

# Building Strong Children

## Why We Need Nurses in Schools



BY ERIN D. MAUGHAN

**T**he number of students with chronic and complex health conditions significantly affects a teacher's ability to teach and meet the needs of the whole child—especially combined with the impact of societal issues such as poverty, violence, and the growing population of families who speak a language other than English at home. Education in America is free, but healthcare is not. This fact presents a unique divide among schools and even within classrooms, where some students have parents who have good healthcare coverage and seek medical attention regularly, while others come from families who are limited to emergency room visits for chronic illnesses or only see a healthcare professional in life-threatening situations.

*Erin D. Maughan is the director of research for the National Association of School Nurses. Previously, she was an associate professor in the College of Nursing at Brigham Young University. A former school nurse, she has also worked as a school nurse consultant for the Utah Department of Health.*

School nurses can help bridge this divide. Often, they are the only healthcare professional that students see regularly. So when a class includes Paul (who has missed multiple days of school, seems distracted when he does attend, and often has a deep, penetrating cough), Keisha (who stays in her seat during class but always seems drowsy), Aidan (whose disruptive behavior makes instruction difficult), and Anni (who is struggling to learn English), the school nurse should be one of the first resources their teacher turns to.

Unfortunately, not every school has a nurse. Only about 50 percent of schools have a full-time registered nurse for at least 30 hours per week, and 18 percent do not have a nurse at all.<sup>1</sup>

While the National Association of School Nurses (NASN) recommends that every student have access to a school nurse every day, the presence of a nurse in school depends on state nurse practice acts and regulations. NASN recommends that the severity of a student population's health needs should factor into how many school nurses should staff a school. Home and family factors, such as poverty and home languages other than English,

should also factor into determining adequate nurse staffing.<sup>2</sup>

Currently, more than 61,000 school nurses work in K–12 schools.<sup>3</sup> According to the National Center for Education Statistics, there are 52 million students in our nation’s public schools. Studies indicate that as many as 27 percent of American children have chronic health conditions (such as asthma, diabetes, severe food allergies, and seizure disorders), which school nurses are trained to help manage.<sup>4</sup>

With so many students in need of medical care in school—whether that care is related to a chronic illness or an emergency situation—and so few nurses in schools to help them, policy-makers, educators, and the general public must understand all that school nurses do so they can advocate for having one in every public school.

### Meeting Students’ Needs

It would seem that teacher preparation programs would be the perfect place for educators to learn how school nurses enable teachers to focus on instruction. Yet few education courses cover what, exactly, school nurses do.

A skilled school nurse can be a lifesaver (both literally and figuratively) for teachers. School nurses have medical training to deal with the physical and mental illnesses of students as well as the entire school population. To help ensure school nurses have the skills needed to address current health concerns, NASN recommends that a school nurse have a minimum of a bachelor’s degree in nursing as well as a registered nurse (RN) license. A bachelor’s program in nursing covers the leadership skills of community and public health nursing, whereas shorter programs, such as associate degree RN programs or licensed practical/vocational nurse (LPN/LVN) programs, may mention these areas but do not emphasize them. Such skills are critical for school nurses to obtain so they can meet their students’ complex health needs. It may be appropriate for aides and LPNs/LVNs to perform certain healthcare-related tasks, but only when an RN is providing proper oversight.

Of course, school nurses’ primary purpose is to keep students healthy and safe so they are ready to learn. School nurses do this in several different ways. These include working with students to manage chronic health conditions (e.g., observing them use an inhaler during an asthma attack or helping them check their blood sugar), identifying students who might have an undiagnosed health condition that is impeding their well-being and

ability to learn, and reinforcing current medical and legislative policies that affect student health (e.g., allowing students to carry their inhalers and including a school nurse on appropriate individualized student educational team meetings).

School nurses make sure students know how to manage their conditions by taking their medication or adhering to other treatments. Technological innovations and medical advancements happen quickly, and school nurses work hard to stay up to date. In so doing, they act as the bridge between the school and a student’s healthcare provider to ensure a student’s needs are met.

