Testimony Presented Before the
House Committees on Health and Lower and Higher Education
Wednesday, April 10, 2019 at 2:00 p.m.
by
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SCR 99 SD1 – REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE AN INTERDEPARTMENTAL WORKING GROUP TO ADDRESS THE LACK OF CONSOLIDATED, CONSISTENT HEALTH SCREENING PROGRAMS IN PUBLIC SCHOOLS FOR CHILDREN IN THE STATE.

Chairs Mizuno and Woodson, Vice Chairs Kobayashi, Hashem and Perruso, and members of the House Committees on Health and Lower and Higher Education:

Thank you for this opportunity to provide testimony in strong support of SCR 99 SD1.

This resolution recognizes that chronic absenteeism, poor health, and delayed or limited access to healthcare and preventive health services hinder students' academic success and schools' ability to meet the needs of the whole child. To address these challenges, this resolution establishes an interdepartmental working group, convened by the Department of Health, to address the lack of consolidated, consistent health screening programs in public schools for children in the state and to submit a report to the Legislature no later than September 1, 2019.

National evidence shows the presence of school-based licensed health care professionals, including APRNs and registered nurses (RNs), decreases absenteeism and time away from class of children with acute and chronic conditions, increases parents' and caregivers' time at work, and principals' and teachers' instructional time (Wong, 2014).

The 2015 Legislature, in its wisdom, recognized that students must come to school healthy and ready to learn. Through Act 139, you provided fiscal support for school-based health services through a Department of Education (DOE) partnership with the University of Hawai'i at Mānoa School of Nursing and Dental Hygiene (UHMSONDH) that enabled Hawai'i Keiki (UHM SONDH) to provide at least one school-based APRN to each of the 15 Complex Areas and 3 RNs to selected high need schools on four islands.

We are pleased to report the program has nurses on Oʻahu, Maui, Kauaʻi, and Hawaiʻi Island. In the three-month period from October through December 2018 the program documented, with the school health aides (SHAs), that 5,300 students made 14,090 visits to the health rooms. Eighty-seven percent (87%) of students were able to return to class with an average time in the health room of 15 minutes for care for illness, injury or health guidance. Hawaiʻi Keiki provided 85 consultations to DOE staff and parents regarding keiki with new or existing health conditions.

Since beginning this work, Hawai'i Keiki has engaged with DOE, interdepartmental, and community partners to enrich, expand and coordinate the school-based health services available to students. Nurses engaged with DOE administrators, staff, and district-level Parent-Community Networking Centers (PCNC) to support wellness goals and with Parent-Teacher Associations (PTA) to develop emergency response protocols and to facilitate requisition of Automated External Defibrillators (AED) for schools. Other highlights include partnering with DOH for Stop Flu at School, Project Vision for vision screening, and leading a school-based UH health sciences team of child psychiatry, clinical pharmacy, and dental hygienists at one middle school.

Additionally, the project is supporting the successful statewide launch of a web-based school health record system that is capturing data to create school health profiles, ensure student health records are current (FERPA and HIPAA compliant), provide data to guide State planning and resource allocation, and share data across public agencies (via data sharing agreements). Hawai'i Keiki has also identified the elements of Essential School Based Health Services.

UHM SONDH recognizes that more progress is needed to ensure that all keiki in Hawai'i are healthy and ready to learn and is honored to serve on this interdepartmental working group. Therefore, the UHM SONDH respectfully requests that SCR 99, SD1 be adopted by this committee. We appreciate your continuing support for keiki, nursing, and school-based health care services.