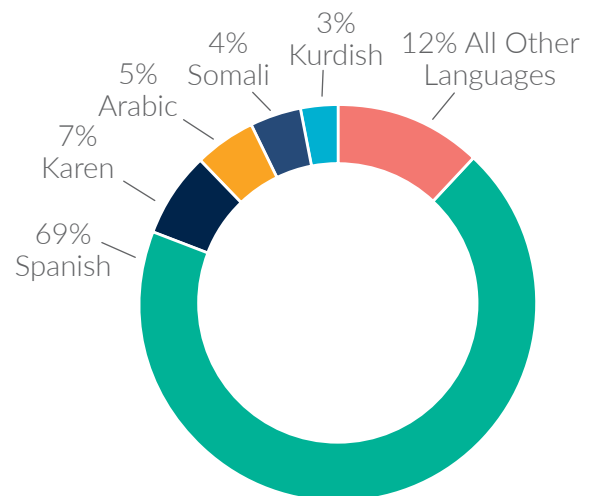
60,000 undocumented immigrants comprised 41% of the immigrant population and 3% of the total state population in 2016.

In 2018, 138,953 immigrants (foreign-born individuals) comprised 7% of the population.

In 2018, 129,838 people in Nebraska (7% of the state’s population) were native-born Americans who had at least one immigrant parent.

Source: American Immigration Council, 2020

LANGUAGES SPOKEN BY ENGLISH LEARNERS IN NEBRASKA



Source: Modified from Nebraska Department of Education, 2020

REFUGEES

Nebraska had the nation's highest per capita refugee resettlement rate in the fiscal year 2016.

From January 2010 to January 2019, the state resettled 8,425 refugees. Over that time span, the top countries of origin for Nebraska-based refugees were Burma/ Myanmar (3,755), Bhutan (1,610), and Iraq (1,323).

REFUGEE RESETTLEMENT IS COMPARATIVELY HIGH IN NEBRASKA

	Refugee Resettlement (2016)	Refugee Resettlement (2019)	Refugees Settled Per 100,000 Persons
Nebraska	1,782	445	94
United States	84,989	25,782	30

Source: ireports.wrapsnet.org

HEALTH OFFICE CONSIDERATIONS

WORKING WITH ELL STUDENTS AND FAMILIES

- Be aware some students are not educated on things many Americans take for granted (e.g. where their stomach is in the body)
- Body language is not universal so be aware of your nonverbal expressions
- When using an interpreter, speak to the student or parent, not the interpreter
- Do not speak slower or louder when someone speaks another language; talk in your normal voice
- Remember a lack of knowledge of the American culture does not equate to a lack of intelligence or common sense

RESOURCES

LOCAL

Local health departments - dhhs.ne.gov/Pages/Local-Health-Departments.aspx

STATE

DHHS Office of Minority Health & Health Equity dhhs.ne.gov/Pages/Health-Disparities-and-Equity.aspx

Omaha Refugee Task Force - www.omaharefugees.com

DHHS Refugee Resettlement - dhhs.ne.gov/Pages/Refugee-Resettlement.aspx

NATIONAL

HHS Office of Minority Health - www.minorityhealth.hhs.gov

Bridging Refugee Youth & Children's Services - brycs.org

Cultural Orientation Resource Center - www.culturalorientation.net

This resource guide was developed as a compliment to the Project ECHO School Health series on Social Determinants of Health, Session 4, The Effects of Language and Cultural Barriers in the Classroom, presented by Dr. Zainab Rida, Alana Schriver and Oscar Rios Pohirieth, on February 24, 2021. Additional resources can be found here: www.childrensomaha.org/projectecho

CHAPTER 5

CHALLENGES WITH HOUSING & TRANSPORTATION

Housing and transportation are critical SDOH which can greatly affect the health and wellbeing of children and families. Insufficient housing and lack of access to transportation can greatly affect a student’s ability to maintain physical and mental health and can lead to poor academic success.

Low income families may be more susceptible to living in substandard housing which can damage health. Homes can be under insulated, lack air conditioners, have increased heating and cooling costs, and contain mold which all lead to poor health outcomes.

Transportation can affect access to a variety of services including healthcare, social services, employment, and educational access.

