



School Nurse UPDATE

#5 January 14, 2021

FEATURED STORIES

Happy New Year!

Am I the only one or does it seem like Winter Break occurred a long time ago? Things change rapidly in the area of school health and never more so than when in the continuation of a global pandemic! Much of the Update contains COVID-19 information, but there are some non- COVID items worth noting.

The Wisconsin Chapter of the AAP is still conducting a needs assessment from school nurses and has extended the deadline for the survey to January 22 (p. 10). Under Miscellaneous (p. 9) is information on how to obtain training and sample trainers for nasal diazepam.

I've included several resources shared with me regarding how to address and talk to students (children) about current national events. I realize school nurses may not have time to address this systemically in your schools but want you to have resources to share with other key school personnel. Never forget school nurses care for both physical and mental/behavioral health.

Attached to the Update are two flyers regarding a project to provide Wisconsin youth an opportunity to share thoughts, concerns, and insights on the impact of the pandemic on students.

The document on COVID testing basics I mentioned in the school nurse Zoom meeting January 8th has been posted to the DPI webpage. The public comment period for SDMAC's tier 1b opened late Tuesday afternoon. Link to the draft document: <https://publicmeetings.wi.gov/download-attachment/699a707a-76bc-49d5-8add-8cab34a5244b>. Link to public comment section: <https://www.dhs.wisconsin.gov/sdmac/index.htm>

PRACTICE POINTS –The Scoop on COVID-19 Vaccination

Investigating Bullying (DPI News (p. 3)

Variants of COVID May Lead to False Negatives (FDA p. 6)

In Memorandum (p. 9)

DHS News (p. 5)

SAVE THE DATE

Recognize, Report, and Respond: Conducting a Systematic Bullying Investigation- January 21, 2021 Zoom meeting

DPI supports best practices/evidence-based resources, but does not vet or endorse products/services. User is responsible to evaluate the resource and how it meets local needs.

DPI News



DPI COVID-19 Testing Basics in Wisconsin

School administrators, staff, students' families, and local health leaders are working together across Wisconsin to mitigate the spread of COVID-19. K-12 schools have implemented thoughtful, detailed protocols to prevent and respond to potential cases of the virus among their students and staff. As more tests are becoming available, school districts have questions about the use of COVID-19 testing as a mitigation strategy in education settings.

This is an emerging area of public health practice. There is currently limited scientific or evidenced-based data on effective and efficient testing protocols and strategies in K-12 schools. It is recommended districts work with their local health authority, insurance carrier, and legal counsel in determining to what degree your district may choose to implement this mitigation measure. A DPI document has been posted to the DPI COVID-19 Health Services webpage describing basic information on COVID-19 testing and providing resources.

THE VOICES OF WISCONSIN STUDENTS PROJECT LEARNING, COPING, AND BUILDING RESILIENCE DURING COVID-19

We want to hear from students! How is COVID-19 impacting you?

DPI been assisting a DHS/UW initiative to learn more from students about how COVID and the attendant differences in learning environments have impacted them, particularly with regard to learning and mental health. UW is currently recruiting students to participate in these Zoom focus groups, which will take place outside of instructional hours in January and February.

The Wisconsin Department of Health Services (DHS), the Medical College of Wisconsin, and the Wisconsin Institute for Public Policy and Service (WIPPS) Research Partners are providing Wisconsin youth an opportunity to share thoughts, concerns, and insights on the impact of the COVID-19 pandemic on students. WIPPS Research Partners will conduct a series of twenty (20) Zoom small group discussions with Wisconsin middle and high school students between January 26 and February 12, 2021. Students will be provided with a \$10 gift card.

WIPPS will gather information about how students are coping during COVID-19; identify challenges, as well as examples of success and resilience; and obtain feedback about students' learning experiences. This project will help DHS, school leaders, and community organizations improve and implement services, programs and supports for Wisconsin youth.

For more information or to register for a focus group, please see the attached (to newsletter) flyers or visit <https://wipps.org/research-partners/>

Questions? Contact Sharon Belton, Project Director, at sbelton@uwsa.edu or 715-302-8483

As more tests are becoming available, school districts have questions about the use of COVID-19 testing as a mitigation strategy in education settings.

DPI News



Recognize, Report, and Respond: Conducting a Systematic Bullying Investigation

The bully prevention webinar “Recognize, Report and Respond: Conducting a Systemic Bullying Investigation” that was postponed in early December has been rescheduled. See more information about this webinar below. Registration to join the webinar is not necessary. Simply click on the Zoom link to join.

All 50 states and Washington D.C. have enacted legislation related to bullying and bully prevention. Unfortunately, these legislative efforts do not provide direction for conducting investigations or implementing bully prevention programming at the state, district, or school level. The foundation for any school- or district-wide bully prevention plan is the investigative process. This session will include three components. First, participants will learn how to recognize bullying, and differentiate it from other forms of peer aggression. Second, this session will provide examples of different reporting protocols that can be used by students, teachers, and parents. Finally, this session will outline an investigative protocol, where participants will be provided with a framework for conducting investigations and responding to reported bullying incidents.

The foundation for any school- or district-wide bully prevention plan is the investigative process.

Please note that this **webinar will be recorded** and posted to the [Bullying Prevention website](#) once it has been closed captioned.

Time: **Jan 21, 2021 11:00 AM - 1:00 PM** Central Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/84211266591>

Meeting ID: 842 1126 6591

One tap mobile

+13126266799,,84211266591# US (Chicago)

Immunization Action Coalition

The Immunization Action Coalition has developed a comprehensive resource page. This page provides links to key COVID-19 vaccine resource pages from IAC, CDC, and other partners. [Read more.](#)

Talking to Students about the News



Mental Health Technology Transfer Center Network

After the events in Washington D.C. last week, the Center for Mental Health in Schools and Student/Learning Supports quickly put together a resource to support students, their families, teachers, staff, and administrators.

SPECIAL EDITION of Community of Practice: Schools Responding to the Violence at the U.S. Capitol: A Time to Help, a Time to Model, and a Time to Teach

Online at <http://smhp.psych.ucla.edu/pdfdocs/1-7-21.pdf>

Resources Talking to Students about the News:

- When Bad Things Are Happening - When news breaks of disaster or violence, your students may want to discuss a crisis as it unfolds. [Here's how.](#) - Teaching Tolerance
- [Talking to Children About Violence: Tips for Parents and Teachers](#) - NASP
- Explaining the News to Our Kids - <https://www.common sense media.org/blog/explaining-the-news-to-our-kids>
- NCTSN Resources - <http://www.nctsn.org/resources/audiences/school-personnel/crisis-situation>
- National Center for School Crisis and Bereavement - <https://www.schoolcrisiscenter.org/>
- How to talk to children about difficult news from the APA - <https://www.apa.org/helpcenter/talking-to-children>
- NPR - [What To Say To Kids When The News Is Scary](#) - Jan 2020
- [Teaching Tolerance Resources to Talk About Race](#)
- [Let's Talk!](#) Discussing Race, Racism and Other Difficult Topics With Students - Use the strategies in this resource as you prepare to talk with students about the historical roots and contemporary manifestations of racial inequality and discrimination.
- [Teaching About Race, Racism and Police Violence](#) - These resources can help spur discussions about implicit bias and systemic racism, and empower students to work toward a more just society.
- [TALKING WITH CHILDREN ABOUT DIFFICULT THINGS IN THE NEWS](#) - Fred Rogers Center
- [Now Is A Good Time To Talk To Kids About Civics](#) - NPR
- [Talking to Kids About the Violence at the U.S. Capitol](#) - Common Sense Media
- National Association of School Psychologists: [https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/school-violence-resources/talking-to-children-about-violence-tips-for-parents-and-teachers.](https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/school-violence-resources/talking-to-children-about-violence-tips-for-parents-and-teachers)

DHS News

Respiratory Report

[The Weekly Respiratory Report](#) (detailing influenza data) is available and updated bi-weekly.