Some children who have complex medical issues require treatments ranging from catheters to gastrointestinal tubes. School nurses work with teachers and other school staff so that everyone on the educational team understands how best to support students’ needs. They also work hard to connect families struggling with poverty or serious health issues to community resources such as health insurance, food pantries, language assistance programs, and transportation services, as well as offsite healthcare providers.

As a school nurse for several years, I found home and family factors underlying many children’s health concerns. For example, learning that a student did not have electricity and heat at home helped me understand his poor health and helped his teachers understand his academic struggles. By connecting his family to social service agencies in the community, progress was made in helping the student feel well enough to focus on learning. As is so often the case, school nurses do more than hand out Band-Aids and ice packs and check for lice!

School nurses spend much of their time ensuring that all students in the school are ready to learn, and they help to identify those who may be at risk of not progressing academically. To that end, school nurses conduct vision and hearing screenings and follow up with families to ensure students receive eyeglasses or other treatments. If a family member or a teacher is concerned about a student, a school nurse can provide individual screenings and follow-up as well.

In addition, discussions about a student with the school nurse might result in some suggestions that a non-medically trained professional might not provide. For instance, if a student is frequently asking to use the toilet and has shown recent weight loss, a school nurse might suggest that the student see a healthcare provider, as these can be signs of diabetes.

Only about 50 percent of public schools have a full-time registered nurse for at least 30 hours per week, and 18 percent do not have a nurse at all.



School nurses also serve as health leaders in a school by ensuring that current, evidence-based practices are in place so that the school environment supports students—for example, eliminating environmental asthma triggers such as idling cars or buses near school buildings and playing fields to ensure students with asthma can participate in physical activity.\*

School nurses can provide general evidence-based health education, specific trainings, or health promotion activities for students and school staff on a variety of topics. For example, school nurses may train school staff on what to do in a medical emergency or provide outreach to parents when there is an increase in a specific illness among students, to help minimize its further spread.

Monitoring the health of a school community by collecting data is another key practice of school nursing. It was actually a school nurse who identified the first case of H1N1 (swine flu), whose spread reached pandemic proportions in 2009,<sup>5</sup> and school nurses have identified measles, pertussis, tuberculosis, and other communicable disease outbreaks in their school communities by virtue of tracking symptoms and immunity. Electronic school health records facilitate their ability to analyze data quickly,<sup>6</sup> and to work with local health departments to stop outbreaks and prevent them in the future through improved prevention methods.

School nurses also provide valuable information to school leaders regarding major concerns that can affect a student's ability to attend school and learn. Unlike the administrators or staff who take the calls reporting a student's absence, school nurses have an overarching view of the school community's physical health and can address the underlying physical, social, and mental health causes of absenteeism.

## A Return on Investment

I loved being a school nurse, but, covering multiple schools, I often felt stretched thin. After seeing the overwhelming health needs students had, I decided to earn a doctoral degree in nursing, hoping to make a greater impact. I soon realized there was a dearth of research on the positive impact of school nurses, so

I focused on marshalling the evidence to support the benefits of school nursing. However, measuring the effects of school nursing is complex because school nurses are part of a larger team. Also, the standard "random control trial" does not work well in many situations; we do not want to withhold health interventions from students in the name of seeing what works.

This is not to say no evidence exists. Many researchers have shown that when school nurses intervene, they can help decrease rates of student absenteeism and early dismissals of students due to health concerns.<sup>7</sup> Often, student absences are related to unknown or poorly controlled chronic conditions that

school nurses can assess; then they can help students and their families better manage these conditions, leading to improved attendance.<sup>8</sup>

Research shows that school immunization rates are higher when a school nurse is present to follow up with parent concerns and help connect families to healthcare providers.<sup>9</sup> In addition, school nurses have been found to help students stop smoking, lose weight, avoid pregnancy, and improve their mental health, all factors that influence student learning.<sup>10</sup> Besides helping to keep students in school, school nurses may decrease a school's liability, as researchers have found that when school nurses provide medication to students, fewer medication errors occur.<sup>11</sup>

My current role as the director of research at NASN is to gather research on school nursing and ensure that school nurses follow evidence-based practices. One of my greatest pleasures is helping school nurses collect and use their school's data to illustrate the importance of what they do and how it affects student health.

