

**South Carolina School Nurses Conference  
Closing Remarks by Sarah Shuptrine  
Charleston, SC  
November 8, 2002  
11:15 a.m. – 12:15 p.m.**

**Introduction**

Good morning. It is such a pleasure to be with you. The work in which you are engaged is so very important.

You are out there on the front lines every day, performing your duties with dedication and commitment to improvement in the health status and school performance of South Carolina's children.

**Southern Institute Overview**

Before I launch into my remarks on issues and actions needed, I would like to share some information with you about the work of the Southern Institute on Children and Families. We clearly share a strong sense of purpose in that we, like you, know how critical it is to provide leadership on behalf of children.

The Southern Institute is based in Columbia. It is an independent, non-profit public policy organization founded in 1990.

We endeavor to improve opportunities for disadvantaged children in 17 southern states and the District of Columbia. We also administer national programs that are consistent with our mission.

We have a great deal of expertise and an abiding commitment to improve the way government benefit programs are designed in policy and implemented in reality. We have focused on two areas affecting low-income families: 1) child health coverage; and 2) child care. And we are initiating efforts to bring attention to the longstanding and mostly unresolved issues related to the lack of transportation for low-income families, not only in rural areas, but particularly in rural areas.

As you witness daily in South Carolina schools, economically disadvantaged families who are unable to meet basic needs face tremendous difficulties in fostering the development of their children. Their daily struggles include inability to pay for safe, quality child care, lack of access to affordable health coverage, inadequate housing, lack of reliable transportation and may also face restricted educational opportunities.

Depending on the area of need, there is some assistance available for low- income families, but this assistance does not come neatly packaged, thus interagency coordination is essential to making sure that families can access needed benefits. It should be noted that families who need assistance the most are often the least aware of available benefits, so special efforts must be made to conduct effective outreach.

The Southern Institute's approach is one of information outreach to families and community organizations and implementation of comprehensive strategies to remove bureaucratic barriers to services and benefits. States and communities must examine the access points in order to help low-income families obtain the assistance that will help their children.

The programs of the Southern Institute are:

*Supporting Families After Welfare Reform*, which is funded by The Robert Wood Johnson Foundation. This program supports technical assistance activities designed to diagnose and solve problems in Medicaid, SCHIP and Food Stamp eligibility systems in states and large counties.

Even though families moving from welfare to work are eligible for health care coverage through state Medicaid programs, many are not being enrolled or are dropped due to technicalities or computer system issues unrelated to their family's economic circumstances.

The Southern Institute is providing direction and technical assistance to seven states and four large counties under the *Supporting Families* program.

The Southern Institute also directs the *Southern Regional Initiative on Child Care*, which is funded by The David and Lucile Packard Foundation. It is guided by a Task Force with members appointed by the governors of 16 southern states and the mayor of the District of Columbia. I am pleased to serve as chairman of the Task Force.

The Task Force has developed two southern regional action plans, one on improving access to child care financial aid and the other just recently released is on improving the quality of early care and education in the southern states.

*The Southern Business Leadership Council* is composed of business leaders who are being convened under the auspices of the

Southern Institute to address the issues facing low-income families with children from the perspective of workforce development. It is essential that all groups working on behalf of children engage the business community. Their participation adds significant leadership and alters the thinking of many policymakers regarding why they should pay attention to children's issues.

*Let's Invest in Families Today*, otherwise known as LIFT, is a new communications and leadership initiative. It is intended to help build public will for action. The Southern Institute works in collaboration with the National Center for Children in Poverty to convey usable information that is positioned properly, at the right time to the right people.

Our largest program is one that you may be familiar with. The Southern Institute serves as the National Program Office for the *Covering Kids and Families* initiative, which is sponsored by The Robert Wood Johnson Foundation. It is a \$55 million national initiative that supports state and local coalitions across the nation to improve access to child and adult health coverage programs.

*Covering Kids and Families* was preceded by *Covering Kids*, which awarded states three year grants that ended in 2002. Under *Covering Kids*, all states and the District of Columbia were awarded grants to identify and enroll uninsured children who were eligible for Medicaid or the State Children's Health Insurance Program, known as SCHIP nationally. In South Carolina, the programs are known as Partners for Healthy Children.

