



Minnesota School Nurse Workforce: A 2022 Snapshot.

TECHNICAL REPORT OF DATA

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Acknowledgment

Partners and Funders

The collaboration between the Minnesota Department of Health Adolescent and School Health Unit, University of Minnesota Prevention Research Center, Minnesota Service Cooperatives, BrightWorks Educational Cooperative, the School Nurse Organization of Minnesota, and Minnesota Department of Education began to support schools and school nurses recovering from the COVID-19 pandemic.

The COVID-19 pandemic impacted the health and well-being of students, families, school nurses and educators. The inequities in health and education for students that existed prior to the pandemic are now overwhelming school health resources, specifically the understaffed school nursing workforce.

These organizations are committed to improving and enhancing the ability of schools and school nurses to support students' health and educational needs, so all Minnesota students thrive. This work is made possible through COVID-19 Public Health Workforce supplemental funding from the Centers for Disease Control and Prevention (CDC), administered by the Minnesota Department of Health (MDH).



Executive Summary

This report shares results from a comprehensive scan of the Minnesota school nurse workforce in 2022. School nurses are a critical bridge between health and learning within and beyond the walls of our schools. When fully utilized, they provide access to healthcare, support for families, and essential care coordination especially to help improve equity in health and education for those students physical and mental health conditions and students who face barriers associated with conditions such as, poverty, education, family stresses, health care access and transportation. Currently, [Minnesota Statute 121A.21](#) requires all districts to provide services to promote the health of its students but requires only districts with enrollment of $\geq 1,000$ students to employ at least one licensed school nurse (LSN). This statute appears to be influencing staffing decisions to meet the health needs of Minnesota's youth during school hours. This report reveals concerning findings, including significant differences in how large, medium, and small school districts are staffing school health services.

In Minnesota, public school districts include 11 different designations. In this report the [data analysis](#) included public independent school districts (type 01), special school districts (type 03) and charter schools (type 07). In this report, Type 01 and Type 03 were grouped separately from Type 07. "School districts" is meant to be inclusive of all the types included in the data analysis. "Public School Districts" will refer to Type 01 and Type 03 and "Charter Schools" will refer to Type 07. These three types represent 94% of public school districts in Minnesota.

Key Findings

- A significant number of school districts lack key healthcare resources:
 - Only 34% of school districts are **required**, per statute, to employ an LSN.
 - 93% of school districts with 1,000 students or more employ an LSN, as required by statute, but only 26% of school districts below that threshold employ an LSN. Overall, less than half (49%) of Minnesota school districts employ an LSN.
 - 26% of school districts do not provide any staff dedicated solely to the role of providing health services for students.
- Data indicate that charter schools are less likely to employ staff dedicated to health services than public school districts when comparing districts of comparable size.
- When stratified by one indicator of high need, free and reduced-price lunch (FRPL), students in school districts where 40% or more of students are eligible for free and reduced-price lunch, students are more than **three times less likely** to have access to nursing or health services than school districts with fewer than 40% of students eligible for free and reduced-price lunch.
- Staffing levels and roles vary greatly by school district size. Students in the **smallest school districts have lower access** to a professional nurse.

- This report revealed that many school districts have hired a licensed practical nurse (LPN) as the sole health service provider. This report did not capture if or to what extent the licensed practical nurse was practicing under the direction of a registered nurse, advanced practice registered nurse or other licensed health care provider which is required by the Minnesota Nurse Practice Act.

According to data from the [Minnesota Student Survey](#), student's long-term **physical** health problems have stayed around 15% since 2013, however **long-term mental health, emotional and behavioral problems have increased steadily over the same time** and the rates are similar across Minnesota regions.

Additional data would be required to fully understand the reasons behind school health services staffing decisions whether based on Minnesota state statute, budget constraints, student health needs, and/or nursing workforce availability.

Recommendations

These recommendations represent the insights of the School Nurse Collaborative, comprised of leaders from the Minnesota Department of Health, Minnesota Department of Education, regional school nurse consultants from the nine Minnesota Education Service Cooperatives, and the School Nurse Organization of Minnesota. To further define the issue and to fully understand these apparent inequities, the following are recommended:

1. Develop a reliable and replicable process to collect school health services workforce data every two years.
2. Clarify additional workforce components such as nursing full-time equivalent (FTE) status, workload including number of school buildings staffed, and the use of various licensed nurses within a school district.
3. Identify improvements to how school health services are funded and explore new, creative funding strategies.
4. Examine the impact of state statutes and the use of a ratio-based policy to meet needs and impact inequities.
5. Target funding resources to support inequities such as smaller size school districts or those with higher student needs.
6. Provide and ask district decision-makers such as school boards, superintendent, and school leaders, to enhance their student-centered decision-making and priorities around school health services.

