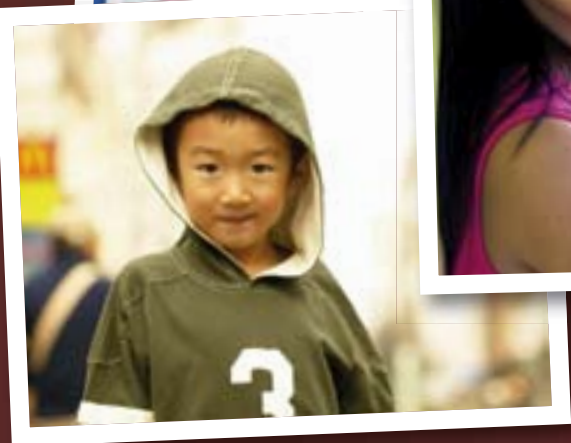
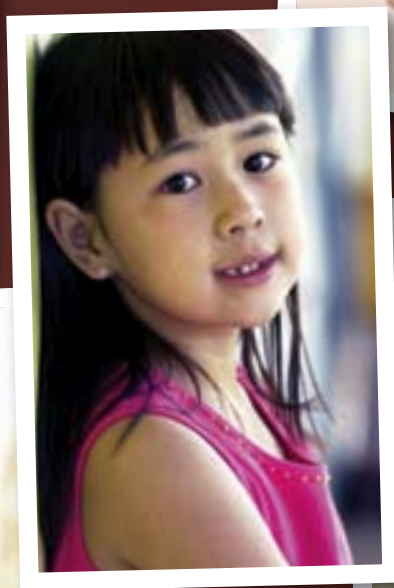
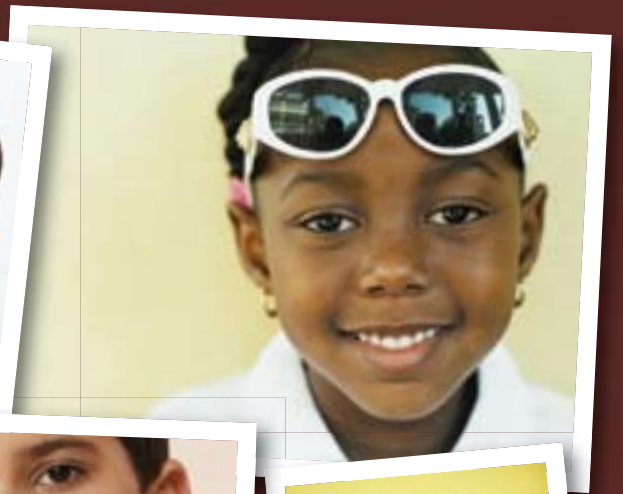
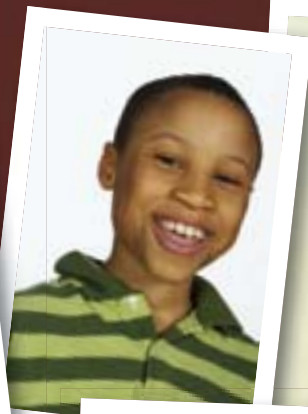


The American School Nurse



Expanding Multicultural Knowledge **Part 2**

Deb Ilardi, RN, BSN, Clinical Editor *SNN*

Part 1 of this series appeared in the January 2006 issue of *School Nurse News*. Information gleaned from research sources, students and their families, and practicing school nurses has been gathered to demonstrate the need for expanded multicultural healthcare knowledge. It has been demonstrated over and over again, through your stories, how valuable it is to make a connection with immigrant families before their children become ill or injured. Understanding cultural diversity in healthcare beliefs is “part of the job” today as an American School Nurse.

Elena had been a registered nurse working in a school in Indiana for the past four years. At first, when her husband accepted a job there, she hated the idea of moving to a place so far from her home in Texas and her relatives in Mexico. But finding a job in a school meant more time with her four children and husband, and no more holiday work. For that, she had found a way to be happy in the North.