Generally, people agree that having a school nurse is good for a school. Yet, in a time of tightening budgets and increased class sizes, districts often choose to disinvest in school nursing. But researchers have found that having a school nurse actually results in returns on the investment—not only in dollars saved but in time spent on instruction.

One study that investigated the amount of time principals and other staff focused on health concerns instead of instruction found that when there was a school nurse in the building, the principal saved nearly one hour and clerical staff about 46 minutes that they otherwise would have spent on student health. Teachers were also able to devote more time to instruction when a school nurse was present. Using these data, the study's authors

As a school nurse for several years, I found home and family factors underlying many children's health concerns.



\*For more on common environmental problems in the school setting, see "First, Do No Harm" in the Winter 2011–2012 issue of *American Educator*, available at [www.aft.org/ae/winter2011-2012/landrigan](http://www.aft.org/ae/winter2011-2012/landrigan).

calculated the savings per school to be \$133,174.89, which translates to a \$1.84 return on investment for every dollar invested.<sup>12</sup>

Another analysis, this one from school nurses in the Massachusetts Essential School Health Services program, found that for every dollar spent on school nurses, society gains \$2.20.<sup>13</sup> It is important to note that this analysis only measured program benefits as savings in the costs of medical procedures, parents' lost productivity (when they take their students out of school for treatment or come to school to give them medication), and teachers' lost productivity (when they have to deal with students' health issues instead of teaching). This study did not look at emergency room visits, hospitalizations, or 911 calls, nor did it factor in school nurses' prevention and promotion efforts to help individual students better manage their conditions and improve their health.

Return-on-investment studies that have focused on prevention often show higher returns on investment. For example, Trust for America's Health found that for every dollar spent to support community prevention programs that address smoking and promote exercise, \$5.60 would be saved after five years.<sup>14</sup> In Canada, every dollar spent on measles, mumps, and rubella immunizations saves \$16,<sup>15</sup> and every dollar spent on mental health and addictions saves \$7 in healthcare costs and \$30 in lost productivity and social costs.<sup>16</sup> Prevention and promotion efforts that focus on children save all of society millions of dollars but require an initial investment.

Given that education dollars always seem to be tight, school districts have found innovative funding streams for school nursing. Some school districts partner with local public health departments to share the cost of nurses, while others have partnered with local healthcare systems or community agencies.\* With the emphasis on decreasing hospital admissions and increasing hospital and community partnerships, hospitals have also become involved in funding or providing school nurses.

Although each state's Medicaid laws are different, school districts or other health entities employing school nurses can

bill Medicaid for reimbursement of particular procedures performed in schools. As a result, some school districts have been able to hire additional school nurses with these reimbursed funds.

**I**nvesting in school nurses helps students stay healthy and ensures they're ready to learn so they can graduate and become productive citizens. As Frederick Douglass once said, "It is easier to build strong children than to repair broken men." With nurses in schools, educators, families, and school nurses can work together to build strong children. □

## Having a school nurse actually results in returns on the investment—not only in dollars saved but in time spent on instruction.