Introduction

United States Surgeon General, Dr. Joycelyn Elders said it best, "...we can't educate children who are not healthy, and we cannot keep them healthy if they are not educated. There has to be a marriage between health and education."

To better promote Dr. Elders' vision, a collaboration between the Minnesota Department of Health Adolescent and School Health Unit, University of Minnesota's Healthy Youth Development: Prevention Research Center, the School Nursing Organization of Minnesota, the Minnesota Service Cooperatives, Brightworks Educational Cooperative, and the Minnesota Department of Education aims to support schools and school nurses recovering from the COVID-19 pandemic. Together, these organizations are committed to improving and enhancing the ability of schools and school nurses to support students' health and educational needs, so all Minnesota students thrive.

The COVID-19 pandemic impacted the health and well-being of students, families, school nurses and educators. The inequities in health and education for students that existed prior to the pandemic are now overwhelming school health resources, specifically the understaffed school nursing workforce. To better understand and inform what is needed to respond to these increasing needs, this collaboration collected and analyzed school nursing workforce data, analyzed student health data from the MN Student Survey and prepared reports and dissemination products. This technical report is specifically focused on the analysis of school nurse workforce data.

The additional materials are available on the [School Nurse Organization of Minnesota website](#).

- [How are the Children? Minnesota Student Survey: Student Health & Well-being District Decision Makers \(PDF\)](#)
- [A Guide for Parents: The State of School Health in Minnesota Parents and Families \(PDF\)](#)

The resources, analyses, and tools emerging from this collaboration are designed to help school nurses, school leaders, parents, and state policy leaders make the case for a comprehensive approach that prioritizes increased investments in the school health workforce that will better support student health and academic outcomes.

Data and methods

Data in this technical report come from an initial report from the Minnesota Professional Educator Licensing and Standards Board (PELSB) based on Staff Automated Reporting (STAR) from the 2021-2022 school year. This annual reporting collects licensed and non-licensed staff employment and assignment data from all public school districts.

In Minnesota public school districts include 11 different designations. In this report the data analysis included public independent school districts (type 01), special school districts (type 03) and charter schools (type 07). In this report, Type 01 and Type 03 were grouped separately from Type 07. “School districts” is meant to be inclusive of all the types included in the data analysis. “Public School Districts” will refer to Type 01 and Type 03 and “Charter Schools” will refer to Type 07. These three types represent 94% of public school districts in Minnesota.

BrightWorks staff members then proceeded to verify, update, or modify the staffing data based on emails, phone calls, and website reviews of individual districts for the 2022-2023 school year, to put together a comprehensive, though time-specific, database of school nurse staffing in Minnesota. Data on enrollment and free and reduced-price lunch eligibility comes from the 2022 Minnesota Automated Reporting Student System (MARSS) report.

The University of Minnesota Prevention Research Center conducted descriptive analyses of this dataset using Stata, a statistical analysis software.

Section 1: Characteristics of school districts in analyses

Approximately two-thirds of school districts in this dataset are public school districts and one-third are charter schools. Almost half of public school districts (150 of 322, or 47%) serve more than 1,000 students whereas the vast majority (73%) of charter schools serve fewer than 500 students. Overall, two in five school districts (public school districts and charter schools) serve 500 students or fewer.

Total school districts, by type

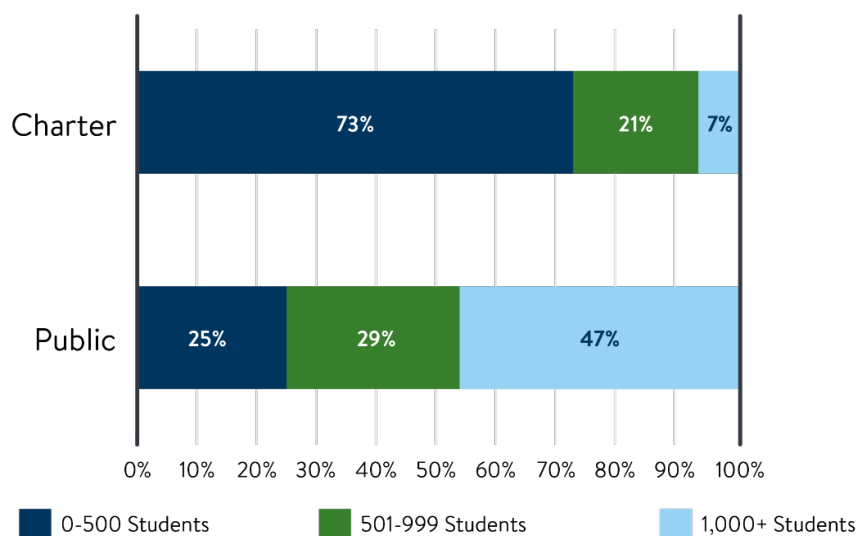
Type	n (%)
Public School District	322 (68%)
Charter School	152 (32%)
Total	474

