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Every Student Deserves a School Nurse: Building Equitable Access to School Nursing for Child Health

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Two Children, One Difference

Consider two students, both eight years old, both diagnosed with asthma. One attends a school with a full-time registered nurse who administers their rescue inhaler, notes that this is their third visit this month, and calls their mother to discuss possible triggers that could have caused this recent increase in asthma-related visits. The other child attends a school serving a low-income community, where a nurse is present just one day a week. They visit the front office with an asthma flare-up, but the nurse is off-site today and they are sent home...again. By spring, one child is thriving, and one is chronically absent, yet nothing about their diagnoses explains the difference.

Outside the home, no setting occupies more of a child's life than school. And when a school nurse is in the building, they are often the most consistent healthcare professional in a student's daily life. The World Health Organization (WHO) Commission on Social Determinants of Health (CSDH) identified the everyday circumstances of people's lives, from birth onward, as key drivers of health inequities (CSDH, 2008). For children, schools are where those conditions become visible. Yet whether that school includes a nurse depends on wealth and geography rather than student need. This is not a staffing problem or an education budget line. It is a health disparity, and it belongs on public health nursing's agenda.

An Unequal Burden

The burden of chronic health conditions in childhood is not evenly carried. In the United States (US), non-Hispanic Black children experience asthma at twice the prevalence of their non-Hispanic White peers (Centers for Disease Control and Prevention, 2025), and diabetes is rising fastest among Asian Pacific Islander, Hispanic, and non-Hispanic Black youth (Wagenknecht et

al., 2023). Two in five high school students report persistent sadness and hopelessness (Verlenden et al., 2024), and roughly half of school-aged children with a diagnosed mental health condition receive no treatment from a mental health professional, with untreated need ranging from 30% to 72% across states (Whitney & Peterson, 2019). These are health disparities patterned by race, ethnicity, and geography.

The uneven distribution of these diagnoses is just the beginning, as students with chronic health conditions face challenges throughout childhood, rooted in the social drivers of health and with ripple effects throughout life. Students with chronic physical or mental health conditions miss more school, and these challenges are amplified for those who have difficulty accessing healthcare, resources, and support (National Association of School Nurses [NASN], 2025a). School nurse health services have been linked to fewer absences, improved grades, and better self-management among students with chronic health conditions (Best et al., 2018).

School nurses serve as a daily source of care for students with asthma, diabetes, and other acute and chronic health conditions. They identify emerging mental health concerns and connect students to treatment, and they address food insecurity and housing instability (Schroeder et al., 2018; Thomas et al., 2024). School nurses act daily on the social determinants of health affecting their students. When a nurse is present, chronic conditions are managed during the school day, chronic absenteeism is reduced, families receive help navigating systems, and school staff are trained, supported, and safely delegated to. Thus, the solution to these disparities is not a new kind of health worker. It is more school nurses, in more schools.

Who Has a Nurse?

The WHO and United Nations Educational, Scientific and Cultural Organization (UNESCO) strongly recommend implementing comprehensive school health services that are delivered in schools by a health worker (WHO & UNESCO, 2021b). Their global standards for health promoting schools also call on countries to make health services a standard feature of every school rather than an indicator of a well-resourced one (WHO & UNESCO, 2021a). The US, like other countries, promotes a professional model of school health in which a registered nurse is in the school building, with defined scope, preparation, and standards of practice. NASN maintains that every school needs a full-time registered nurse if student health and safety needs are to be met equitably (NASN, 2025c). However, what is lacking in the US is a consistent and equal distribution of enough school nurses where students need them most.

In the US, school nurse staffing is left almost entirely to local and state discretion. Only 65.7% of US public schools have a full-time registered nurse on site every day, and 6% have no nurse at all (Willgerodt et al., 2024). This gap is starkly regional. In the western US, roughly one in three schools has a full-time nurse, compared with nearly nine in ten in the Northeast, and rural schools and those serving low-income communities fall furthest behind (Willgerodt et al., 2024). These findings highlight compounding disparities, as the students least likely to have access to a full-time school nurse are the same students least likely to have healthcare and resources outside school walls. The same conditions that shape children's health also shape whether a nurse is there to address them.

School Nursing Is Public Health Nursing

Recently, Thompson and Clark (2026) argued that advancing health equity requires genuine investment in the public health nursing workforce. There is no setting where that investment would reach more children, more consistently, than a school. School nursing, while its own specialty, was founded on public health nursing, and its daily work is unmistakably public health. School nursing spans care coordination, quality improvement, leadership, and community/public health, the last encompassing nursing services and activities that address social determinants of health, all directed toward keeping students healthy, safe, and in school (NASN, 2024).

Public health exists to reach those who are most at risk. Children are among them, and their health depends on the conditions adults build around them. Reflecting on a decade of this journal's editorials, Palese et al. (2025) concluded that its next phase must voice contributions of public health nurses globally, focus on vulnerable populations, and anticipate rather than react to changes in the field. They addressed that charge to the journal and its readers, and it also applies to the discipline. School nurses serve a vulnerable population in the setting where children spend their days, are on the front lines of early identification of student and community-wide health concerns, and practice in countries around the world, bringing valuable insight into current and anticipated public health issues both locally and globally.