Recently, her school principal had approached her to speak to a group of Hispanic parents who seemed to have children absent from school more often than their Caucasian peers. Wanting to be better prepared, she did some research on the Internet. Some of what she discovered surprised her, despite her own family background. Some of the resources she uncovered became references she would use over and over again.

Only 3% of Indiana’s population is foreign born, but more than half that number moved there since 1990. The sudden rise in immigrants has prompted researchers to designate Indiana as one of 22 “new growth” states. Hispanics are predominant, with 42% born in Latin America. Indiana’s experience reflects what is happening throughout the Midwest, and across the country. Immigration is no longer an urban issue or an East/West coast phenomenon. Michigan experienced a 49% increase in immigration in the 1990s and Kentucky reported a 145% increase for the same time period (IYI, 2004).

Elena’s elementary school of 450 students didn’t seem to have a large number of Hispanic students – at first glance. However, as she went

through the class lists, recognizing cultural names for some boys and girls, seeing family names she knew from her community and church in others, she realized that each class had several students whose families spoke Spanish at home. Still, she did not know a lot about their individual families. Their country of origin could be Cuba, Central or South America, Mexico, Puerto Rico, or many others.

National studies have given insights into the general Hispanic population in America, including the following: 75% are Roman Catholic and believe the church helps solve community problems; the majority of foreign-born Hispanics maintain a strong attachment to their country of origin, visiting every one to two years; 4% speak primarily English, 72% speak primarily Spanish, and 24% are bilingual. It is incorrect to make assumptions about immigrant populations; we need to remember to ask questions and write down what we learn so as not to generalize unfairly or inaccurately. Immigrants who have a common language may vary in attitudes and values depending on the country of origin, age, sex, and length of residence in America. Bear in mind that “Hispanic” describes a diverse population of men, women, and children from at least 22 different countries (IYI, 2004).

Deciding she would hold an “open house” event for the families she had been asked to talk to seemed to make the most sense to Elena. She also decided to invite two other school nurses from neighboring elementary schools whom she had befriended. Neither one was Hispanic, but this would be a good opportunity for them to see what she was doing. Perhaps they might offer such an event at their schools in the future. Their role would be to give parents and children a nametag when they arrived. She would offer fresh fruit as a snack, show a short movie on “going to the doctor” that she had bought at a nursing conference, and then ask for questions about when to stay home and when to come to school if a parent thought a child was ill. If no one spoke up, she would offer an example first.

As community agencies develop plans to reach out to their expanding immigrant population, the Search Institute recommends these strategies:

- Build partnerships. Because many Latinos indicate their Roman Catholic faith is very important to them, local parishes are excellent partners in outreach programs.

- Invite the family. Hispanic culture puts strong emphasis on families, and often the households have at least 5 members. Programs that offer participation of the whole family may be well received.
- Speak up. More than two-thirds of immigrant Hispanics have less than a high school education and may have difficulty reading and writing the English language, as well as Spanish. Oral, rather than written, communication may be best.
- Stay positive. No matter where a child comes from, he or she needs positive relationships with caring adults. Research shows that children who experience high levels of these supports engage in many fewer high-risk behaviors and more beneficial ones, regardless of race, ethnicity, and socio-economic status (Geraghty, 2003).

Right From Washington

The National Alliance for Hispanic Health is housed in Washington, DC – A study on health care published in March of 2004 is still available in its entirety at www.hispanichealth.org and www.npcnow.org. The following excerpt is taken from this study:

Hispanics are less likely to receive or use medications for asthma, cardiovascular disease, HIV/AIDS, mental illness, and pain, according to a new study. These disparities in pharmaceutical treatment are substantial and often persist even after adjustment for differences in income, age, insurance coverage, and coexisting medical conditions. According to Senator Van De Putte, study co-author and a practicing pharmacist, “This study brings together for the first time emerging research demonstrating that genetic and environmental factors have a significant impact on the effectiveness of medicines

for Hispanic patients. Eventually advances in genetics will allow us to tailor pharmaceutical therapy to individual needs.” The study found that language barriers and differences in cultural values can have an impact on the quality of care delivered and can negatively influence medication compliance, self-management of chronic disease, and overall health outcomes for many Hispanic patients.