- Americans view social needs, such as housing and transportation, as equally important to their health as medical care.
- The vast majority of Americans want their medical providers to ask about social needs.
- Those experiencing unmet social needs were twice as likely to rate their health as fair or poor compared to those who did not.
- Social needs are predictors of physical and mental health.

Source: National Center for Mobility Management, n.d.

DEFINITIONS

Affordable Housing: No more than 30% of total household income per HUD

Real Cost of Living: Includes increased transportation costs because Nebraskans often live and work far apart from each other causing increased expenses

Housing Quality: Looking at more than just the building structure, it includes air quality, home safety, space per individual, and the presence of mold, asbestos, or lead

DATA

- For the >100,000 calls to 211 in 2020:
 - 33% housing
 - 27% utilities
 - 9% health care
 - 8% food/meals
- Housing is often the largest expense for families
- 10 million Americans are behind on their rent

Source: Nebraska 211, 2020



- Children living in households with a high housing cost burden (more than 30% of income to housing costs) (2019): 93,000 – 20%
- Children in low-income households with a high housing cost burden (2019): 77,000 – 49%
- Households with children that are not caught up on rent or mortgage and are very or extremely likely to have to leave this home due to eviction or foreclosure in the next 2 months (March 2021): 27%

Source: Kids Count Data Center

- To afford a \$930 two bedroom apartment, one needs to make a minimum of \$18/hr
- 47% renters are burdened by the cost of housing
- 40% of Nebraska residents do not have \$400 in savings to cover emergency expenses
- 1:10 people of color do not have a car compared to 1:20 for whites

Source: Nebraska Appleseed, 2021

HEALTH OFFICE CONSIDERATIONS

While school nurses may have a difficult time assisting families with housing and transportation needs, consider the following:

- Utilize care coordination and express concerns to the student's primary care provider
- Provide families with a list of local and state resources
- Work with other school staff for ideas and resources
- Show empathy and utilize excellent listening skills

RESOURCES

LOCAL

Help Me Grow (Lancaster County) - helpmegrownebraska.org

Rental and Mortgage Assistance through 211 - www.unitedwaymidlands.org/2-1-1

STATE

211 Nebraska - www.ne211.org

Nebraska Appleseed - neappleseed.org

Fair Housing Center - www.fhasinc.org/fair-housing-center.html

Legal Aid of Nebraska - www.legalaidofnebraska.org/how-we-help/resources/covid-19-coronavirus/housingcorona/utilities

Unite Nebraska - nebraska.uniteus.com

Housing.ne.gov - housing.ne.gov

HUD: Nebraska - www.hud.gov/states/nebraska/offices#:~:text=the%20answer%20online-,Email%20us,Not%20available%20in%20all%20areas

Medicaid – non-emergency transportation dhhs.ne.gov/Documents/NEMT%20Member%20Contacts.pdf

This resource guide was developed as a compliment to the Project ECHO School Health series on Social Determinants of Health, Session 5: Housing and Transportation Challenges for Today's Youth, presented by Lindsay Paulsen and Jeff Spiehs, on March 17, 2021. Additional resources can be found here: www.childrensomaha.org/projectecho

CHAPTER 6

UNPACKING FOOD INSECURITY

Many children do not know when they will eat their next meal or where it will come from. Some go without food on a daily basis, especially when school is not in session and without access to school breakfast and lunch. The physical and mental stress of not having enough food can greatly affect a student's ability to concentrate and focus in school. It can also affect a child's physical health and ability to learn, leading to decreased academic success.

Children may not understand or connect their physical ailments with a lack of food access and intake. Signs of hunger can include stomach growling or pain, low energy, shakiness, headaches and problems focusing.