WI Exposure Notification App

During the week of Christmas, DHS rolled out a google app to collect location data for positive COVID reported tests. If you opt in, the app will send you push notification of positives within a certain radius of your cell phone.

WI Exposure Notification is a smartphone app that uses Bluetooth Low Energy technology (link is external) to help stop the spread of COVID-19 in Wisconsin. Once you activate the app, your phone exchanges anonymous signals with other phones that are near it for at least 15 minutes. If somebody who has the app tests positive for COVID-19, they can then send an alert using the app to those other phones. This will allow people who are close contacts to quickly get the care they need and avoid exposing others to the virus. <https://www.dhs.wisconsin.gov/covid-19/notification.htm>

The hope is that this will help curb spread of illness but it does not take the place of contact tracing.

At Home COVID-19 Test Collection via Vault

Governor Tony Evers, together with the Wisconsin Department of Health Services (DHS), announced a new contract with Vault Medical Services that will add an additional tool to the Wisconsin COVID-19 testing toolbox. At-home COVID-19 saliva collection kits will be available to everyone who lives in Wisconsin, with or without symptoms, at no cost. Wisconsinites can [order a collection kit online](#) and have it shipped to their home. The kit will include detailed instructions on how to collect the saliva, which includes a video call with a testing supervisor through Vault Medical Services, and ship it back via UPS dropbox to the lab for processing. <https://www.dhs.wisconsin.gov/covid-19/collection.htm>

Surveillance for New Genetic Variants of SARS-CoV-2: Information for Clinicians

The Bureau of Communicable Diseases Issued COVID-19 [Health Alert #25](#) on January 4, 2021. New variant strains of SARS-CoV-2 have been recently described in numerous countries, and are believed to be more highly transmissible than wild-type SARS-CoV-2. CDC has published a [scientific brief](#) about these emerging strains, which is updated regularly as more information becomes available.



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NASN News

The National Association of School Nurses (NASN) has multiple resources for school nurses directed towards COVID-19 on this webpage: <https://www.nasn.org/nasn/nasn-resources/practice-topics/covid19>. You do not need to be a member of NASN to access these resources.



Medscape Nurses

Face Masks Protect Wearers, Others From COVID: Studies

Two new literature reviews suggest face masks provide some protection to the wearer and when universally worn by the general public they substantially reduce the spread of the new coronavirus. The reviews, published in *Annals of Internal Medicine*, look specifically at the effect of masking on COVID-19 transmission. [Read more.](#)

AAP

As U.S. schools reach the mid-year of teaching classes during the COVID-19 pandemic, the American Academy of Pediatrics has updated its guidance for school safety based on the latest research. In the updated document, the AAP outlines a series of safety protocols communities need to address to allow schools to be open for in-person learning. These measures include controlling the spread of COVID-19 in the community, implementing layers of protection for staff and students in schools, and coordinating closely with local and state health experts. [Read press release.](#)

With these measures in place, the AAP reaffirmed its recommendation that the goal should be to have students physically present in school.

FDA

Genetic Variants of SARS-CoV-2 May Lead to False Negative Results with Molecular Tests for Detection of SARS-CoV-2 – Letter to Clinical Laboratory Staff and Health Care Providers

The SARS-CoV-2 virus can mutate over time, resulting in genetic variation in the population of circulating viral strains. The U.S. Food and Drug Administration (FDA) is alerting clinical laboratory staff and health care providers that false negative results may occur with any molecular test for the detection of SARS-CoV-2 if a mutation occurs in the part of the virus' genome assessed by that test. [Read more.](#)

CDC MMWR

Implications of Shortened Quarantine Among Household Contacts of Index Patients with Confirmed SARS-CoV-2 Infection – Tennessee and Wisconsin, April–September 2020

A shorter quarantine after household exposure to COVID-19 might be easier to adhere to but poses some risk for onward transmission. Persons released from quarantine before 14 days should continue to avoid close contact and wear masks when around others until 14 days after their last exposure. [Read more.](#)



TIME News Article

School Nurses Fear a Coronavirus Surge as Students and Staff Return From Winter Break

For school nurses [the pandemic](#) has upended their routines and expanded their responsibilities, taking them from mending playground injuries and administering medications and throwing them onto the frontlines of the effort to [prevent COVID-19's spread within schools](#). [Read more.](#)

A shorter quarantine after household exposure to COVID-19 might be easier to adhere to but poses some risk for onward transmission.

Education Week

Fall School Reopenings Didn't Dramatically Increase COVID-19 Hospitalizations

For the most part, school reopenings in the fall did not appear to contribute to increased hospitalization rates due to COVID-19, according to research recently released. But in places where community spread was higher, the researchers found that the link between schooling and health effects grew murkier, with no clear pattern in the results, a red flag of sorts as schools consider expanding in-person learning options in the midst of a third surge of record-breaking rates of COVID-19 from coast to coast. [Read more.](#)

WSCA

Join the Wisconsin School Counselors Association (WSCA) for a special screening of *A Trusted Space: Redirecting Grief to Grow* on Friday, January 15th at 7 pm, followed by a live discussion with the producer and members of the film! This documentary will be highlighted nationally on PBS later this month!

As schools shut down in March and the entire country struggled with the uncertainties and challenges of teaching and learning amidst a pandemic, filmmaker Karin Gornick (*Angst*, MVFF 2018) and the nonprofit organization [All It Takes](#) recognized an immediate and overwhelming need to support our national educational community. While most of us were in lockdown, they moved quickly to create a resource that would help teachers, counselors, and parents mitigate the effects of the grief, trauma, anxiety, and other emotional stressors that so many students, families, and educators were feeling as they walked—or Zoomed—into school this fall.

The result is *A Trusted Space: Redirecting Grief to Growth*, a documentary film for educators and parents featuring leading experts in trauma-informed education, and accompanied by a free research-based curriculum. A trailer can be viewed at <https://vimeo.com/460366239>.