“Patients and physicians need to be on the lookout for unexpected responses to medications,” said Dr. Carolina Reyes, Assistant Clinical Professor at the UCLA School of Medicine and the study’s lead author. “Physicians must help their patients identify what to look for in determining whether a prescribed medicine might be too weak or too strong of a dose and health providers must be aware of environmental factors, such as a patient’s diet and environmental pollutants in the community. Good communication and

Culture Clues™ Patient and Family Education Services

Communicating with Your Latino Patient

Perception of Illness • Patterns of Kinship and Decision Making • Comfort with Touch

Culture Clues™ is designed to increase awareness about concepts and preferences of patients from the diverse cultures served by UWMC. Every person is unique; always consider the individual’s beliefs, needs and concerns. Use Culture Clues™ and information from the patient and family to guide your communication and your patient care.

How does the Latino culture deal with illness?

Explaining the Causes of Illness and Disease

- Your patient may see illness as an imbalance. The imbalance may be between internal and external sources (for example, hot and cold, natural vs. supernatural, the soul is separate from the body).
 - Ask your patient, “Can you tell me what caused your illness?”
- There are folk-defined diseases such as *empacho* (stomach ailment) and standard western medically defined diseases such as measles, asthma, and TB.
- Many patients seek medical care from *curanderos* or other folk healers.
 - Ask about use of pharmaceuticals or home therapies such as herbal remedies or certain foods. Screen for possible patient use of injectables, especially antibiotics or vitamins. Ask if you can see the home treatment if your patient cannot identify the substance.

Helping Your Patient Take an Active Role in Care and Recovery

- Your patient may believe that God determines the outcome of illness.
 - Consider the impact religion will have in your patient’s active participation in health care recovery. You can validate your patient’s belief by asking, “Will God be served by taking the best care of yourself?”
- The patient is seen as an innocent victim, and will be expected to be passive when ill.
 - Help your patient take an active role in his or her recovery.

Helping Your Patient Feel Comfortable with UWMC

- Remember to find out if this is your patient’s first visit to UWMC.
 - Keep in mind that patients who are new to the system may not be aware of the role of the Primary Care Team or the process for getting a referral to a specialist.

Understanding Concerns About Depression

- Depression may not be seen as an illness. It is often seen as a weakness and an embarrassment to family.
 - Treat these issues with respect. You may want to also offer the services of a clergy member.

How are medical decisions made in the Latino culture?

Making Decisions About Healthcare

- The mother determines when a family member requires medical care; the male head of the household gives permission to go to the medical center.
- Head of household, often oldest adult male, is the decision-maker, but important decisions often involve the whole family. The family spokesperson is usually the father or oldest male.
 - Ask your patient about whom they want to be included in medical decisions. If the patient does not want to make medical decisions for themselves, let them know they need to prepare a Durable Power of Attorney for health care.

awareness between patients and their doctors will ensure the best access and care for Hispanic populations.”

Therefore, it seems logical to me that school nurses, who spend much time with elementary school children, might be well positioned to contribute assessment information when Hispanic students are taking medications for diagnosed illnesses, and to watch carefully for symptoms that warrant further medical contact. If a trusting relationship has been created with families, this type of intervention might be well received and significant in the length of a child’s illness and absence from school.