The three goals of *Covering Kids and Families* are:

**1)** to conduct effective outreach; **2)** to achieve simplification in the initial application and renewal processes; and **3)** to achieve effective coordination across child and adult health coverage programs.

Unlike *Covering Kids*, not all states will have a *Covering Kids and Families* project. Unfortunately, South Carolina is one of four states, and the only state in the southern region, that will not receive a *Covering Kids and Families* grant. States were given two opportunities to apply. South Carolina's first application was not approved and a second application was not submitted. The application period has now expired.

Since South Carolina does not have a *Covering Kids and Families* grant, it is all that more important that organizations like yours take a special interest in helping low-income children know about and enroll in the South Carolina Partners for Healthy Children Program. I'll have more to say about that in a few minutes.

### **State of the South**

As a whole, the southern region of the United States is challenged by some of the most difficult and entrenched economic, health and social problems. These longstanding issues continue to place children at risk. The South is plagued by high rates of child poverty, high rates of uninsured children, high rates of infant deaths and disabilities, unacceptable rates of students failing to graduate from high school and high rates of children whose low income working parents cannot afford safe, quality child care.

The statistics are staggering.

- The median household income in the Southern Region was approximately \$3700 less than the United States median income.  
Twelve (12) southern states and the District of Columbia had lower median household incomes than the United States median income.
- Twelve (12) southern states and the District of Columbia exceeded the United States rate for children living in poverty in 2000.
- Forty-one (41) percent of all uninsured children in the United States live in the Southern Region.
- Forty-two (42) percent of all infant deaths in 1999 were in the Southern Region.
- The southern states serve only fifteen (15) percent of children eligible for the state/federal child care subsidy program.
- Twelve (12) southern states and the District of Columbia had dropout rates for ages 16-19 above the United States median of nine (9) percent.

Many low-income working families do not earn enough to afford safe, quality child care, adequate health coverage and reliable transportation.

A parent that works full time, all year round at minimum wage earns only \$10,712, which is below the poverty level. Also, the median hourly wage earned by a former welfare recipient is \$6.61.

Imagine the struggles of a family trying to pay for housing, groceries, utilities, child care, health care coverage and other necessities at that wage.

I know that you know that all of these issues impact your work. The Future of Children report on Children in Poverty points out that “...poor children suffer higher incidences of adverse health, developmental and other outcomes than nonpoor children,” and that “...they experience diminished physical health as measured by a number of indicators of health status and outcomes.”

## **Importance of Health Coverage**

I want to focus now on child health coverage. The goal of providing every child in South Carolina the opportunity to prosper is hampered by the number of low income and disadvantaged children who do not have adequate health insurance in our state.

According to the best estimates available, there are 103,300 uninsured children in South Carolina and 47% of these uninsured children are eligible for Partners for Healthy Children. That translates to 48,600 low-income children in South Carolina who are eligible for but not enrolled in the Partners for Healthy Children program.

It is unconscionable that our state would allow these low-income children to go without health coverage when there is the means to provide it for them through the Partners program.

The Partner's program is an incredible bargain from a state budget perspective in that every one dollar in state match brings in three federal dollars to help us provide health coverage for our children.

It is smart public policy and smart economic policy to utilize the federal and state coverage programs to see that no child is denied access

to health care because of the inability to pay. South Carolina was an early leader in the child health coverage area and it saddens me to see us lagging so far behind.

Why is it so important to provide health coverage for children? Study after study has shown that health coverage equals better access to preventive and primary care. Children without health coverage are eight times less likely to have a regular source of medical care, they are five times more likely to use the emergency room as a regular place for care, they are four times more likely to delay seeking care and they are less likely to be immunized.

According to one national study:

- 51% of uninsured children had a physician visit during the previous year, compared with 76% of insured children.
- 21% of uninsured children had a regular dental checkup, while half of insured children did.

Morally, economically and medically, keeping children well and preventing illness makes sense. Healthy children are more likely to learn and to attend class.