A Trusted Space is designed to help educators better understand the complex issues and feelings that they and their students are coping with, enabling them to redirect their grief into growth by building a safe and trusted emotional space—ultimately creating a better environment for learning and inspiring more resilient students.

The film will be screened via the WSCA Online Learning Platform. For more information and access links, visit: <https://www.wscaweb.org/resources/virtual-professional-development/>



A resource that would help teachers, counselors, and parents mitigate the effects of the grief, trauma, anxiety, and other emotional stressors that so many students, families, and educators were feeling.

Miscellaneous

Leveraging Parent Pain Perspectives to Improve Pain Practices for Children with Medical Complexity

Children with medical complexity (MC) must rely on others to notice and address pain. Parents are aware of child pain behaviors and can serve as reliable proxy reporters. Thus, there is a critical need to understand parent perspectives to improve pain practices. [Read more.](#)

Valtoco (nasal diazepam) Training

The school nurses in the La Crosse area have shared a resource to receive training and afterwards free “trainer” samples for Valtoco, a new form of nasal Diazepam. The training takes approximately 30 minutes. Contact Amber at: myNEURELIS@pharmacord.com or phone – 866-696-3873.

Your Choice Prevention Education Webinar Series

January Winter Series

January 13

Substance Use Disorder and Teens: What do we need to know?

Presenter: Jessica Perillo, MS, QMHP, CADC

[Register Here](#)

January 20

How to not take a “blind eye” approach in connecting with youth and families regarding substance use disorder

Presenters: Erin Flick LCSW, LCAC and Rebecca Roy, LCSW

[Register Here](#)

January 27

The Other Side of the Epidemic

Presenters: Ashleigh Nowakowski, MPA, PS, Katie Morrow, MPA, PS and Sandi Lybert, CIP

[Register Here](#)

In Memoriam...

As we start a new year still under the threat and siege of COVID-19 here are a few “in memoriam” sites as a gentle reminder of the price that has been paid. Some of the fallen have been school nurses.

- **ANA's Nurse "Nightingale Tribute"** - scrolling roll of fallen nurse heroes and heroes (state breakdown)- [click here](#)
- **“US Healthcare Workers Lost to COVID-19”** Twitter Feed - [click here](#)
- **Medscape's "In Memoriam: Healthcare Workers Who Have Died of COVID-19"** - [click here](#)
- **Kaiser and The Guardian's "Lost on the Frontlines"** images and list of healthcare workers (occupation and state breakdown with graphs)- [click here](#)

Prevent Blindness

New Resources for Reducing Eye Strain from Screens

In response to increased virtual and screen-based activities during the coronavirus pandemic, Prevent Blindness has launched a new awareness campaign, [Take a Screen Time Out](#). All of us, including children, are spending as much as 12 hours a day in front of a digital screen. Find out more at [Prevent Blindness](#).

You can find the Screen Time-Out campaign on social media - [Facebook](#), [Instagram](#) and [Pinterest](#). Please share the posts with families and your networks. Find social media images at [Eye Health Infographics - Prevent Blindness](#).

Tips from the [American Academy of Ophthalmology](#) include:

- Use artificial tears to refresh eyes when they feel dry.
- Consider using a humidifier to add moisture to the air.
- Wear prescribed computer eyeglasses that allow eyes to focus specifically at computer screen distance (intermediate distance, which is about 20 to 26 inches away from the face).
- Adjust screen brightness to match the level of light in the room.
- Increase the contrast on the screen to reduce eye strain.
- Use a glare screen on the device.
- Sit about 25 inches from the screen and adjust the screen height to look slightly downward.

For tips from a college student, see [this blog](#) from the School-Based Health Alliance.

Another great resource is [this video](#) from Child Trends on supporting children's mental health during Covid-19. In a recent video, Child Trends mental health expert Jessica Dym Bartlett describes 10 ways parents and caregivers can support children's emotional well-being during the ongoing COVID-19 pandemic.

Wisconsin Chapter of AAP

The Wisconsin Chapter of the American Academy of Pediatrics, in collaboration with the University of Wisconsin School of Medicine and Public Health (UWSPH) is conducting a needs assessment with school nurses throughout the state of Wisconsin. Your participation and input will help shape future support and resources.

Participation in the survey is completely voluntary and you may stop the survey at any time. All questions are optional and all responses are completely anonymous; there is a question for your contact information should you want the research team to respond to any questions you may have. The survey will take approximately 15 minutes to complete. [Click here to begin survey](#)

The survey will be available until **Friday, January 22**. Any questions can be directed to Dr. Dipesh Navsaria at dnavsaria@pediatrics.wisc.edu.

Practice Points

By Louise Wilson

The Scoop on COVID-19 Vaccination

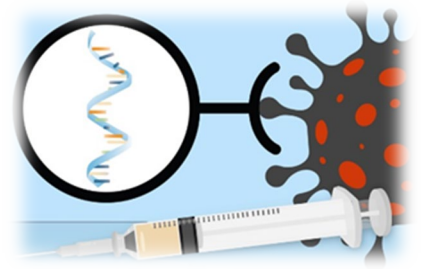
First of all, if any school nurses have written newsletter articles on COVID-19 vaccines I would love for you to share them with me! If I were to write a “Nurses Notes” on this topic today, here is what I would say...

Are [vaccines](#) the best hope we have for ending the [COVID-19 pandemic](#)? Maybe. They certainly are a very important part of the mitigation measures schools and community members have been using this past year to minimize the impact of SARS-CoV2, the virus that causes COVID-19. Public health experts remind us that we need to continue the mitigation measures of mask wearing, physical distancing, cleaning, and hand/cough hygiene throughout this period of vaccination for COVID-19.

The process and schedule for vaccine rollout depends on multiple factors including: number of different vaccines approved for emergency use, ability to manufacture and deliver additional vaccines after initial supply is used, supply chain and logistics, and prioritization of individuals to receive vaccine based on risk, age for whom the vaccine is approved, and equity issues.

Perhaps you have heard of the federal Advisory Committee on Immunization Practices (ACIP) and the [State Disaster Medical Advisory Committee \(SDMAC\)](#) which developed [Wisconsin-specific recommendations](#) on vaccine prioritization. These prioritizations occur because of the initial limited supply of approved vaccines. As more vaccines are approved by the Federal Drug Administration (FDA) and as drug companies increase production of their approved vaccines (so far Pfizer and Moderna), Wisconsin will receive more vaccines and be able to move more quickly through the approved phases. The Department of Health Services (DHS) is committed to a uniform and equitable statewide approach to [vaccine distribution](#).

There are a lot of moving pieces involved in getting “vaccines into people’s arms.” Not only were the vaccines researched, created, approved, manufactured (due to financial incentives this occurred alongside the creation process), and now sent to the state health department for distribution, but those hospitals, clinics, pharmacies and other “vaccinators” needed to develop plans on how to store and distribute the vaccine, plus register with the DHS and train staff in specific COVID vaccine procedures.