The mission of the National Alliance for Hispanic Health is to improve the health and well-being of Hispanics. The Alliance is the nation’s oldest and largest network of Hispanic health and human services providers. Alliance members deliver services to over 12 million persons

annually. As the nation’s action forum for Hispanic health and well-being, the programs of the Alliance strive to:

- inform and mobilize consumers
- support providers in the delivery of quality care
- promote appropriate use of technology
- improve the science base for accurate decision making
- promote philanthropy

The Alliance provides key leadership and advocacy to ensure accountability in these priority areas. The constituents of the Alliance are its members, Hispanic consumers, and the greater society that benefits from the health and well-being of all its people.

Elena stumbled upon other resources, like the Access to Benefits Coalition™ (ABC). While she wouldn’t need this information for her evening presentation, she decided to

keep it handy – chances were she would find it useful in the future.

ABC is dedicated to ensuring that Medicare beneficiaries with low incomes know about, and can make the best use of, all available resources for reducing the cost of prescription drugs, including the new Medicare-approved drug discount program and Medicare Part D (starting this year). Coalition members share an interest in helping close to 7 million Medicare beneficiaries (including both those aged 65 and over as well as younger persons with disabilities who qualify) find the public and private prescription savings programs they need to help maintain their health and improve the quality of their lives.

Things Start to Make Sense

Elena was starting to read some of the same information in more than one place. This reassured her...people wanted to know how to help immigrants access the American

- When possible, engage the whole family in discussions that involve decisions about care.

Managing Medical News

- The family would prefer to hear about bad medical news before the patient is informed. The family spokesperson usually delivers information about the severity of illness. The family may want to shield the patient from the bad news.
 - If your patient consents, meet with the identified persons to strategize how to communicate medical news.

Gaining Family Support

- La familia – the familia – is an important source of emotional support during recovery. Patients like to be able to see and embrace their family members.
 - Be aware of the importance of this and consider extending visiting hours. Explain the visitation policy at the time the patient is admitted or before a surgery, so that the family knows what to expect.
- The family may want to allow the patient to remain passive during recovery while they provide complete support for activities of daily living.
 - Educate family members about the importance of the patient’s active participation during recovery.

What are the Latino culture’s norms about touch?

Understanding Relationships

- Your patients value relationships. They prefer a polite and friendly encounter before a therapeutic relation.
 - Take time to develop relationships. Shake hands and greet your patient by name, or ask the patient what they prefer to be called. An older patient may prefer to be called Señor (Mr.) or Señora (Mrs.).

Understanding Norms About Eye Contact and Body Language

- Eye contact with health care professionals or people of authority may be avoided as a sign of respect.

- For some patients, eye contact may be related to evil spirits. An illness may be attributed to receiving an “evil eye” or mal ojo.
- Another example of evil eye is the belief that if you admire a child by looking without actually touching him or her, the child can become very ill.
- When your patient nods his or her head, it does not necessarily signify agreement, but that he or she is listening to you. Silence is more likely a sign of not understanding or disagreement.
 - To ensure understanding, ask open-ended questions and encourage the patient to ask questions.

Understanding Norms About Touch, Modesty and Body Language

- Consider the modesty of women and girls; having a female provider may be helpful.
 - Ask your patient about her gender preference for providers. Consider having a female attendant present when a male provider is examining a female patient.

What is unique about this patient and family that you will not learn from tips or information about their culture?

Country of origin, education, and income level make a difference about how your patient perceives illness and makes health decisions. What are the questions you want to ask to learn more about this patient and their family?

Check Out These Resources to Learn More About Healthcare and Latino Culture

- Culture and Nursing Care, A Pocket Guide, J.G. Lipson, S.L. Dibble, P.A. Minarik, 1997, pp. 203-215 (available at the Learning Resource Center cc420).
- Culture Clues and End-of-Life Care Sheets: <http://depts.washington.edu/pfes/cultureclues.html>

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Contact: 206-598-7498/Box 358126/pfes@u.washington.edu

healthcare system more efficiently than they seemed to be doing right now. There were research studies on the timeliness of healthcare access and the confusion over daycare policies regarding ill children. She particularly liked an article called "In Other Words...Communicating about Health with New Immigrants" by Helen Osbourne, written as recently as December 2005.