DEFINITIONS:

Food Insecurity: not having enough food at all times to live a healthy, active lifestyle

Food Bank: the storehouse for millions of pounds of food and other products that go out to the community; provides emergent resources; accepts donations from local organizations/businesses

Food Pantry: a self-governing distribution center that usually provides food to their clients on a once-a-month basis

DATA



1 in 9 Nebraska households do not know where their next meal will come from



16.7% of Nebraska children are food insecure



The more kids there are in a home, the greater the chance of being food insecure

Source: Kids Count in Nebraska Report, 2020



84% of households served by Feeding America buy the cheapest food possible – instead of healthy food – to provide enough to eat



12.3% of all people are food insecure

Children Facing Hunger May Struggle in School – and Beyond. They are More Likely to:



Repeat a grade in elementary school



Experience developmental impairments in areas like language and motor skills



Have more social and behavioral problems

Source: Feeding America

HEALTH OFFICE CONSIDERATIONS

It is common to see students at the beginning of the day with signs and symptoms of hunger. Consider the following interventions to assist:

- Advocate for an all-student inclusive breakfast program in your school – preferably in-classroom breakfast
- Consider grab and go breakfast from the health office and the utilization of a school's fresh fruit and vegetable program (offered to schools with high needs) to address food insecurity
- Work with the food services manager and leadership to have healthy food choices in the health office for students who are hungry
- Educate yourself on the signs and symptoms of hunger which may include behavioral issues such as irritability, difficulty concentrating, over eating at meal times, or hoarding food
 - Headaches and stomach aches are also common, and students often do not recognize these symptoms as being directly related to a lack of food
- Keep a list of local and state resources for families who need food assistance
- Advocate for your school to partner with a community organization, local church or sister school to host a food drive (the sister school is typically a school from an upper income neighborhood in the same or near-by city)

RESOURCES:

LOCAL

Local health departments - dhhs.ne.gov/Pages/Local-Health-Departments.aspx

Local food pantries - foodbankheartland.org/get-food/find-food-locations-now

Food Bank of Lincoln - www.lincolnfoodbank.org

STATE

Food Bank of the Heartland - foodbankheartland.org

SNAP Outreach - dhhs.ne.gov/Pages/SNAP.aspx or 1-855-444-5556

Nebraska Department of Education Nutrition Services

• School Lunch and Breakfast Program - www.education.ne.gov/ns/nslp

• Summer Feeding Program - www.education.ne.gov/ns/sfsp

Nebraska Appleseed - neappleseed.org/covid19resources

NATIONAL

Feeding America - www.feedingamerica.org

This resource guide was developed as a compliment to the Project ECHO School Health series on Social Determinants of Health, Session 6: Unpacking Food Insecurity for Students and Families, presented by Eric Savaiano, Shelly Mann and Kayte Partch, on March 31, 2021. Additional resources can be found here: www.childrensomaha.org/projectecho

CHAPTER 7

VIOLENCE, CHILD ABUSE & NEGLECT

Child maltreatment is a very complex and sensitive issue, and it remains a big concern in schools across the nation. While there are many terms used to describe child maltreatment, it encompasses all types of physical and emotional ill-treatment, sexual abuse, neglect, negligence, and exploitation that can result in actual or potential harm to a child.

Children who experience maltreatment are at a higher risk for poor academic outcomes. Additionally, those who experience neglect are at greater risk of lower academic success than children who are physically abused. Maltreatment also leads to poor social skills and behavioral challenges in the classroom which can then lead to lifelong negative psychosocial and economic consequences.

School nurses play a vital role in the recognition of the signs and symptoms of child maltreatment including assessment, identification, intervention, reporting, referral, and follow-up for children in need. School nurses also have the opportunity to build supportive and trusting relationships with students which can aid in the identification of maltreatment and assist with gaining necessary help and services.



In Nebraska, everyone is a mandatory reporter. This includes physicians, medical institutions, nurses, school employees, social workers or any other person who has reasonable cause to believe that a child has been subjected to abuse or neglect is required by law to make a report to the CPS Hotline and/or Law Enforcement (Nebraska Revised Statute 28-711). Reporting is based on reasonable cause, not proof. School staff are not expected to investigate, just have concern.

NEBRASKA LAW (28-707) SPECIFICALLY STATES:

A person commits child abuse if he or she knowingly, intentionally, or negligently causes or permits a minor child to be:

- a. Placed in a situation that endangers his or her life or physical or mental health;
- b. Cruelly confined or cruelly punished;
- c. Deprived of necessary food, clothing, shelter, or care;
- d. Placed in a situation to be sexually exploited through sex trafficking of a minor as defined in section 28-830 or by allowing, encouraging, or forcing such minor child to engage in debauchery, public indecency, or obscene or pornographic photography, films, or depictions;
- e. Placed in a situation to be sexually abused as defined in section 28-319, 28-319.01, or 28-320.01; or
- f. Placed in a situation to be a trafficking victim as defined in section 28-830.

