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## Position Statement

National  
Association of  
School Nurses

### SUMMARY

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse) should work across sectors, professions, and disciplines to build a culture of health and improve student and community health outcomes by providing leadership, advocacy, care coordination, critical thinking, and mitigation of barriers to health.

### BACKGROUND

A healthy community as described by the U.S. Department of Health and Human Services (USDHHS) *Healthy People 2010* report is “one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential” (Centers for Disease Control and Prevention [CDC], 2014a, para. 1). The Healthy Communities concept began within the 19<sup>th</sup> century public health movement. In 1986 at a World Health Organization (WHO) conference in Toronto, the attendees drafted the Ottawa Charter called the “Constitution of Healthy Cities/Healthy Communities” (CDC, 2017). The concepts covered in this charter started a movement that still exists today. For example, one of the aims of the National Quality Strategy, which was required by the Patient Protection and Affordable Care Act (2010), is “to improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care” (USDHHS/ Agency for Healthcare Research and Quality, 2013, para. 4).

The Healthy Communities Movement continues to envision a community that provides basic sanitation and hygiene needs, promotes healthier eating, increases physical activity, encourages active transportation (i.e., walking, biking), develops a sense of belonging, and accelerates economic equality (BC Healthy Communities, n.d.). To combat school health concerns such as obesity, diabetes, asthma, and anxiety in a more global and holistic way, school nurses are encouraged to partner with stakeholders, pledge support and advocate for policy, system, and environmental change to facilitate a healthier community.

### RATIONALE

According to the Association for Community Health Improvement (2017, para. 4), “Only 20% of health outcomes are attributable to clinical care. Health behaviors, socioeconomic factors and the physical environment account for 80% of health.” Health is vitally linked to where people live, learn, work, and play (Brand, 2016). Schools are key, trusted institutions in the community that can bring stakeholders together to address local needs and improve health (Butler & Diaz, 2016). School nurses are community leaders who bring knowledge of social environments and health systems to mitigate, prepare, and respond to student and community needs and to promote better health outcomes (Brand, 2016). Utilizing the nursing process and the NASN’s *Framework for 21st Century School Nursing™* (NASN, 2017), school nurses can serve their communities by assessing physical, psychological, cultural, and environmental information. School nurses are the critical link to address environmental and socioeconomic problems, understand political landscapes, and develop strong relationships with individuals, families, and communities to create a working plan with measurable goals. School nurses intervene by teaching health and wellness and resolving knowledge deficits. As leaders, school nurses work as change agents as they

identify current and emerging issues, look at outcomes, evaluate where changes are needed, and advocate for that change (Gerber, 2012; NASN, 2017).

The Healthy Cities/Healthy Communities framework is the standard way in which the WHO addresses community health. According to this framework, the health of a community is affected by the social determinants of health and development—the factors that influence individual and community development. Each community is different, and addressing the needs or barriers is a unique process best evaluated at a local level. The barriers or prerequisites for health in communities include

- *Peace*. This can be interpreted to cover both freedom from warfare and freedom from fear of physical and/or emotional harm.
- *Shelter*. Shelter adequate to the climate, to the needs of the occupants, and to the extremes of weather
- *Education*. Education for children (and often adults as well, as in the case of adult literacy) that is free, adequate to equip them for a productive and comfortable life in their society, and available and accessible to all
- *Food*. Not just food, but enough of it, and of adequate nutritional value, to assure continued health and vigor for adults, and proper development for children
- *Income*. Employment that provides an income adequate for a reasonable quality of life and public support for those who are unable to work or find jobs
- *A stable ecosystem*. Clean air, clean water, and protection of the natural environment
- *Sustainable resources*. These might include water, farmland, minerals, industrial resources, power sources (sun, wind, water, and biomass), plants, animals, etc.
- *Social justice*. Where there is social justice, no one is mistreated or exploited by those more powerful. No one is discriminated against. No one suffers needlessly because she's poor or ill or disabled. All are treated equally and fairly under the law, and everyone has a voice in how the community and the society are run.
- *Equity*. Equity is not exactly the same thing as equality. It doesn't mean that everyone gets the same things but that everyone gets, or has access to, what he needs.

(CDC, 2017, para. 5)

The idea of healthy communities fosters a broad definition of health and community and creates a shared vision of improving the quality of life for everyone in the community. This vision is driven and owned by the community members who use collaborative problem-solving to create systems change (Ashby & Pharr, 2012). As members of the community, school nurses can use their knowledge, critical thinking, nursing interventions, and relationships with individuals to promote healthy living and improve health outcomes (McCollum, Kovner, Ojemeni, Brewer, & Cohen, 2017).

The school nurse supports student health and academic success by contributing to a healthy community (NASN, 2017). Utilizing the NASN's *Framework for 21st Century School Nursing*<sup>™</sup> (NASN, 2017), school nurses can inform, educate, and empower their community about health issues (CDC, 2014b) by planning and executing campaigns geared to improve community health. School nurses can mobilize community partnerships to help identify and solve problems (CDC, 2014b) by participating in Campaigns for Action or serving on a community board. School nurses can link students and their families to needed personal and preventative health services and work to mitigate barriers to attaining optimal health.

## **CONCLUSION**

A healthy community continually builds and improves the environment by expanding resources (Ashby & Pharr, 2012). School nurses are uniquely positioned to collaboratively assess needs in the community, collect data to formulate a plan, advocate for better health, and evaluate outcomes. School nurses can expand their scope of influence by working across sectors, professions, and disciplines to build a culture of health and improve health outcomes in their communities. School nurses can do this by providing leadership, advocacy, care coordination, critical thinking, and mitigating the barriers to health.

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