Accessing, using, and understanding our healthcare system is difficult for almost everyone, but for new immigrants it can sometimes seem impossible. The healthcare system in America is built on such public health concepts as screening, prevention, and early detection of disease, whereas people from other countries may be accustomed to seeing medical providers only when they are seriously ill. Consequently, immigrants may have no frame of reference to understand why mammograms, pap smears, and blood pressure checks are important.

Another difference that creates obstacles is how health information is communicated. In the United States, healthcare providers are likely to speak quickly, use a lot of medical terms and acronyms, and supplement spoken information with written materials. However, immigrants may have trouble understanding information communicated this way. In fact, some languages do not have words for certain medical terms. A Vietnamese interpreter used 16 words to say "cervix"!

Simplified written materials, while helpful, are not the only way to improve understanding. Use props, pictures, stories, and hands-on practice in patient teaching. For example, instead of just telling a patient how to take a new liquid medication, use an actual dosing spoon. This way, the provider can demonstrate, and the patient return-demonstrate, how to measure and take this medication (Osbourne, 2003).

From One State to Another: Not Always Unique

Elena had met a school nurse from New York at the last national conference she attended. Mary Ann had instantly liked Elena and often thought of her while dealing with immigrant health issues herself. In her upstate New York high school, there were few Latinos (the

word Hispanic seemed to be used less often in NY.) But Mary Ann had a reference herself that she sent to Elena to support her project. The New York State Council of Children and Families had recently published a paper called Latino Youth in NYS: Health Issues and Latino Youth. Mary Ann felt good about sharing it with Elena.

Current research-based findings in New York were summarized in the short document:

- The prevalence of childhood obesity is increasing at similar rates among all ethnic groups, with Latino children having a significantly higher prevalence.
- The use of alcohol and cigarettes among Latinos appears to be similar to that of all adolescents, having increased in 1994 and decreased in 1998 to the levels of use in 1990.
- The Latina pregnancy rate, although decreasing, is approximately twice that of other groups in the 15–17-year-old age group.
- Hospitalization rates for treatment of asthma were not significantly different for Latino children.
- Quality of health care is compromised because of difficulty obtaining a thorough health history due to the language barrier.

Las Olvidadas: The Forgotten Ones

Mary Ann had also read about the problems of Latino adolescents related to HIV/AIDS. They were referred to as The Forgotten Ones. She didn't think Elena would need that data, but maybe someone else she knew could use it. She decided to include it as well, since she'd been so surprised herself to see the statistics.

With more than 40 million Latinos living in the U.S. (an increase of 58% over a decade), Latinos are the single largest group after whites. Latinos continue to experience higher rates of poverty and unemployment, and suffer major health disparities. HIV/AIDS has had a devastating impact on Latino communities. According to the CDC, 155,722 adults and adolescents were diagnosed with AIDS through 2002, representing 19% of the total AIDS population in the U.S. Of these, more than 92,000 have died.

Recognizing that the provision of culturally competent healthcare services is an essential for the elimination of racial/ethnic health disparities, including HIV/AIDS, the DHHS Office of Minority Health has developed Recommended Standards for Culturally and Linguistically Appropriate Health Care Services to give medical institutions and providers guidance for achieving cultural competence (having an understanding of the beliefs, values, traditions and practices of a cultural group, including culturally based beliefs about the etiology of illness and disease and concepts of health and healing practices). This could improve health outcomes for individuals and communities, increase levels of patient satisfaction and improve cost efficiency. Suggestions include:

- Obtain more specific and complete information.
- Facilitate the development of treatment plans that are more likely to be followed by the patient and supported by the family.
- Enhance overall communication between the patient and the provider.