The process and schedule for vaccine rollout depends on multiple factors. There are a lot of moving pieces involved in getting “vaccines into people’s arms.”

The big question on many people's mind is "when will I get a chance to get vaccinated?" Some may still be wondering "should I get vaccinated?" Choosing to get vaccinated is a personal decision. The vaccines are highly effective and safety has been demonstrated. Medical professionals and public health experts therefore strongly encourage vaccination with the approved vaccines. High vaccination rates will decrease the health risks to providing in-person instruction. Below are the Department of Health Services' (DHS), the Centers for Disease Control and Prevention's (CDC), and Harvard Health Medical School's vaccine related webpages. Social media is not the best place to get reliable health information.

DHS: <https://www.dhs.wisconsin.gov/covid-19/vaccine-about.htm>

CDC's main vaccine page: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

Harvard Medical School Coronavirus Resource Center: <https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center>

The SDMAC on January 12th published their draft recommendations for tier 1b. Teachers/educators and childcare personnel are included in tier 1b. The draft is now open for public comment until January 18, 2021. See the [SDMAC website](#) to provide comment and see the draft for tier 1b. Once tier 1b is officially established it will be up to DHS to determine on a statewide level when Wisconsin vaccinators can begin to vaccinate individuals in that tier. It is not an all-or-none process. There will be some overlap, meaning not all individuals in tier 1a must be vaccinated before DHS announces moving to tier 1b.

Teachers and parents can appreciate what a complicated process it is getting "vaccines into people's arms." Several factors have been previously mentioned. Also consider that once a vial of vaccine is opened it must be used within a certain timeframe. Vaccinators (those who are doing the actual vaccinations) need to be very organized so that vaccine is not wasted.

It is important to note that DHS and CDC currently recommend that anyone that is partially or fully vaccinated and has an exposure undergo quarantine just like unvaccinated individuals. Since the vaccine trials were only based on vaccinated individuals developing clinical illness, it is unknown at this time if a vaccinated person could shed the virus if exposed. The vaccine is effective in preventing severe disease (keeps hospitalization and death rates lower), but it is unknown if the vaccine will protect a vaccinated person from catching the disease and being an asymptomatic spreader. As scientists learn more and further information is collected from vaccinated individuals this may change. As of now, being vaccinated does not change quarantine recommendations.

While vaccines may be the best hope for ending this pandemic it certainly is not an uncomplicated process to get individuals vaccinated. Therefore, patience is recommended, along with continuing to use the infection control measures of wearing face coverings, hand washing, physical distancing, and cleaning.

This publication is available from:
Learning and Support
Student Services Prevention and Wellness Team
(608) 266-8857
<https://dpi.wi.gov/sspw/pupil-services/school-nurse>

January 2021 Wisconsin Department of Public Instruction

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

WIPPS RESEARCH
PARTNERS
WISCONSIN INSTITUTE *for* PUBLIC POLICY *and* SERVICE

THE VOICES OF WISCONSIN STUDENTS PROJECT LEARNING, COPING, AND BUILDING RESILIENCE DURING COVID-19

WHAT IS THE PURPOSE OF THIS PROJECT? The Wisconsin Department of Health Services (DHS), in partnership with the Medical College of Wisconsin and the University of Wisconsin's (UW) Wisconsin Institute for Public Policy and Service (WIPPS) Research Partners, is providing youth from across Wisconsin an opportunity to share their thoughts, concerns, and insights on the impact of the COVID-19 pandemic on students. WIPPS Research Partners will conduct a series of **ZOOM** small group discussions with youth from across Wisconsin to gather in-depth information about how students are coping during the COVID-19 pandemic; to identify concerns and challenges, as well as examples of success and resilience; and to get feedback about what support students need. This project is funded by a grant from the U.S. Centers for Disease Control and Prevention. Topics will include:

- What concerns do students have about how school is going for them? What are current sources of stress or anxiety and what challenges are they experiencing?
- What is going well? What new strategies have they developed to cope?
- Where are students turning for help and support with issues they may be having? What kinds of information and support do students say they need? What ideas do students have to improve learning during COVID-19?

WHO CAN PARTICIPATE? Students from across Wisconsin in 6th to 12th grade can participate. Separate sessions will be held for middle and high school students. Focus groups will be held virtually using ZOOM.

WHEN ARE THE FOCUS GROUPS? Sessions will be held in January and February 2021. **See the table on the next page for specific dates and times.**

HOW DO STUDENTS REGISTER FOR A FOCUS GROUP? Click the link here or use the QR code to register – registration takes about 2 minutes to complete. A confirmation email is sent to each student and their parent/guardian once registration is completed. A ZOOM link is sent to each student about 24 to 48 hours in advance of their session.

[Voices of WI Students Focus Groups](#)



ZOOM SESSION DATES AND TIMES

Choose a date/time based on whether your school is in a rural, suburban, or city/urban area.

<i>What best describes the kind of community where your school is located?</i>	<i>Not sure which one to select? These are some examples. Is your community similar to one of these areas? Use your best judgement to choose.</i>	MIDDLE SCHOOL (Grades 6 to 8)	HIGH SCHOOL (Grades 9 to 12)
Rural community (people, homes and businesses are located far away from one another)	Abbotsford, Albany, Alma, Ashland, Baraboo, Barron, Bayfield, Belmont, Bowler, Bruce, Cedar Grove, Chetek, Eagle River, Edgar, Hammond, Lac du Flambeau, Ladysmith, Manitowoc, Marshfield, River Falls, Stockbridge, Strum, Viroqua, Wisconsin Dells	Thurs, 1/28 6:30 to 8:30 pm Tues, 2/2 10 am to noon Wed, 2/10 3:30 to 5:30 pm	Tues, 1/26 3:30 to 5:30 pm Mon, 2/1 1:00 to 3:00 pm Wed, 2/10 6:30 to 8:30 pm
Suburban community (generally outside of or within commuting distance of a city)	Altoona, Ashwaubenon, Brookfield, Brown Deer, Chippewa Falls, De Pere, East Troy, Genoa City, Greenfield, Hartford, Hartland, Holmen, Howard, Hudson, Kaukana, Kimberly, Kenosha, Middleton, Oregon, Somerset, Superior, West Salem, Weston/Schofield	Wed, 2/3 3:30 to 5:30 pm Tues, 2/9 10 am to noon Thurs, 2/11 6:30 to 8:30 pm	Wed, 1/27 6:30 to 8:30 pm Tues, 2/2 3:30 to 5:30 pm Mon, 2/8 1:00 to 3:00 pm
Milwaukee and Racine (a high concentration of people live or work)	Milwaukee and Racine	Fri, 2/5 3:30 to 5:30 pm Thurs, 2/11 3:30 to 5:30 pm	Mon, 2/1 3:30 to 5:30 pm Tues, 2/9 6:30 to 8:30 pm
Other cities and urban areas (not Milwaukee or Racine, but where a high concentration of people live or work)	Appleton, Beloit, Eau Claire, Fond du Lac, Green Bay, Janesville, La Crosse, Madison, Neenah, Onalaska, Oshkosh, Sheboygan, Waukesha, Wausau, West Allis	Tues, 2/2 6:30 to 8:30 pm Thurs, 2/4 3:30 to 5:30 pm	Mon, 2/8 6:30 to 8:30 pm Thurs, 2/11 1:00 to 3:00 pm

HOW WILL THE FOCUS GROUPS BE CONDUCTED?