DEFINITIONS

Physical Abuse: intentional use of physical force against a child that has resulted in or has the potential to result in physical injury

Sexual Abuse: any type of completed or attempted sexual act, sexual contact, or exploitation of a child by adult

Psychological Abuse: intentional behavior from a caregiver that conveys to a child he/she is worthless, flawed, unloved, unwanted, endangered or valued only in meeting another person's needs

Neglect: the failure to provide for a child's basic physical, emotional, or educational needs or to protect child from harm or potential harm

Failure to Provide: failure by a caregiver to meet the child's basic physical, emotional, medical/dental, and/or educational needs

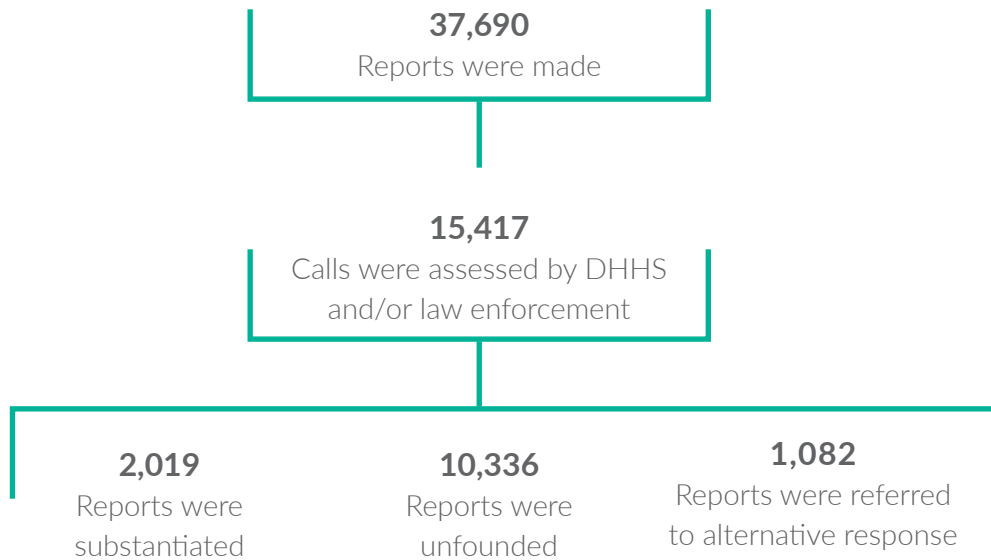
Failure to Supervise: failure by the caregiver to ensure a child’s safety within and outside the home with consideration to the child’s emotional and developmental needs

Sex Trafficking (another form of child maltreatment): the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act

Source: NASN, June 2018

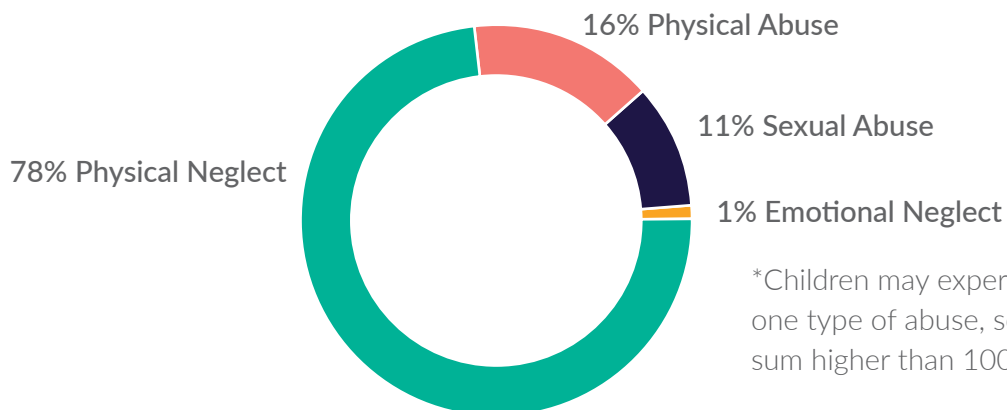
DATA

37,690 REPORTS OF ALLEGED MALTREATMENT WERE MADE TO THE CHILD ABUSE AND NEGLECT HOTLINE IN 2019:



Source: Kids Count Nebraska, 2020

THERE WERE 3,503 CASES OF SUBSTANTIATED MALTREATMENT IN NEBRASKA IN 2019:



Source: Kids Count Nebraska, 2020

When children enter Nebraska child welfare system, there are multiple ways for them to receive services and ensure child safety and reduce trauma.

