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There is a perception in New York State that homelessness is a New York City problem. However, there is widespread evidence that all urban centers in the state have populations of homeless people significant in size and that the problem is growing in suburban and rural areas of the state. The condition of homelessness is increasing as a social problem and responsibility for the 1990's.

Complex interactions and profound changes in many aspects of society have combined to increase homelessness. Contributing factors include increased poverty, gaps in the social services safety net, deinstitutionalization of the mentally ill or disabled, high prevalence of substance abuse, structural changes in the family, loss of jobs and a decrease in affordable housing units.

The population of homeless persons encompasses those who are chronically homeless, those who are cyclically homeless and those who are temporarily homeless due to some personal or natural catastrophe. Currently, it is estimated that there are 80,000-100,000 homeless persons in New York State. The fastest growing populations among the homeless are families, including single mothers, their children and single youths in the 16-21 year old group. A significant number of homeless people are over 65 years of age. An increasing proportion of homeless individuals are ethnic minorities.

The extent of health problems among the homeless have been underestimated. Among the barriers homeless people face is an inability to negotiate the complex health care and social services systems to gain access to available services. Further, a majority of them lack any form of health insurance. All nutritional and health care problems found in poor people are evident in the homeless population. The American Psychiatric Association has estimated that 25-50 percent of homeless
Americans have serious and chronic forms of mental illness. Other significant health problems of the homeless include AIDS, substance abuse, inadequate prenatal and infant care, teenage pregnancy, and podiatry problems.

Homeless individuals, families, and adolescents have different needs. Strategies to deal with all of these persons must be tailored to the specific housing, health care, and social services needs of these different groups.

Often, nurses provide the majority of health care in clinics and shelters for the homeless. Nurses have a comprehensive approach to health care and can meet the diversified health concerns of individuals, families, and communities. Nurses are skilled case managers in traditional health care institutions as well as in ambulatory care settings.

Nurses employ concepts of health promotion and illness prevention as well as the scientifically based application of physical and emotional nursing care. Assessment, nursing diagnosis, implementation and evaluation are all essential to nursing care. Nursing intervention reflects an understanding of the connection between health and societal factors.

The New York State Nurses Association believes the homeless have rights to adequate health care and access to the basic necessities such as food, clothing and affordable housing.

The New York State Nurses Association strongly advocates comprehensive state and local legislation that will fund emergency needs, permanent affordable housing, accessible health care and integrated social services.

The New York State Nurses Association advocates resources accessible to the homeless including on-site, nurse case managers to provide health assessment and facilitate social referrals to address the needs of the homeless.

The New York State Nurses Association advocates the provision of funding for nurse-run centers to provide health care services to the homeless throughout New York State.

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OVERVIEW

Physical and psychosocial challenges to the health of students in New York State and the nation are increasing dramatically. Chronic illnesses, disabilities, infectious diseases, pregnancy, depression, and suicide, child abuse, substance abuse, complex diseases, and behavioral disorders are among the many problems confronting professional nurses in the educational setting. Changing risks in childhood are being brought about by recent trends in American society and family life. Professional nurses, within the educational setting, must have the expertise required to meet these complex health care needs. The school nurse must be able to assess, and manage health problems, offer skilled health counseling, and make appropriate referrals. The professional nurse is often the primary care provider of health services for children with limited access.

RATIONALE

The main purpose of nursing in the educational setting is the promotion and maintenance of an optimal level of wellness. The professional nurse participates in a multi-disciplinary approach to student health in assessing, planning, implementing, and evaluating programs and other school health activities. Coordination of the health care plan by nursing reduces duplication and fragmentation of services, enhances student care and, therefore, contributes to cost effectiveness.

The educational process is enhanced when the health care plan provides for the modification and removal of health related barriers to learning. When assessing health care needs, the professional nurse incorporates the physical, emotional, social, environmental and spiritual aspects of individual students.

The practice of nursing in the school setting requires a broad theoretical background with concepts of community and public health nursing as well as knowledge of teaching/learning theory.

The School Health Nursing Clinical Practice Unit believes that the baccalaureate prepared professional nurse is best qualified to provide the full range of care required by the school population and the community at large. This is in keeping with the baccalaureate degree as a minimum educational standard for other school professionals.

The complex health care needs of today's student demands expert nurse clinicians in leadership positions. The Clinical Nurse Specialist, prepared at the masters level, has the knowledge and skill to function as consultant to the the school nurse generalist and other personnel in the educational setting. This nurse specialist has the ability to assess the health needs of both the school and the community at large.
and implement appropriate interventions and evaluations. Through education and experience, the Clinical Nurse Specialist is able to initiate and evaluate clinical research to provide objective data for the direction of nursing services within a given school district.

RECOMMENDATIONS

The School Health Nursing Clinical Practice Unit recommends that:

1. The New York State Education Law be amended to require school districts to employ registered professional nurses.

2. The New York State Education Law be amended to require that school health services be provided by registered professional nurses.

3. Qualifications for the professional school nurse include licensure as a registered nurse and a baccalaureate degree in nursing from an accredited college or university. A process should be enacted for the professional school nurse whereby certification is consistent with the State Education Department's provisional and permanent certification policies for all teachers.

4. Registered nurses currently employed in the school setting be grandfathereled into the professional school nurse role with a requirement to complete a baccalaureate degree within a time frame established by the New York State Education Department not to exceed eight (8) years.

5. Educational programs in New York State provide access for completion of a baccalaureate degree in nursing consistent with New York State requirements in professional education for eligibility as a professional school nurse.

6. School Districts provide a sufficient number of professional school nurses to ensure that nurse to student ratios are sufficient to meet the health care needs of the students. The American Nurses' Association recommends 1:750 in general school populations; 1:325 in mainstreamed populations; and 1:125 in severely/profoundly handicapped populations.

7. The qualifications for school nurse teachers be amended to include a career ladder which would include a Clinical Nurse Specialist role and that such positions be promoted through school districts to provide consultation, coordinate research, determine cost effectiveness of services, implement quality assurance, and identify the health care needs of student population/school district/community.

APPROVED BY NYSNA'S BOARD OF DIRECTORS ON
MARCH 15, 1988

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