### Endnotes

1. Centers for Disease Control and Prevention, *Results from the School Health Policies and Practices Study 2014* (Washington, DC: Department of Health and Human Services, 2015), 75.
2. National Association of School Nurses, *School Nurse Workload: Staffing for Safe Care* (Silver Spring, MD: National Association of School Nurses, 2015).
3. Health Resources and Services Administration, *The U.S. Nursing Workforce: Trends in Supply and Education* (Washington, DC: Department of Health and Human Services, 2013), 16.
4. Robert Wood Johnson Foundation, *Chronic Care: Making the Case for Ongoing Care* (Princeton, NJ: Robert Wood Johnson Foundation, 2010), 12.
5. "Swine-Origin Influenza A (H1N1) Virus Infections in a School—New York City, April 2009," *Morbidity and Mortality Weekly Report*, April 30, 2009.
6. National Association of School Nurses, *School Nurse Role in Electronic School Health Records* (Silver Spring, MD: National Association of School Nurses, 2014).
7. Nina Jean Hill and Marianne Hollis, "Teacher Time Spent on Student Health Issues and School Nurse Presence," *Journal of School Nursing* 28 (2012): 181–186; Nicole Pennington and Elizabeth Delaney, "The Number of Students Sent Home by School Nurses Compared to Unlicensed Personnel," *Journal of School Nursing* 24 (2008): 290–297; and Susan K. Telljohann, Joseph A. Dake, and James H. Price, "Effect of Full-Time versus Part-Time School Nurses on Attendance of Elementary Students with Asthma," *Journal of School Nursing* 20 (2004): 331–334.
8. Michelle L. Moricca, Merry A. Grasska, Marcia BMarthaler, et al., "School Asthma Screening and Case Management: Attendance and Learning Outcomes," *Journal of School Nursing* 29 (2013): 104–112.
9. Daniel A. Salmon, Lawrence H. Moulton, Saad B. Omer, et al., "Knowledge, Attitudes, and Beliefs of School Nurses and Personnel and Associations with Nonmedical Immunization Exemptions," *Pediatrics* 113, no. 6 (2004): e552–e559.
10. National Association of School Nurses, *Role of the School Nurse* (Silver Spring, MD: National Association of School Nurses, 2011).
11. "Fewer School Nurses Leads to Greater Medication Errors," *ConsumerMedSafety.org*, May 7, 2012, [www.consumermedsafety.org/medication-safety-articles/item/550-fewer-school-nurses-leads-to-greater-medication-errors](http://www.consumermedsafety.org/medication-safety-articles/item/550-fewer-school-nurses-leads-to-greater-medication-errors).
12. Mary J. Baisch, Sally P. Lundeen, and M. Kathleen Murphy, "Evidence-Based Research on the Value of School Nurses in an Urban School System," *Journal of School Health* 81 (2011): 74–80.
13. Li Yan Wang, Mary Vernon-Smiley, Mary Ann Gapsinski, et al., "Cost-Benefit Study of School Nursing Services," *JAMA Pediatrics* 168 (2014): 642–648.
14. Jeffrey Levi, Laura M. Segal, and Chrissie Juliano, *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities* (Washington, DC: Trust for America's Health, 2009).
15. Public Health Agency of Canada, *Canadian Immunization Guide, Part 1* (Ottawa: Public Health Agency of Canada, 2014), 7.
16. Ontario Ministry of Health and Long-Term Care, *Every Door Is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy; A Discussion Paper* (Toronto: Ministry of Health and Long-Term Care, 2009), 16.

\*School districts that have partnered with local health departments include Austin Independent School District, Akron Public Schools, Dayton Public Schools, and Provo City School District. For more on these partnerships, visit [www.bit.ly/1SMY53w](http://www.bit.ly/1SMY53w), [www.bit.ly/1JJftyl](http://www.bit.ly/1JJftyl), [www.bit.ly/1Tqh26C](http://www.bit.ly/1Tqh26C), and [www.bit.ly/1OSB72D](http://www.bit.ly/1OSB72D).

# School Nurses Make a Difference

BY SUSAN KITCHELL

While studying comparative literature in graduate school, I woke up one day and realized I needed to choose a career path. I made a list of various possibilities based on two criteria: I wanted to be able to support myself anywhere in the world, and I wanted to complete whatever studies the career required in a short amount of time. It may seem pretty odd based on my interest in literature, but I put nursing on the list. Having never been inside a hospital or around anyone seriously ill, I knew very little about nursing as a career choice, but it seemed to fulfill my criteria. In the end, it was the path I chose.