- A maximum of 10 students will be in each group. Each focus group will last about 1.5 to 2 hours.
- Only students and a few members of the WIPPS Research Partners project team will participate in the ZOOM discussion. Teachers, principals, and school staff will not participate in or observe the student discussions.
- Sessions will be conducted using ZOOM and will be recorded to help with the analysis. The recordings and notes will be kept private. Only members of the project team at WIPPS Research Partners and MCW will see the recordings or notes. They will not be shared with parents, teachers, counselors, or anyone at DHS.
- After the focus groups are completed, WIPPS Research Partners and MCW will analyze the information to identify common themes and insights. Findings will be compiled in a summary report and shared with DHS. This information can help DHS and leaders of school, nonprofit, and community organizations make more informed decisions about how to support students during these challenges times.
- Students will NOT be personally identified in the report. Any quotes or comments included in the report will NOT be attributed to students by name or by school. Student names or other identifiable information will NOT be used in the report. Students will be mailed a \$10 gift card in appreciation for their participation.
- Procedures for informed consent and privacy/confidentiality protections were reviewed and approved by the Institutional Review Board at the Medical College of Wisconsin.

QUESTIONS?

Contact Sharon Belton, Director of WIPPS Research Partners and Student Voices project manager at sbelton@uwsa.edu or at 715-302-8483.

WE WANT TO HEAR FROM YOU!



The **Voices of Wisconsin Students Project** is looking to hear the voices of students across Wisconsin about **learning, coping, and building resilience** during COVID-19.

- How is school and learning going for you during COVID-19?
- What are current sources of stress or anxiety and what challenges are you experiencing?
- What is going well? What new strategies are you and your fellow students using to cope better?
- What kinds of additional resources and support do you wish you had?
- What do you want school and community leaders to know about how COVID-19 is impacting students?



REGISTER
HERE



Join us for a **ZOOM discussion** of these topics with other students across Wisconsin!

SESSIONS WILL BE HELD IN JANUARY AND FEBRUARY

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The Voices of Wisconsin Students Project is being done in partnership with the Wisconsin Department of Health Services (DHS), the Medical College of Wisconsin, and the UW's Wisconsin Institute for Public Policy and Service (WIPPS). We are providing Wisconsin youth an opportunity to share thoughts, concerns, and insights on the impact of the COVID-19 pandemic on students. WIPPS will gather information about how students are coping during COVID-19; identify challenges, as well as examples of success and resilience; and obtain feedback about students' learning experiences. This project will help DHS, school leaders, and community organizations improve and implement services, programs and supports for Wisconsin youth.



Questions? Contact Sharon Belton at sbelton@uwsa.edu or 715-302-8483



Considerations for School Nurses: Health Equity Implications During COVID-19 Pandemic

Disclaimer

This document provides a summary of currently available resources that school nurses can consult as they formulate independent nursing judgement for their practice or when participating in policy discussions in their districts. This document is not intended to provide clinical standards or guidelines. The school nurse is responsible for complying with applicable federal, state, and local laws, regulations, ordinances, executive orders, policies, and any other applicable sources of authority, including any applicable standards of practice. Published January 1, 2021.

Introduction

Children of racial or ethnic subgroups are disproportionately affected by COVID-19 and chronic diseases, such as asthma, diabetes, obesity, and mental health issues (Centers for Disease Control and Prevention [CDC], 2020, Leeb et al., 2020, National Center for Health Statistics, 2019). In the United States, 25% of children and adolescents have chronic health conditions, 7.5% have unmet health care needs, and 5% have multiple chronic conditions (Miller et al., 2016). School-aged children with a documented health condition, of Hispanic ethnicity or Black race have been more likely admitted to a hospital or intensive care unit than their White peers suffering from COVID-19 infection during the COVID-19 pandemic (Leeb et al., 2020). The presence of a chronic illness and potential long-term effects from COVID-19 may interfere with education, relationships, health and significantly affect future life outcomes.

Health Equity

The Robert Wood Johnson Foundation (RWJF) defines health equity as “everyone has a fair and just opportunity to be as healthy as possible” (Braveman et al., 2017, p. 2). Health equity is a moral and human rights principle focused on reducing and eliminating health disparities (Braveman et al., 2017). When obstacles, such as poverty, racial discrimination, powerlessness resulting in lack of access to health care, excellent education, quality jobs with a sustainable income, housing, and a safe environment, are removed, equity is obtained (Braveman et al., 2017). Equity allows people a reasonable and nondiscriminatory opportunity to attain healthiness (Braveman et al., 2017). School nurses can work towards health equity within their community by identifying racial discrimination and disparities that affect students' health and education, especially during the COVID-19 pandemic.



Chronic Disease

Asthma

Black, Hispanic, multiple-race non-Hispanic, Indigenous children, and children in lower socioeconomic status disproportionately share the burden of asthma. Asthma is more prevalent in children than in adults. In 2018, over 5.5 million, or 7.5%, children were diagnosed with asthma nationally (CDC, 2020). Nationally, non-Hispanic Black, Puerto Rican, multiple race non-Hispanic, and American Indian or Alaskan Native children have a higher prevalence of asthma - 14.2%, 13.6%, 13.0%, and 10.2%, respectively compared to their White counterparts (6.8%) in 2018 (CDC, 2020). Healthcare utilization for children with asthma, as seen in emergency department visits and hospitalization rates, is 2.6 times higher for Black children than White children (CDC, 2018).

Racial and socioeconomic neighborhood stratification due to current and historic structural processes, such as systemic racism and housing laws, has contributed to asthma disparities (Kranjac et al., 2017). Black children living in low socioeconomic neighborhoods have higher rates of asthma morbidity compared with White children. The causes of this disparity include inadequate access to medical treatment, exposure to higher levels of indoor/outdoor allergens in their environments related to housing conditions, and greater levels of ambient air pollutants (i.e., O₃, PM_{2.5}) (Kranjac et al., 2017; Loftus & Wise, 2016). Poor conditions commonly found in low-income housing, such as over-crowding, water damage, pest infestation, mold, and chipped paint, can trigger asthma exacerbations. (Kranjac et al., 2017). Additionally, children who live in high violence neighborhoods are susceptible to higher exposure to indoor air pollutants due to prolonged periods spent indoors (Kranjac et al., 2017)

Obesity

Black and Hispanic children are more likely to be overweight, obese, or have obesity-related diseases than non-Hispanic White children (Ryabov, 2018; Sharifi et al., 2016). The prevalence of childhood obesity in 2016 was 18.5% (CDC, 2019). Childhood obesity is a moderate predictor of adult chronic health conditions and disease: 31% of adulthood diabetes, 22% of hypertension, and 20% of adult cancers occurred in individuals who were categorized as obese or overweight in childhood (Llewellyn et al., 2016). Hispanic boys and Black girls have the highest prevalence rates of childhood obesity and the highest mean body mass index (BMI) scores (Min et al., 2018). There is a correlation between high pediatric BMI levels and low family income, household socioeconomic status, and education level (Min et al., 2018; Ryabov, 2018). Decreased opportunities for physical activity and increased availability of high-fat foods influence the occurrence of childhood sedentary or fast-food lifestyle (Min et al., 2018; Ryabov, 2018). Children of single-parents or those in large households have an increased risk of consuming prepared food items that are high in fat and sodium that contribute to a higher BMI score (Ryabov, 2018).