Total school districts, by enrollment

Enrollment	n (%)
0-500 students	189 (40%)
501-999 students	124 (26%)
1,000+ students	161 (34%)
Total	474

Total school districts, by type and enrollment

Enrollment	Public School District	Charter School	Total
0-500 students	79 (25%)	110 (73%)	189
501-999 students	93 (29%)	31 (21%)	124
1,000+ students	150 (47%)	11 (7%)	161
Total	322	150	474



Section 2: Health staffing by school districts (public school districts and charter schools) characteristics

When analyzing health staffing by school district enrollment, results indicate that, across the state, half of school districts have at least one licensed school nurse (LSN).

Importantly, this represents at least one person, but **does not necessarily equate to one full-time equivalent (FTE)**. Data did not differentiate between full and part-time FTE for any of the types of nurses reported.

Minnesota Statute 121A.21, established in 1988, requires school districts with enrollment of more than 1,000 students to employ at least one LSN. Based on this statute, only 34% (161 of 474) of the school districts in MN are required to have one LSN. Of school districts with more than 1,000 students, who are required by state law to have an LSN, 93% do. However, only 26% (82 of 313) of school districts with fewer than 1,000 students have an LSN.



Data further indicate that staffing levels and roles vary greatly by school district size, and **students in the smallest school districts have lower access to professional nurses.**

For example, in mid-sized school districts (501-999 students), 40% have an LSN, whereas only 17% of school districts with fewer than 500 students have an LSN. Smaller school districts, less than 500 students, 44% are more likely to have no nursing staff or other staff, such as a health paraprofessional, assigned to provide health services compared to mid-size (15%) or larger school districts (3%).

School district health services staffing, by district enrollment

	Statewide	0-500 students	501-999 students	1,000+ students
Total school districts in category	474	189	124	161
School districts with at least one LSN	232 (49%)	32 (17%)	50 (40%)	150 (93%)
School districts with at least one RN (but no LSN)	74 (16%)	40 (21%)	29 (23%)	5 (3%)
School districts with at least one LPN (but no LSN or RN)	28 (6%)	13 (7%)	15 (12%)	0 (0%)
School districts with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	33 (7%)	20 (11%)	12 (10%)	1 (1%)
School districts with no dedicated nursing or health services staff (i.e., paraprofessional)	107 (26%)	84 (44%)	18 (15%)	5 (3%)

Many school districts also have a licensed practical nurse (LPN) providing health services. **LPNs are vital health services team members but have a different scope of practice from the registered nurse (RN) or the LSN.** [2023 Minnesota Statutes 148.171 Definitions; Title Subd. 14 Practice of practical nursing](#) states, the "practice of practical nursing" means the performance, with or without compensation, of those services that incorporates caring for individual patients in all settings through nursing standards recognized by the board **at the direction of a registered nurse, advanced practice registered nurse, or other licensed health care provider.**

This scan did not measure the extent to which school districts are providing direction to the LPN through on-site or contracted services of a registered nurse, advanced practice registered nurse or other licensed health care provider.