CHILD WELFARE SYSTEM ENTRIES IN 2019:

- 3,006 children entered without court oversight and remained in their homes
- 460 children entered with court oversight and remained in their homes
- 1,693 children entered with court oversight and were removed from their homes
- 1,278 families received Alternative Response services

Source: Kids Count Nebraska, 2020

HEALTH OFFICE CONSIDERATIONS

Remember you are a mandatory reporter!

- Know local laws, regulations, policies, and procedures for reporting child maltreatment
- Know the signs and potential indicators of child maltreatment including sexual exploitation
- Provide clear nursing documentation that includes questions asked and answers given and use a body diagram when appropriate for suspected child maltreatment and sexual exploitation
- Provide students with personal body safety education and advocate for school health education policies that include personal body safety
- Educate and support staff regarding the signs and symptoms of child maltreatment
- Identify students with frequent somatic complaints which may be indicators of maltreatment
- Provide support to victims of child maltreatment
- Facilitate the linkage of victims and families to community resources, including a medical home (American Academy of Pediatrics, 2016)
- Collaborate with community organizations to raise awareness and reduce the incidence of child abuse and neglect

Source: NASN, June 2018

Watch for physical or behavioral signs that a child may be abused or neglected:

- Inability to gain weight (especially in infants)
- Bedwetting in a child who has already been potty-trained
- Pain or bleeding
- Poor performance in school
- Unexplained injuries (burns, cuts, fractures, bruises, abdominal or head injuries)
- Attempts to run away from home
- Sudden, dramatic weight loss
- Withdraws from social settings
- Big appetite and stealing food
- Scared of adults, parents, or going home
- Lacks hygiene or weather-appropriate clothing
- Fear, anxiety, depression, or nightmares

Source: Children's Hospital & Medical Center, 2021

Note: The “signs” of abuse are not diagnoses, and there may be other reasons why a child has these signs.

RESOURCES

Do You Have Concerns About A Child Being Maltreated?
Call the Child Abuse & Neglect Hotline at 1-800-652-1999
or email DHHS.ChildrenandFamilyServices@nebraska.gov

LOCAL

- 911 or local police/sheriff office
- Local health departments - dhhs.ne.gov/Pages/Local-Health-Departments.aspx

STATE

- Nebraska Alliance of Child Advocacy Centers: www.nebraskacacs.com
- Children's Advocacy Team - www.childrenomaha.org/department/childrens-advocacy-team
- Prevent Child Abuse Nebraska - www.nebraskachildren.org/what-we-do/prevent-child-abuse-nebraska
- Child Protective Services - dhhs.ne.gov/Pages/Child-Abuse.aspx
- Project Harmony Training Institute - projectharmony.com/training

NATIONAL

- American Academy of Pediatrics, HealthyChildren.org: www.healthychildren.org/English/safety-prevention/at-home/Pages/What-to-Know-about-Child-Abuse.aspx
- ChildHelp National Child Abuse Hotline - www.childhelp.org

This resource guide was developed as a compliment to the Project ECHO School Health series on Social Determinants of Health, Session 7: Utilizing Discernment Around Violence, Child Abuse & Neglect, presented by Dr. Suzanne Haney, on April 14, 2021. Additional resources can be found here: www.childrenomaha.org/projectecho