The next step was figuring out how to become a nurse. From watching TV, it seemed to me as though all nurses went through hospital-based training programs. But someone told me about a two-year bachelor of science in nursing program that had an expansion grant specifically targeting students like me with a bachelor's degree in another area. I applied and was accepted to the program at SUNY Downstate Medical Center in Brooklyn, New York, and I earned my initial nursing degree in 1976 (I now also hold a master's degree in nursing and am a pediatric nurse practitioner as well as a child and family clinical nurse specialist). Since then, I have enjoyed a 40-year-long (thus far!) career that I have never regretted for a moment.

My first nursing position was at Roosevelt Hospital in New York City. I specialized in pediatrics and pediatric critical care for more than 20 years before finding myself as a school-based healthcare provider. Throughout my career, I have met the goals I initially set for myself when I first made my list: I have worked in Peru, Mexico, Ecuador, Nepal, and Israel, as well as in New York, Massachusetts, New Jersey, and California.

When I became a mother in 1996, the middle-of-the-night phone calls from the hospital saying "You need to come in" became more of a challenge. I realized I needed a position where I could work daytime hours within my field of expertise and still have time to spend with my family. When I saw a posting for a school nurse

position in the San Francisco Unified School District (SFUSD), I applied.

Since January of 1997, I have been a school nurse. In SFUSD, I have worked at both the elementary and secondary levels, and, over the years, my assignments have varied greatly. There were years when I worked in one high school and two middle schools, and there was one year when I had a different site each day. Luckily, for the past five years, I have been at one secondary-

**Being at a single site has allowed me to develop ongoing and meaningful relationships and engage with the wider community.**

level site full time—the Galileo Academy of Science and Technology, a large urban high school with nearly 2,000 students.

As you can imagine, being spread thin with minimal time at multiple sites was pretty awful. It was difficult to build relationships with students and families and to connect with faculty and staff. Being at a single site has allowed me to develop ongoing and meaningful relationships and engage with the wider community.

Unfortunately, school nurses are not mandated in California schools, and not all SFUSD schools have nurses based on site. While nearly 40 nurses work in the district, SFUSD enrolls more than 57,000 students at more than 130 schools. Based on recommendations

from the U.S. Department of Health and Human Services, I should not be the only nurse at Galileo. The school should have two full-time nurses assigned, and another working with us a few times a week!

While some schools in SFUSD have a full-time nurse on a daily basis, the degree of need in every school is quite high. I fully believe in the American Federation of Teachers' position that every child should have access to a school nurse. I would also add that every child *deserves* a school nurse. In SFUSD, as in many school districts around the country, there is not a nurse in every school—and there should be.

## No Typical Day

Contractually, I work a seven-hour day, but, as with most of us in educational settings, my day extends beyond those hours. One of the things that I like best about working as a school nurse is that there is no "typical" day. While I may have standing meetings scheduled on given days or prescheduled student-focused meetings, I cannot plan for events that pull me from scheduled meetings or for situations that show up on my doorstep. I never know if there is going to be a major emergency or a situation where a student is in dire need of a trusted adult willing to listen to his or her concerns.

A big piece of my job is attending to the physical health of students. Some



*Susan Kitchell is the school nurse at the Galileo Academy of Science and Technology in the San Francisco Unified School District. A former hospital nurse, she has spent nearly 20 of her 40 years in nursing as a school nurse.*

students who come into my office do not have a primary care practitioner or have not seen a healthcare provider in years. If something is wrong with them, I have to discern what it might be and what additional services they may need, and then connect those students with those services. I follow students with chronic illnesses, such as those who have asthma, diabetes, epilepsy, or other disorders that may affect them (and their performance) at school. There are also the emergencies—the student who gets hurt on the field during gym, the student who slips on the stairs, the student who faints, and so on.