What Public Health Nursing Can Do

In practice, public health agencies should collaborate with school nurses in surveillance, emergency preparedness, and chronic disease prevention as standing partners, not as help during a crisis and released when it passes. In research, we should embrace the National Association of

School Nurses' call to build evidence on how school nurse health services are effectively delivered to improve child and adolescent health and education outcomes, and to advance understanding of the workforce factors and models that help deliver school health services (NASN, 2025b). Finally, in policy, student access to school nurses should be tracked as a health equity measure, recognizing the impact of access to a school nurse in the broader public health mission.

Health equity for children cannot be achieved without equitable access to a school nurse. Return to those two eight-year-olds. One will finish the year healthier, more present, and more ready to learn, not because their asthma was milder, but because their school employed a full-time registered nurse who knew their triggers and worked with their family. The other will carry absences that no one was there to connect to their asthma diagnosis. Public health nursing can see that difference, measure it, and change it. Every student deserves a school nurse.

References

- Best, N. C., Oppewal, S., & Travers, D. (2018). Exploring school nurse interventions and health and education outcomes: An integrative review. *The Journal of School Nursing, 34*(1), 14-27. <https://doi.org/10.1177/1059840517745359>
- Centers for Disease Control and Prevention. (2025, June 25). *Most recent asthma data*. <https://www.cdc.gov/asthma-data/about/most-recent-asthma-data.html>
- Commission on Social Determinants of Health. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. World Health Organization. <https://iris.who.int/items/a77f3d0e-d74b-4856-8f2d-ea738c89e370>
- National Association of School Nurses. (2024). A contemporary framework update for today's school nursing landscape: Introducing the School Nursing Practice Framework. *NASN School Nurse, 39*(3), 140–147. <https://doi.org/10.1177/1942602X241241092>
- National Association of School Nurses. (2025a). National Association of School Nurses position statement: Addressing chronic absenteeism. *The Journal of School Nursing, 41*(3), 404–406. <https://doi.org/10.1177/10598405241284976>
- National Association of School Nurses. (2025b, March). *Research priorities*. <https://www.nasn.org/research/research-priorities>
- National Association of School Nurses. (2025c). National Association of School Nurses position statement: School nurse workload – Essential staffing for safe and equitable student care. *The Journal of School Nursing, 41*(5), 642-645. <https://doi.org/10.1177/10598405251360761>

- Palese, A., Chiappinotto, S., Dobrowolska, B., Timmins, F., Baptiste, D., & Üzar-Özçetin, Y. S. (2025). Vulnerability patterns and trends—An exploration of a decade of *Public Health Nursing* editorials. *Public Health Nursing*, 42(3), 1133–1136.
<https://doi.org/10.1111/phn.13547>
- Schroeder, K., Malone, S. K., McCabe, E., & Lipman, T. (2018). Addressing the social determinants of health: A call to action for school nurses. *The Journal of School Nursing*, 34(3), 182–191. <https://doi.org/10.1177/1059840517750733>
- Thomas, C., Nielsen, T., & Best, N. C. (2024). A rapid review of mental health training programs for school nurses. *The Journal of School Nursing*, 41(1), 158–171.
<https://doi.org/10.1177/10598405241277798>
- Thompson, D. R., & Clark, A. M. (2026). Public health nursing and advocacy for health equity. *Public Health Nursing*, 43(2), 169–171. <https://doi.org/10.1111/phn.70074>
- Verlenden, J. V., Fodeman, A., Wilkins, N., Everett Jones, S., Moore, S., Cornett, K., Sims, V., Saelee, R., & Brener, N. D. (2024). Mental health and suicide risk among high school students and protective factors—Youth Risk Behavior Survey, United States, 2023. *MMWR Supplements*, 73(4), 79–86. <https://doi.org/10.15585/mmwr.su7304a9>
- Wagenknecht, L. E., Lawrence, J. M., Isom, S., Jensen, E. T., Dabelea, D., Liese, A. D., Dolan, L. M., Shah, A. S., Bellatorre, A., Sauder, K., Marcovina, S., Reynolds, K., Pihoker, C., Imperatore, G., Divers, J., & SEARCH for Diabetes in Youth Study (2023). Trends in incidence of youth-onset type 1 and type 2 diabetes in the USA, 2002–18: Results from the population-based SEARCH for Diabetes in Youth study. *Lancet Diabetes & Endocrinology*, 11(4), 242–250. [https://doi.org/10.1016/S2213-8587\(23\)00025-6](https://doi.org/10.1016/S2213-8587(23)00025-6)

- Whitney, D. G., & Peterson, M. D. (2019). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics*, 173(4), 389–391. <https://doi.org/10.1001/jamapediatrics.2018.5399>
- Willgerodt, M. A., Tanner, A., McCabe, E., Jameson, B., & Brock, D. (2024). Public school nurses in the United States: National school nurse workforce study 2.0. *The Journal of School Nursing*, 40(5), 468–481. <https://doi.org/10.1177/10598405241253565>
- World Health Organization & United Nations Educational, Scientific and Cultural Organization. (2021a). Why invest in health-promoting schools. In *Making every school a health-promoting school: Global standards and indicators* (pp.3-8). <https://iris.who.int/items/75fc9509-131a-438b-9b4b-3c7c58b403ef>
- World Health Organization & United Nations Educational, Scientific and Cultural Organization. (2021b). *WHO guideline on school health services*. <https://iris.who.int/items/d197e598-5453-4565-8121-e73d27104736>