CHAPTER 8

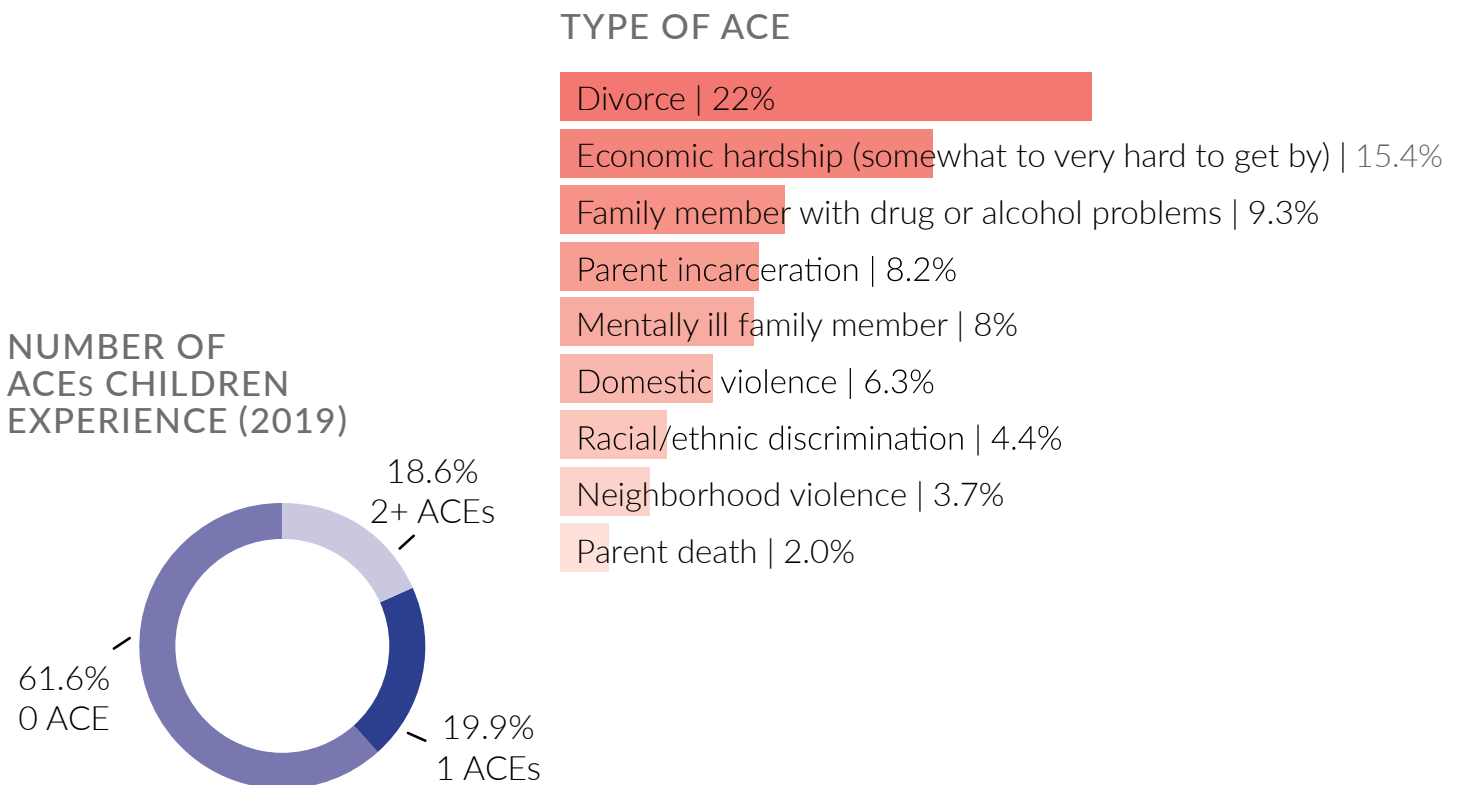
ADDRESSING SDOH AS A CHILD HEALTH ADVOCATE

While it is not likely the impact of SDOH will diminish any time soon, school nurses can greatly affect a child's ability to thrive even in difficult circumstances. Advocacy is a critical role for school nurses and is done in school health offices every day.

Child advocacy is a learned skill and includes the ability to build relationships, develop effective communication, show kindness, be inclusive, support parent participation, and build trust. Advocacy also includes the ability to network and find resources to help students and families meet their needs. Whether advocating for treatment of a health condition or clothing needs for a student, school nurses have a unique ability to address SDOH.