I also see many students with mental health challenges. Often, mental health issues will manifest physically, or students will claim a physical ailment in order to avoid the stigma they may feel around admitting a mental health concern. For many students, saying they have a headache or a stomachache is a safe way for them to leave class and come to the nurse's office. As we talk and issues surface, I may realize they are struggling with depression or anxiety or with difficulties at home. I then connect them with on-site services or refer them to outside providers.

I also deal with social ills plaguing many of our students. For example, I have worked with many students in unstable housing situations. Sometimes, they've been evicted from their homes and are living four or five in a room in a shelter with no privacy. These students sometimes come to my attention when they are referred by teachers because they appear disheveled or their personal hygiene needs are not being met. I may use my stethoscope to examine students, but I mostly rely on my assessment skills,

years of experience, and gut feelings to determine what kinds of help our students need.

I remember one student in particular who came from a home rife with domestic violence and drug abuse. He was in and out of foster care, and his school attendance was suffering. People at school were really worried about him. For school nurses, unfortunately, this is not an uncommon story. He was initially referred to me because of personal hygiene issues,

**My dream is for all high schools to become full community schools with full-scope services available not only to students but to their families as well.**

but our relationship expanded to include discussion of his dreams and aspirations as well as his life challenges. Over the course of his four years at school, I worked closely with him to ensure his physical and mental health didn't prevent him from achieving academic success. Not only did I watch him graduate on time, I worked with him to consider his life beyond high school. I encouraged him to attend college and

helped him make that dream a reality with enrollment at Tuskegee University. It meant the world to me when he invited me to his college graduation, and I was thrilled to be remembered as someone who influenced his life.

The most rewarding part

of my job (and, equally, the most challenging) is working with adolescents. I really enjoy connecting and communicating with them as they blossom into adulthood. They have insight. They have awareness. The great reward is to watch that process in "real time" while working one-on-one with them.

The real challenge is that they're still teenagers, constantly testing limits. They may hear what I have to say, but they don't always listen. Sometimes a student will confide in me, and, as I'm listening with my nonjudgmental face, as a mom, my brain is screaming, "You did *what?*" Sometimes, I'm the only adult that students trust. Sometimes, I'm the only adult who gives them the time of day. I consider it a privilege and an honor to work with them.

I am here for faculty and staff as well. I provide individual consultations on health issues they may be facing, including helping to monitor ongoing conditions such as elevated blood pressure. I answer questions on how to navigate healthcare systems as well as sometimes providing information related to the health of their own children. I also offer professional development opportunities and workshops on topics such as meeting the needs of bereaved children in school settings (for which the AFT provided training).\*

I'm especially proud of the success our district has enjoyed around reproductive health. In SFUSD, school nurses have played a major part in the decrease in the teen pregnancy rate.<sup>†</sup> The California legislature passed a law in 2003 requiring health education to be "comprehensive, medically accurate, and age- and culturally-appropriate." Our state law allows students 12 years and older to take charge of and responsibility for their reproductive health. To that end, school nurses in SFUSD are often involved in making certain that our students receive accurate information and rapid access to reproductive healthcare.

School nurses in our high schools are also part of the San Francisco Wellness Initiative, which is a partnership among SFUSD, the San Francisco Department of Public Health, and the San Francisco Department of Children, Youth and Their Families. This partnership allows for every

\*To read more about this AFT training, see <http://go.aft.org/AE116link1>.

<sup>†</sup> From 2003 to 2013, the teenage birth rate in San Francisco declined from 20.0 births per 1,000 girls aged 15–19 to 10.2 births per 1,000 girls aged 15–19, a 49 percent decrease (which is above the 41.1 percent decrease statewide for the period).