Children in low and middle-income groups have higher prevalence rates of obesity, 18.9% and 19.9%, respectively, compared with children in high-income groups, 10.9% (CDC, 2019). Hispanic and non-Hispanic White children who grow up in higher socioeconomic status homes and with at least one college-educated parent have a lower risk for obesity (Fradkin et al., 2015). However, there is no association between socioeconomic status and obesity in Black children (Fradkin et al., 2015). There is an inverse correlation between socioeconomic status and obesity in White children (Wang, 2011). The built environment contributes to obesity disparities, but not as much as the socioeconomic status of the neighborhood (Sharifi et al., 2016). However, these do not entirely explain racial and ethnic childhood obesity disparities (Sharifi et al., 2016).

Diabetes

There are racial/ethnic disparities surrounding children with type 1 (T1D) and type 2 (T2D) diabetes (Drivers et al., 2020). Between 2002 and 2015, there was a steeper increase in the number of T1D among Black, Hispanic, Asian and Pacific Islander children than White children (Drivers et al., 2020). Additionally, there are racial and ethnic disparities in incidence rates of children with T2D; American Indians (3.69), Black (5.97), and Hispanic (6.45) children have the highest incidence, compared with White children (0.77/100,000) who have the lowest incidence of T2D (Drivers et al., 2020).

Although T1D incidence are highest among White children and adolescents, Black children experience higher mortality rates (Saydah et al., 2017). Between 2012 and 2014, Black children had the highest mortality rate from diabetes than White and Hispanic children; Black children's death rate was 2.22 times White children's death rate, and 3.36 times Hispanic children's death rates (Saydah et al., 2017). These disparities may be due to differences in healthcare access and services, diabetes self-and parent-management education, and overall diabetic care (Saydah et al., 2017). Black children with T1D have higher mean hemoglobin A1c and more often experience diabetic ketoacidosis and severe hypoglycemia than White and Hispanic children (Willi et al., 2015).

Racial and ethnic disparities in insulin treatment methods and outcomes exist in children with T1D after adjusting for socioeconomic status. For example, White children use insulin pumps more frequently than Black or Hispanic children (Willi et al., 2015). Black and Hispanic children with T2D experience inadequate glycemic control more often than White children (Butler, 2017; Rothman et al., 2008). Low caregiver educational attainment, high levels of stress, and low socioeconomic status contribute to poor glycemic control in children with T2D and can create adverse psychosocial outcomes (Butler, 2017). Black children with T2D experience lower quality of life due to the disease than White children. Also, Hispanic parents/guardians have a higher caregiver burden due to disease management (Butler, 2017).



Mental Health and Trauma

Children in racial and ethnic subgroups disproportionately experience exposure to poverty, food insecurity, violence, neighborhood disorganization, repeated experiences of discrimination, and chronic exposure to racism, which are risk factors for poor mental health (Alegria et al., 2010). Increased isolation and poverty rates are correlated with an increased risk of developing adjustment difficulties, depression, behavior problems, anxiety, and related disorders, such as posttraumatic stress disorder [PTSD] (Alegria et al., 2010). Those with mental-health illness in childhood, such as PTSD, anxiety, aggressive behavior, and depression, experience an increased risk of developing physical and mental health problems in adulthood, ultimately impacting health and academic achievement (Abrams et al., 2020; Larson et al., 2017).

Children in racial and ethnic subgroups, children living in single-parent households, children whose caregivers have low education levels, and those living in poverty are at a greater risk of experiencing exposure to trauma (Larson et al., 2017). Chronic exposure to trauma increases the risk of developing mental health disorders, school problems, emotional and behavioral difficulties, substance use, and sexually risky behavior and negatively impacts future educational and social advancement and employment (Larson et al., 2017). There is an inverse correlation between community violence and performance and engagement in school, with a higher school dropout rate in children exposed to chronic traumas (Larson et al., 2017)

Non-Hispanic Black and Hispanic youth and those with low socioeconomic status disproportionately lack access to mental health treatments and mental healthcare providers, as evidenced by lower medical expenditures and mental health service utilization compared to affluent, White children (Abrams et al., 2020; Hodgkinson et al., 2017; Larson et al., 2017). Non-Hispanic Black children have the highest rates of mental-health-related emergency department visits (Abrams et al., 2020). The rates of mental health-related emergency department visits are more rapidly increasing for Hispanic children than non-Hispanic White children (Abrams et al., 2020). White children use outpatient mental health services more than Black and Latino children (Larson et al., 2017).

Children of lower socioeconomic status have higher rates of unmet mental health needs and mental health problems than children of higher socioeconomic status (Hodgkinson et al., 2017). Low-income minority children are less likely than their White counterparts to access mental health care treatment (Larson et al., 2017). Families receiving public insurance was a predictor of less access to mental health care treatment (Larson et al., 2017). Children with public insurance are more likely than children with private insurance to have a gap in mental health insurance coverage (Larson et al., 2017). Additionally, children in low socioeconomic standing



have a worse posttraumatic response because their low-resource environment impedes their ability to recover from traumatic experiences and increases the likelihood of future mental health impairments (Andrews et al., 2015).

Area of residence also impacts access to mental health treatment. White children are more likely to receive mental health treatment in urban areas than Black children and Latino children (Hodgkinson et al., 2017). However, White children in rural areas are less likely to receive mental health care than White children in urban areas (Hodgkinson et al., 2017). There are no racial or ethnic disparities for students receiving mental health treatment in school (Larsen et al., 2017). However, rural Black students had higher participation rates in school-based mental health screening programs than White adolescents (Larson et al., 2017).

School Nurses Can Address Inequities

It is school nurses' moral and ethical duty to address inequities that surround health and education. A school nurse must critically assess the social determinants of health that affect students' health and well-being (American Nurses Association [ANA] & National Association of School Nurses [NASN], 2017). According to the Standards of School Nursing Practice, Standard 7, the school nurse must protect human rights, promote health diplomacy, enhance cultural sensitivity, and reducing health disparities through a school-wide approach to identify and dismantle inequities within the education setting (ANA & NASN, 2017). Furthermore, the school nurse can address inequities by encompassing Standard 8, culturally congruent practice, and Standard 16, utilizing "appropriate resources to plan, provide, and sustain evidence-based nursing practices that are safe, effective, and fiscally responsible" (ANA & NASN, 2017, p. 80).