Clearly an emerging issue affecting you is the budget crisis across the country that could erode gains made in child health coverage. The budget crisis is causing some policymakers to question whether they can maintain child health coverage at current levels and most are unwilling to consider expansions.

Again, Medicaid and SCHIP programs are a great financial bargain for states. And, it is very important to note that the crisis in financing Medicaid across the country is not due to children in low-income families.

The overall increases in health care costs, the increased utilization and costs for prescription drugs, and the increased need and costs for long term care are areas where state Medicaid programs have seen large budget increases.

Providing health care coverage for children is too often erroneously viewed as the reason state Medicaid programs are running deficits because child health coverage is the newest, most visible addition.

The fact is that children make up 51.2% of all Medicaid recipients and only 14.9% of Medicaid expenditures are for children.

Additionally, of the growth in the federal Medicaid expenditures between 2001 and 2002, only 15% is attributable to children.

We all need to do everything we can to advocate for child health coverage. We must work hard to assure that families know about the Medicaid and SCHIP health coverage opportunities and to make sure that the application and renewal processes do not serve as barriers to enrollment and retention of coverage.

Far too many eligible families are not aware of the benefits and services available to them. Confusion regarding public programs is pervasive and extraordinarily counter productive to the public's desire to support working families.

A continuing problem is the perception of many families that they have to be on welfare to receive any assistance, including child health coverage. An association with welfare in the mind of many parents means that children in working families and children in two-parent families aren't eligible.

It is essential that we get the word out to families that the Partners for South Carolina's Children program is available to working families and two parent families.

Another important message is that single parents who are applying only for child health coverage do not have to go through paternity establishment in order for their children to be eligible for Partners. If the single parents apply for health care coverage for themselves, they will have to comply with paternity establishment requirements, but not if they are applying for their children only.

Again, getting the word out about available benefits and shattering the welfare myths are critical strategies for supporting low-income working families. The Urban Institute reported powerful findings from its research that in 1998, if all families with children participated in the government safety net programs for which they qualified, poverty would have declined by more than 20 percent, and extreme poverty would have declined by up to 70 percent. Talk about making a difference!

As we all know, optimal health and the ability to learn are inextricably linked. If you have kids in school who can't see or hear or

who are ill, they can't achieve. What better way to give the opportunity for better health and school performance than by linking them to health coverage?

In 1999, Dick Riley, former Governor of South Carolina and U.S. Secretary of Education, said:

**“A healthy child comes to school one step close to academic success...Children without health insurance suffer more from asthma, ear infections, vision problems – treatable conditions that dramatically interfere with classroom participation. And children without health insurance are absent more frequently than their peers.”**

During the 2002 Back to School event, *Covering Kids* issued a fact sheet to demonstrate that uninsured children are at risk for health problems and poor performance in school. Some of the facts spotlighted during Back to School are:

- Uninsured children are 25 percent more likely to miss school than insured children.

- Uninsured children are less likely to receive proper medical care for childhood illnesses such as sore throats, earaches and asthma.
- Twenty percent of uninsured children have untreated vision problems.
- A Missouri study showed that since MC+, Missouri's Children's Health Coverage Program, began, the percentage of school days missed decreased by 39 percent.

### **School Nurses Role**

School nurses can make a tremendous difference by guiding low-income parents to the Partners for Healthy Children program. Parents can enroll through a toll free line 1-888-549-0820 or by visiting a local DSS office.

A school nurse is uniquely qualified in health and education to strengthen and facilitate the educational success by improving the health status of children. Meredith Meals, 1987 National School Nurse of the Year, recently stated that "School nurses are a powerful resource when it comes to getting health insurance information out to families. They can

also show parents the broad implications of health care coverage and how to utilize it. They [parents] need to understand that insurance is not just a crisis thing, but is maintenance and prevention.”

School nurses are in an ideal position to educate families about affordable health care coverage. A school nurse may be the first and only consistent source of health services for many uninsured school-aged children.

The National Association for School Nurses defines school nursing as "a specialized practice of professional nursing that advances the well being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning." Insuring health coverage for eligible low-income children touches each area of the definition.