# Facts about School Nursing

- More than **61,000** registered nurses (RNs) work in K–12 schools across the United States.
- **82 percent** of K–12 schools have a school nurse, but many are part time or do not hold an RN license.
- Only **50.8 percent** of schools have a full-time RN for at least 30 hours per week.
- **51.1 percent** of schools meet the 1:750 ratio of nurses to regular education students recommended by the Healthy People 2020 initiative of the U.S. Department of Health and Human Services. The National Association of School Nurses recommends a ratio that accounts for physical, mental, and social health needs.
- As many as **27 percent** of public school students have chronic health conditions.

## For more information, visit:

- National Association of School Nurses: [www.nasn.org](http://www.nasn.org)
- AFT Nurses and Health Professionals: [www.aft.org/healthcare](http://www.aft.org/healthcare)
- Healthy People 2020: [www.healthypeople.gov](http://www.healthypeople.gov)

—EDITORS

SOURCES: HEALTH RESOURCES AND SERVICES ADMINISTRATION, *THE U.S. NURSING WORKFORCE: TRENDS IN SUPPLY AND EDUCATION*; CENTERS FOR DISEASE CONTROL AND PREVENTION, *RESULTS FROM THE SCHOOL HEALTH POLICIES AND PRACTICES STUDY 2014*; AND ROBERT WOOD JOHNSON FOUNDATION, *CHRONIC CARE: MAKING THE CASE FOR ONGOING CARE*.



high school to have on-site services to respond to the physical and mental health needs of students.<sup>‡</sup>

The role of the school nurse in our district is also affected by the receipt of grant funding. Depending on the grant, our roles are expanded or contracted. For example, thanks to a California Tobacco-Use Prevention Education grant, school nurses at the high school level are charged with providing tobacco-use prevention activities and services.

While the Wellness Initiative is a step in the right direction, my dream is for all high schools to become full community schools with full-scope services available not only to students but to their families as well. Fortunately, the city does run health clinics for teenagers throughout San Francisco, so I do refer students to those when they have health needs beyond what I can handle. One such clinic is located very close to our school, and students feel very comfortable going there.

## Union Support

I have strong relationships with faculty and staff throughout my school. I am Galileo's union building representative,

and I've served on the executive board of the United Educators of San Francisco (UESF) for the last 16 years and on the UESF bargaining team. I've been a union member my entire adult working life, both with nonnursing unions and nursing associations.

It was initially strange to learn that I was being represented by a local union mostly made up of teachers and paraprofessionals, and we had a few issues to work through over the course of my first several years in the district. Fortunately, union leadership was open to learning about the needs of nonclassroom personnel, and I was happy to learn about the needs and issues affecting my coworkers in the classroom.

In my time on the UESF executive board, I have worked to ensure that school nurses and other nonclassroom staff are recognized for the work we do and receive equal representation. Proudly, our UESF banner now reflects the wide variety of classifications among its members by stating that we are a union of school professionals.

My first encounter with the union came as a result of my initial placement on the salary scale. Even though I came to the school district with more than 20 years of nursing experience, I was initially placed at

the five-year experience level because, according to my then-supervisor, my work outside of schools did not count for much (despite the fact that it had always been with children and families). There were also workday issues, including how many hours we worked, how we worked, and whether the travel time between schools counted toward hours worked—among other basic nuts and bolts of health and welfare issues.

With the support of the UESF, a grievance was filed, and, in the end, 14 nurses had their salaries increased based on their previous nursing experience (regardless of where that experience occurred). Thanks to our union, my colleagues and I succeeded in having our prior experience recognized and rewarded.

The AFT, which is now the second-largest union of nurses in the country, has been a vocal supporter of the vital services school nurses provide. Within the AFT, school nurses belong to the Nurses and Health Professionals division, yet we have the unique position of straddling two worlds as we provide vital healthcare in public schools and, in so doing, directly support the AFT's educational mission. In the years to come, I hope every student in our country has access to a school nurse every day.

<sup>‡</sup>For more on the San Francisco Wellness Initiative, see [www.sfwellness.org](http://www.sfwellness.org).