At least half of all new HIV infections are said to occur in those under the age of 25. Hispanic adolescents are at especially high risk. In 2001, 44% of Latinos in grades 9 to 12 reported having sexual intercourse; 52% said they did not use condoms at their last intercourse, heightening their risk. A substantial number of teens experience early puberty but lack the social skills to negotiate with their older boyfriends about sexual issues (Rios, 2003).

These are health issues and high-risk behaviors about which school nurses often talk to individual students. Understanding some of the issues specific to Latino youth lays the groundwork for more responsible discussions.

The School of Nursing Research at Duke University

Elena had a favorite nursing professor from college who had left Texas to work in North Carolina. Wondering if Hispanics had gone there as well, Elena decided to write to Dr. Denman. She was surprised and pleased to

find out that the Duke University School of Nursing had conducted research on "Access to Health Care by Durham's Low Income Latinos." Dr. Denman's work was published in 2000. (Denman, 2000)

Census surveys are known to under-represent Latino immigrant populations. Much of the growth of the Durham Latino community has occurred in the last five years. This survey and two previous surveys found that greater than 50% of their samples had arrived in North Carolina within the past 12 months. A more accurate indicator of both the numbers of Latino immigrants in Durham, and the growth rate of that population, can be found by looking at Hispanic births. In 1990, there were 29 Hispanic children born in Durham County, compared to 283 in 1997 (Office of State Planning). Data on school enrollment of Hispanic children paint a similar picture: Hispanic enrollment in Durham schools was 130 in the 1990-91 school year, compared to 419 in the 1994-95 school year, and 726 in the 1996-1997 school year – a 459 percent increase (Lopez, DEHNR Office of Minority Health, 1998).

Durham is an urban environment bounded by suburbs and farmland in the surrounding counties. The majority of Latinos in Durham County work in urban environments, such as construction and landscaping, and a few are employed in rural areas or on farms. Increasingly, Durham's Latinos are families who have made this area their home. They own businesses and work locally. They are members of local churches, their children attend local schools, and their families use local healthcare services.

Healthcare agencies have also noted an increased demand for services that they are not equipped to meet. For example, Lincoln Community Health Center has seen the percentage of Latino users increase from 2.7% in 1994 to 4.8% in 1995, and up to 7.1% in 1996. The Durham County Health Department in 1993-1994 showed Latino patients at 2.4% of total served; however, by 1996-1997 Latino patients were 7.8% of the total served. Duke University Medical Center has expanded its 1997 policy of

on-call Spanish interpreters on an as-needed basis to the present availability of on-site interpreters Monday – Friday, throughout the business day.

An interdisciplinary collaborative effort among Durham health and social services agencies, Latino community organizations, and Latino community leaders is responding to the increasingly complex issues involved in meeting the healthcare needs of the growing Latino population. Interviewers went to Latino neighborhoods and solicited participants at home and at gathering sites such as laundromats, food stores, and churches. Many issues related to access to health care for newly immigrated Latinos were identified by this survey.

Key access issues related to demographics

- High number of males who are here without spouse or close family
- High percentage of Latinos who are new to Durham and to the United States
- High number of Latinos with little or no English language ability
- Low percentage of Latinos with health insurance

Key access issues related to utilization site(s)

- Over-use of emergency room, reflected in hospital statistics (not in community survey)
- Lincoln Community Health Center most commonly used site of care

Key access issues related to health promotion/disease prevention

- Rates of dental problems high, and use of services poor
- Low rates for routine check-ups, and worse among men
- High percentage of women without information about breast self-examination
- Lack of recreational physical activity for men and women
- Personal safety issues in some neighborhoods
- Males often having high rates of contact with prostitutes

Key access issues related to health information

- Many Latinos lacking basic health information
- Many lack knowledge of *any* healthcare system
- Many without knowledge about U.S./Durham healthcare systems

Key access issues related to physical health problems

- High rates of care for pregnancy and child health
- Growing rates of sexually transmitted diseases, poor prevention measures
- Hospitals struggle with severely ill or injured Latinos who need discharge, and no services are available. Numbers of patients with this type of problem are growing and costs are very high for each one.