Health equity is a practice component of the Community/Public Health principle in the *Framework for the 21st Century School Nursing Practice™ (Framework)* (NASN, 2016; 2020). In addition, all the principles of the Framework (i.e., Care Coordination, Leadership, Quality Improvement, Community/Public health, and Standards of Practice) encompass skills that school nurses use daily to help students be healthy, safe, and ready to learn (NASN, 2016). In achieving health equity, school nurses may use community/public health skills, including connecting students and their families to resources that address rent assistance, unemployment benefits, or food access. Additionally, school nurses should provide information to eligible children's families or guardians to enroll them in healthcare coverage by Medicaid or the Children's Health Insurance Program (CHIP). The school nurse embodies the principle of Leadership by becoming an influential member of a school system or state-level interdisciplinary advocacy team that addresses systemic racism and critically evaluates, creates, and edits policies to reduce disparities and provide resources that promote equity. The school nurse collects data on the number of case management supports provided for students which meet the Quality Improvement principle implementation. The principle of Standards of Practice is the guiding principle for the school nurse decisions and actions in the provision of school



nursing services using clinical guidelines, evidenced-based practice, and critical thinking to problem solve identified social needs and racial inequities. Finally, the school nurse uses the principle of Care Coordination to encourage the inclusion of a culturally competent, evidence-based curriculum that assists in recognizing implicit bias and addresses racism (NASN, 2016; [2020, National Association of State School Nurse Consultants, 2020](#)).

The COVID-19 Pandemic

The Annie E. Casey Foundation reported from mid-September to mid-October 2020, families with children in their homes had serious issues during the pandemic. Racial and ethnic subgroups were adversely impacted. 23% of Black families and 19% of Latino families expressed sometimes or often not having enough food to eat, compared to 10% of White families. In addressing the possibility of losing their homes, 36% of Black families, 39% of Hispanic families, and 30% of White families reported that they were likely to be evicted or foreclosed on (2020). The majority of those experiencing issues are concentrated among Black and Latino households, households with annual incomes below \$100,000, and households experiencing job or wage losses since the start of the outbreak (RWJF, 2020). The COVID-19 pandemic has amplified health disparities that are apparent among vulnerable communities. Students, their families, and school staff within these communities may experience unequal access to testing, treatment, and preventive measures and be at an increased risk for illness due to pressures to continue working in unsafe conditions.

School Nurse Health Equity Assessment and Resources

School nurses can assist students and families during the COVID-19 pandemic and return-to-school by assessing family social needs by asking the following questions to identify obstacles to health equity and provide resources to remove identified obstacles. It is essential that school nurses establish a trusted, confidential interaction with students and families when conducting this assessment and are sensitive to the questions and responses that are exchanged.

Assessment questions include:

- **HEALTH INSURANCE COVERAGE - Does your child have health insurance?**
 - If the student is not insured, offer state and local resources for Medicaid or other insurance enrollment.
 - Resources include:
 - Coverage resource - go [here](#)
 - State programs go - [here](#) or call 1-877-KIDS-NOW (1-877-543-7669)
 - School-based outreach and enrollment toolkit - go [here](#)
 - Identify county and state contacts for enrollment and set up an appointment
 - Or refer to local insurance coverage experts
 - Identify if the school has staff to enroll families in Medicaid, SNAP, or other programs

- If the student has a high deductible health insurance plan, families may not have financial resources for out-of-pocket costs for sick visits or prescriptions. See section Access to Healthcare.
- HOUSING – Do you currently have secure housing?
 - Connect with local resources to assist in housing
 - Public schools have access to McKinney-Vento funds to help families secure temporary housing
- HOUSING - Can you afford to pay rent/mortgage?
 - Connect with local resources to assist in housing
- EMPLOYMENT STATUS – Are you or family breadwinner currently employed?
 - If not employed, ask if they have applied for unemployment assistance
 - Resources include:
 - Provide a list of local family advocates that can help get health coverage or benefits due to unemployment.
 - Information regarding unemployment benefits under the CARES act - go [here](#)
 - Health coverage options for the unemployed - go [here](#)
 - Medicaid and CHIP information – go [here](#)
- FINANCIAL STATUS – Are you having difficulty paying your bills? Which bills do you need help with paying?
 - Information regarding bill assistance - go [here](#)
- FOOD SECURITY - Do you have access to enough food for the family? Do you ever worry about how to make your food supply last longer? Does your student receive food at school?
 - Provide food access resources in the community, including food pantries, charitable food delivery organizations, and SNAP/WIC.
 - Help applying for free or reduced meals at school
 - Resources include:
 - [SNAP](#)
 - [WIC](#)
 - [Free and Reduced-Price School Meals](#)
 - [Food distribution programs](#)
 - [Food and Nutrition Services \(FNS\) programs](#)
 - [Child Nutrition Programs](#)

- ACCESS TO HEALTH CARE - When was your student's last well-child or health care visit?
 - Review student's immunization status
 - Review student's prescription drug status
 - Provide resources for providers at federally qualified health centers or community providers accepting uninsured or under insured children
 - Provide information on Vaccines for Children programs in your community
 - Provide resources for prescription drugs if uninsured and not eligible for Medicaid.
 - <https://www.americaspharmacy.com/howitworks>
 - Provide suggestions for local pharmacies, such as Walmart, CVS, Walgreens, and others that provide generic discounted prescriptions
- ACCESS TO HEALTH CARE - Do you have a vehicle or access to transportation to get to medical appointments or COVID-19 testing sites?
 - If the family has Medicaid, the cost of transportation to medical appointments is covered

Questions Specific to the COVID-19 Pandemic

- PERSONAL PROTECTIVE EQUIPMENT - Do you have the personal protective equipment you need, such as cloth masks for your student, yourself, hand soap, cleaning products, hand sanitizer?
 - Provide school or community resources to provide masks/PPE, cleaning products, and hygiene products to children and families such as PTA's or faith-based organizations.
- COVID-19 RISK - Has anyone in your household contracted COVID-19? Been in close contact with any person who may be sick with COVID-19? Travel to areas where COVID-19 is high? Been around anyone who has traveled from another state or country?
 - Connect families with local public health.
- COVID-19 EXPOSURE PLAN - What is your plan for you and your family if exposed to COVID-19? Can you and your family isolate for 7-14 days? What is your plan for working, income, and/or food access?
 - Provide a list of locations within your community that provide COVID-19 testing
 - Provide phone number of the local health department that does contact tracing if exposed
- EDUCATION RESOURCE – INTERNET OR WI/FI ACCESS - Do you have access to reliable internet and/or Wi-Fi at home? Is your school/community providing hot spots or technical support to families?