## **How Can School Nurses Help?**

A *Covering Kids* briefing booklet prepared by the Center on Budget and Policy Priorities is included in the packet we prepared for each of you. The booklet suggests worthwhile tactics to assist school nurses in linking low-income families to affordable health coverage.

One tactic is to send information home with sick children. Providing health coverage information when a child needs to use health services may motivate a parent to sign up. Some parents only understand the treatment benefits of health insurance. Primarily because most low-income parents never had access to primary and preventive care, they have little knowledge or understanding of one an insurance plan's major elements related to preventive benefits.

School nurses can also add health insurance questions to mandatory health forms. When a question requesting information about a child's health insurance status is added to a form parents are required to complete, that form becomes a good tool for outreach and referral.

Many schools have revised emergency contact cards, medical release forms or sports physical forms so they can be used for this

purpose. If a family indicates that the child is uninsured or does not have a regular health care provider, a school nurse or outreach worker can follow-up with information about applying for health coverage.

You could coordinate special health coverage “sign-up” events. School events such as health fairs, registration, sporting events and parent-teacher conferences are ideal places to inform parents about health coverage programs. You could provide help to parents with completing applications. In South Carolina, you can contact the DHHS Partners staff located at local DSS offices and request that they provide application and enrollment assistance to parents at such events.

### **Concluding Thoughts**

As I prepared for my remarks today, I could not help but look back to the administration of Governor Dick Riley when in 1985 we attempted to bring attention to the need for more school nurses.

Governor Riley appointed a task force to advise him on the structure, function, administration and funding of school nurse programs.

The school nurse ratio at the time was one registered nurse to 2,840 students. Some school districts had no nurses and others had LPNs who practiced without the assistance of a registered nurse or physician.

The Task Force put forth a bold recommendation that South Carolina provide one registered nurse to every 750 students, which was the ratio recommended by the American Nurses Association and is still the standard today. We were very pleased that consensus was reached to go for the gold standard in the nurse/student ratio. However, the consensus arrived at around the standard did not hold when it came to administration and of the school nurse program. Seventeen years later, the nurse to student ratio is 1,216 to 1.

The State Department of Health and Environmental Control and the State Department of Education were unable to arrive at a plan that both could support regarding administration and interagency coordination. We were disappointed with that outcome.

I am pleased to learn that today the State Department of Education and the DHEC are jointly funding a school nurse position located at the

Department of Education to work with local school districts to bring more school nurses into South Carolina schools. This kind of partnership is essential to achieve significant gains and is a good first step.

It will be important through this local level work to identify barriers to the placing of more school nurses and to develop a plan of action on how to remove the barriers.

I am sure funding is considered a major barrier. I don't know whether a serious look at using Medicaid to fund school nurse positions has been conducted. If not, it is long overdue and I encourage you to urge that this highly likely funding source be thoroughly examined from every angle, and that you examine what actions have been taken by other states to utilize Medicaid funding in order to provide more school nurses.

To me, the need for school nurses is so compelling and thus should be an action that health and education and business groups can rally around. The link to improved school performance is an excellent reason to make school nurses a priority in South Carolina.

In addition to examining the role Medicaid can play, I encourage you to develop partnerships with the hospitals around the state that care very much about the health of children in their communities. And they are an additional link to Medicaid funding.

Your organization can make a tremendous difference by leading the effort to build consensus and momentum for action. Significant success in public policy initiatives requires consensus around all issues so as to enable the building of a strong coalition that can demand that policymakers take action. Dissention only allows those who do not support a cause to set it aside.

You are all individually in great positions to build strong local and state coalitions to help you fulfill your mission of helping South Carolina's school children get the health care they need to do well in school. And in the process, please remember the difference it makes for children to have health coverage.

Thank you for inviting me to share some thoughts and ideas with you today. As you can tell, I am somewhat passionate about our joint

missions to help children. And frankly, I am out of patience with the pace of progress.

Together, groups like yours and mine can insist on action without delay. We owe it to the children to be informed and forceful in our advocacy for more responsive public policies and greater investments in the future of our children.

Thank you.