Key access issues related to mental and social health problems

- Bi-lingual mental and social health services almost non-existent
- High rates of alcohol abuse among men
- High rates of domestic violence against women
- High rates of stress and depression among women
- Increased rates of Latino children with mental and emotional health problems
- Very limited occurrence of informal, friendship-level supports among the Durham Latino community

Key issues related to use of health care

- Lack of English language
- Lack of knowledge about where to get care
- Time issues regarding use of health care
- Long waits at sites
- Transportation difficulties – public services are slow

Although this report has concentrated on presenting access issues, there were many positive comments made to the project director and the interviewers

during the course of the study, including comments from Latino patients such as “We are so grateful for the health care we have received here, it would be impossible for us to receive such quality of attention in our country.” Others said, “We remember how rare it was to have an interpreter when we went for health care a few years ago. The situation has improved so much recently.” In our development of solutions to current problems it will be important to remember the progress achieved by the Durham Latino community agencies and the health care community in meeting the needs of Latino immigrants.

Innovative solutions to many of the problems which have been discussed were proposed during the course of the study. Although multiple access problems concerning health care problems have been identified, the collaborative partnership is capable of coordinating a focused response to such issues (Denman, 2000).

CONCLUSION

The healthcare issues surrounding our Hispanic/Latino Americans differ dramatically from those of the Vietnamese immigrants discussed in Part 1 of this series. Still, the issue of understanding is the same. Without awareness that there are healthcare disparities, no change can occur. School nurses are positioned to realize this and to act.

The long-awaited demographic transition, the “majority minority” has occurred. Nearly half (42.5%) of all infants born in the United States in 2002 were African American, Asian/Pacific Islander, Latino, or Native American/American Indian. Despite the dramatic growth in the population of Latinos and Asians in the United States, our knowledge of health issues in these populations is limited (Fuentes-Afflick, 2005).

Personally, I believe the day will come when we see the school nurse’s role in caring for children of differing cultures addressed in research surveys and government reports. We are not intentionally left out of the healthcare community’s literature, even though we may feel that way at times. We work alone in our education settings, and the nursing care that we give is not always recognized, or even noticed, by our colleagues in primary-care offices, clinics and hospitals. Could we help to change that? Certainly. What if we were to document our social and health history for students in a manner that could be shared with other healthcare providers? What if we made a photocopy of that information for families to take with them when we recommend evaluation for an illness or injury? What if we asked for feedback from that healthcare provider so that we could further help the student and family understand what was recommended? Include a release-of-information form, and the implication is there that the school nurse wants to work with the medical evaluator, isn’t it?

I have learned so much already and my interest in the multicultural aspects of American children and youth has blossomed. Hopefully you have expanded your interest as well.

Watch for Part 3 in the fall, when we will explore healthcare issues for immigrant Africans. 🍷

RESOURCES

Access to Benefits Coalition <http://www.accessto-benefits.org>

National Alliance for Hispanic Health, 1501 Sixteenth Street, NW, Washington, DC 20036
tel. 202-387-5000, www.hispanichealth.org, e-mail: alliance@hispanichealth.org

National Hispanic Medical Association, 1411 K Street, Suite 1100, Washington, DC 20005
Phone: 202-628-5895, Fax: 202-628-5898, Email: nhma@nhmamd.org,
Webpage: www.nhmamd.org

NYS Council on Children and Families, 5 Empire State Plaza, Suite 2810, Albany NY12223-1553, 518-473-3652, www.ccf.state.ny.us Latino Youth in NYS: Health Issues and Latino Youth

Public Education and Civic Outreach at the Immigrant Learning Center, Malden, MA, Marcia Drew Hohn, EdD, Director, e-mail at mdrewhohn@aol.com and by phone at (781) 322-9777.

Su Familia: National Hispanic Family Health Helpline 1-866-783-2645

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