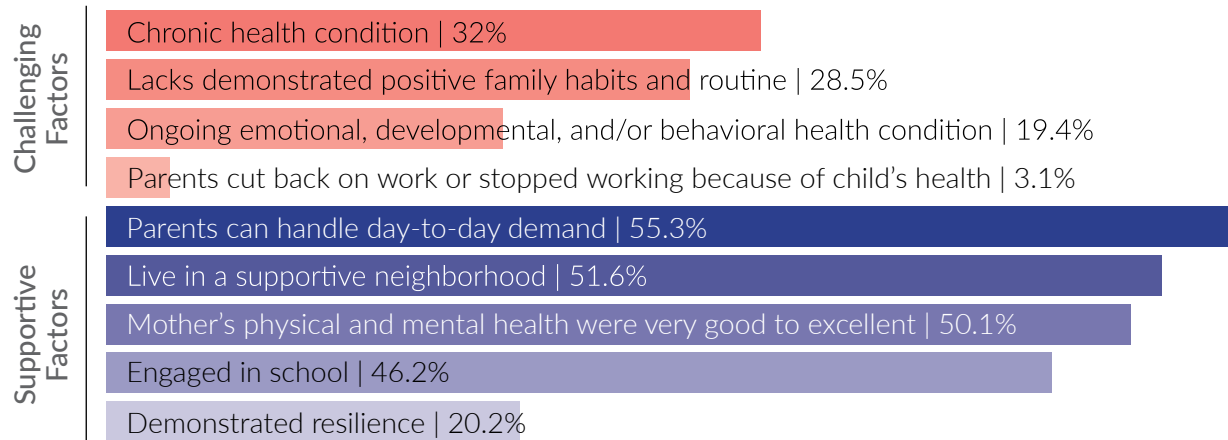
DATA

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. Experiencing multiple ACEs results in the compounding effects, and there is growing evidence that it is the general experience of multiple ACEs, rather than the specific individual impact of any one experience that matters. The experience of ACEs extends beyond the child and can cause consequences for the whole family and community.



Source: National Survey of Children's Health, 2019

AMONG CHILDREN WITH ONE OR MORE ACE, THE FOLLOWING WERE DISPLAYED



Source: National Survey of Children's Health, 2019

HEALTH OFFICE CONSIDERATIONS

Good rules to follow to ensure the students who come into your health office are getting the best support possible:

- Communicate with the student and ask questions
- Recognize students act differently at home and school
- Maximize parent teacher conference time and try to meet with parents of the students you are concerned about
- Do not delay getting support for the student
- Monitor the student's moods to watch for psychiatric and learning disorders

Source: Child Mind Institute, n.d.

When giving advice or recommendations to parents and families, remember:

- They can "take it or leave it"
- Remind them you are there to help
- Encourage adults without looking down on them or making them feel less-than
- Keep in mind – you do not always know the circumstances occurring in a student's household. Kindness and compassion for the family go a long way!

When working with students and families, consider these statement that can lessen the impact of trauma:

- "You are worthwhile and wanted"
- "You are safe"
- "You are capable"
- "I am available and won't reject you"
- "I am responsive and won't hurt you"
- "I will protect you from danger"
- "I will listen and understand"

When working with families, it is important to know that the top three reasons parent do not become more involved in school activities include:

1. Lack of time
2. Childcare needs
3. School staff seem so busy
4. Fear that their child will be viewed differently (negative perceptions of school staff)

RESOURCES

STATE

Nebraska Department of Education (NDE) resources:

- Whole School, Whole Community, Whole Child (WSCC) Model: www.education.ne.gov/csss/whole-school-whole-community-whole-child
- Family & Community Engagement: www.education.ne.gov/family
- 21st Century Community Learning Centers: www.education.ne.gov/21stcclc

PTI Nebraska (Parent Training and Information): pti-nebraska.org/state-and-local-organizations

Nebraska School Nurses Association (NSNA): nebraskaschoolnurses.nursingnetwork.com

NATIONAL

National School Nurse Association: www.nasn.org

Attendance Works: www.attendanceworks.org

This resource guide was developed as a compliment to the Project ECHO School Health series on Social Determinants of Health, Session 8: Addressing SDOH as a Child Health Advocate, presented by Paul Kraus and Kim Larson, on April 28, 2021. Additional resources can be found here: www.childrensomaha.org/projectecho