- Provide community-based organizations providing free public Wi-Fi
- Assistance for lowering the cost of the internet - go [here](#)

- EDUCATION RESOURCE – TABLET ACCESS - Do you have a tablet for remote based learning for your student? Do you have enough tablets? Is your school or community providing tablets, such as chrome books or lap top computer, to families?
 - Provide local community or school-based resources for tablets, chrome books, or laptops

- WORK/SCHOOL BALANCE - Are you currently working out of the home during school hours? Will you be home if the student is home doing remote learning? Will the student be alone during the day? Can you help your student(s) with schooling, and do you feel confident assisting the student?
 - Provide community childcare resources such as Boys & Girls Club and faith-based organizations

- MENTAL HEALTH - How are things going at home? How do you feel about the relationships in your life? How does your partner treat you? Are you and your children safe in your current living situation?
 - Domestic abuse, addiction issues, incarceration, or other social needs may arise during this time.
 - Connect with school/community support or mental health services if there was an exposure/illness/death related to COVID-19
 - Additional resources for students, families (and school staff) include:
 - [COVID-19 Resources to Prevent Child Abuse](#)
 - [School Mental Health Resources for COVID-19](#)
 - [COVID-19 resources for k-12 schools from the CDC](#)
 - [Talking to Children About COVID-19](#)
 - [Trauma-Informed School Strategies Due to COVID-19](#)
 - [Coping in Hard Times: Fact Sheet for School Staff](#)
 - National Domestic Violence information – [go here](#)
 - Substance Abuse and Mental Health Services Administration - go [here](#)
 - School nurses are mandatory reporters of child abuse and neglect. Further information may be found [here](#) and state statutes [here](#)

- CLOSING - Are there any other concerns or needs that you need assistance with?



Additional Equity and Racism Resources

- [Tools to Raise an Anti-racist Generation](#)
- [Diverse children's books](#)
- [Anti-racist Reading List](#)
- [Preventing Racial Inequity in Schools and Beyond](#)
- [Talking About Race](#)
- [Talking Race With Young Children](#)
- [Talking to Children About Race](#)
- [Implicit Bias Resource Guide](#)

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PREPARE FOR THE COVID-19 VACCINE



Overview

The Office of Minority Health (OMH) at the U.S. Department of Health and Human Services (HHS) is promoting the latest recommendations provided by the [Centers for Disease Control and Prevention \(CDC\)](#) to prepare healthcare workers for the distribution of the COVID-19 vaccine. As COVID-19 continues to disproportionately impact racial and ethnic minorities in the U.S., OMH is focusing its efforts on raising awareness about the importance of getting the COVID-19 vaccine, establishing vaccine confidence, and combatting vaccine hesitancy, especially among racial and ethnic minority groups. Below are social media messages and hashtags, we encourage our partners to share with their social media audiences to promote the latest CDC recommendations, information about vaccine planning, guidance on how healthcare providers can address their patients, and the benefits of COVID-19 vaccination.

Social Media Promotions and Hashtags

Use the following social media messages and hashtags to help promote resources and join online conversations regarding vaccine safety, confidence, recommendations, and questions.

Hashtag(s):

#COVID19
#PublicHealth
#CDC

Twitter

- Uncertain about the benefits of #COVID19 vaccination? @CDCgov explains how a vaccine can help protect you when a vaccine is recommended: <https://bit.ly/vaccinebenefits> #PublicHealth #CDC
- @CDCgov is focused on #vaccine planning and is working closely with health departments and partners to get ready for when #COVID19 vaccines are available. Learn how they are working with federal, state, local, tribal & territorial partners: cdc.gov/coronavirus #PublicHealth
- #Providers: You are your patients' most trusted source for information when it comes to vaccines. Learn more about the topics they may ask about, including safety and side effects: <https://bit.ly/2InDVLO> #PublicHealth #CDC
- #Providers: @CDCgov has resources available to help you answer patient's questions and engage in effective conversations on #COVID19 vaccine recommendations: <https://bit.ly/37viXn3> #PublicHealth #CDC
- #DYK a @CDCgov advisory committee recommended healthcare personnel and long-term care facility residents should receive #COVID19 vaccination first? Learn how the CDC is making COVID-19 vaccine recommendations: <https://bit.ly/2IWccCd>. #PublicHealth #CDC

Twitter (in Spanish)

- ¿No estás seguro de los beneficios de la vacuna contra el #COVID19? @CDCespanol explica cómo una vacuna puede ayudar a protegerte cuando es recomendada: <https://bit.ly/3qH1m4b> #PublicHealth #CDC
- @CDCespanol está trabajando estrechamente con los departamentos de salud y otros socios para elaborar planes de vacunación para cuando la vacuna del #COVID19 esté disponible. Conozca cómo los #CDC están trabajando con estos aliados: <https://bit.ly/39T61KA> #PublicHealth
- Los #proveedores de salud son la fuente de información más confiable para los pacientes cuando se trata de las vacunas. Obtén más información sobre los temas que los pacientes pueden preguntar, como la seguridad y los efectos secundarios de las vacunas. <https://bit.ly/3guDCLZ> #CDC
- #Proveedores de salud: @CDCespanol tiene recursos disponibles para ayudarlos a responder las preguntas de sus pacientes y tener conversaciones positivas sobre las recomendaciones de la vacuna #COVID19: <https://bit.ly/3guDCLZ> #PublicHealth #CDC
- ¿#SabíasQue un comité asesor de @CDCespanol recomendó que el personal de atención médica y los residentes de los centros de cuidado a largo plazo deberían recibir la vacuna del #COVID19 primero? Lee más sobre las recomendaciones para la vacuna del #COVID19: <https://bit.ly/3mYngOe>

Facebook

- Are you uncertain about the benefits of COVID-19 vaccination? The Centers for Disease Control and Prevention explains how a vaccine can help protect you when a vaccine is recommended: <https://bit.ly/vaccinebenefits> #PublicHealth #CDC
- The Centers for Disease Control and Prevention is focused on vaccine planning and is working closely with health departments and partners to get ready for when COVID-19 vaccines are available. Learn how the agency is working with federal, state, local, tribal, and territorial partners: cdc.gov/coronavirus
- Providers: You are your patients' most trusted source for information when it comes to vaccines. Learn more about the topics they may ask about, including safety and side effects: <https://bit.ly/2InDVLO>.
- Providers: The Centers for Disease Control and Prevention has resources available to help you answer patient's questions and engage in effective conversations on COVID-19 vaccine recommendations: <https://bit.ly/37viXn3>
- Did you know that a CDC advisory committee recommended healthcare personnel and long-term care facility residents should receive COVID-19 vaccinations first? Learn how the CDC is making COVID-19 vaccine recommendations: <https://bit.ly/2IWccCd>.

Instagram

- Uncertain about the benefits of #COVID19 vaccination? @CDCgov explains how a vaccine can help protect you when a vaccine is recommended: <https://bit.ly/vaccinebenefits> #PublicHealth #CDC
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