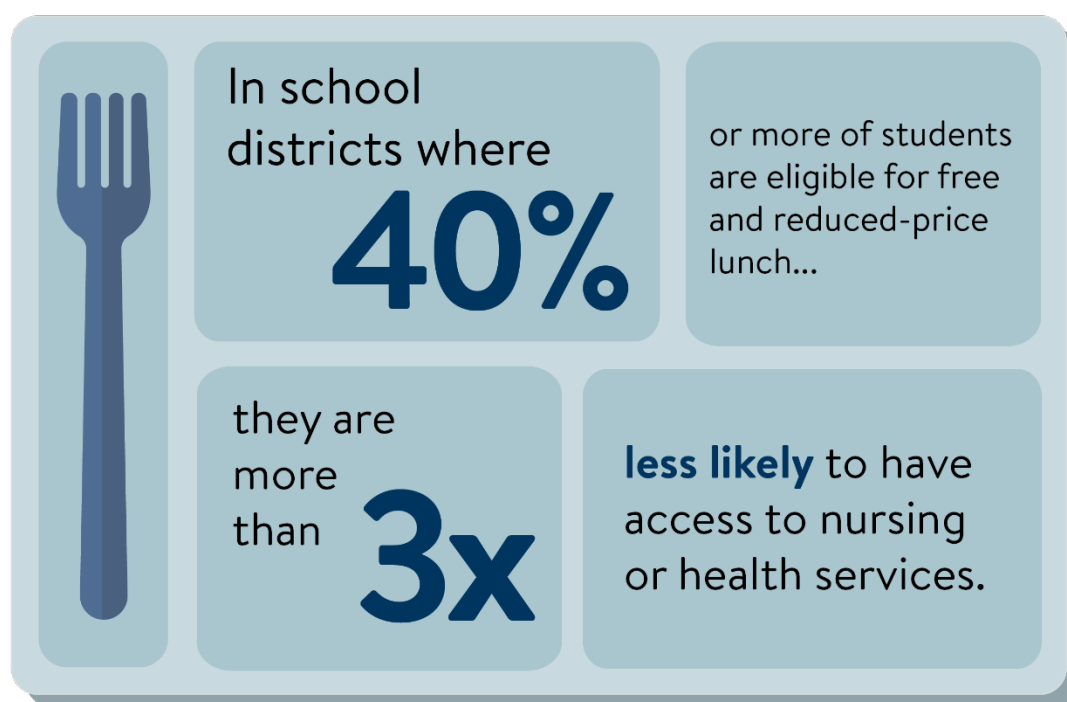
Free or reduced-price lunch eligibility

When examining school district health services staffing by student eligibility for free or reduced-price lunch (FRPL), school districts where 40% or more of students are eligible for FRPL, these school districts are **more than three times less likely** to have no nursing or health services than school districts with fewer than 40% of students eligible for FRPL. Similarly, having at least one LSN is more common in school districts with fewer than 40% of students eligible for free or reduced-price lunch (61%) than school districts above that cutoff (27%). In summary, when stratified by one indicator of high need (FRPL), students in higher need school districts are less likely to have access to a professional nurse (RN or LSN).

School District health services staffing, by FRPL eligibility

	School districts where 40% or more of students are eligible for free or reduced-price lunch*	School districts where less than 40% of students are eligible for free or reduced-price lunch
Total school districts in category	162	308
School districts with at least one LSN	44 (27%)	187 (61%)
School districts with at least one RN (but no LSN)	27 (17%)	45 (15%)
School districts with at least one LPN (but no LSN or RN)	11 (7%)	17 (6%)
School districts with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	12 (7%)	21 (7%)
School districts with no dedicated nursing or health services staff (i.e., paraprofessional)	68 (42%)	38 (12%)

* 40% free or reduced-price eligibility was chosen because this is the threshold at which schools are eligible for Child Nutrition Programs - Community Eligibility Provision (CEP) at the time the data were collected. Although CEP thresholds are at the school level, rather than district level, the Minnesota Department of Health is not aware of a similar district threshold.



Enrollment and free or reduced-price lunch eligibility

Health services staffing was also assessed by both school district enrollment and FRPL eligibility. FRPL is often used by schools and public health as proxy to measure the number of students living in or near poverty. Student and families living with economic challenges can also face many other challenges to meeting basic needs such as transportation, access to health care and other social determinants of health.

The [National Association of School Nurses Position Statement, Safe, Supportive and Equitable Schools](#) states that “school nurses possess the skill and judgment to identify and address the structural and systemic barriers that impact the attainment of safe, supportive, and equitable school environments which contribute to students’ ability to achieve wellness and academic success.”

School nurses have an essential role in creating equity for students related to health and education. School nurses have a unique perspective because often they are helping students and their families to get their basic needs met to ensure that they maintain health, attend school ready to learn and prevent disruptions in learning.

Using this analysis, regardless of school district size, there seems to be consistently lower access to professional nursing (RN or LSN) services in school districts with higher FRPL rates. However, the smaller the school district, the larger the percentages of students without access to professional nursing services. Many would see this as an inequity issue for both health and education.

School District health services staffing, by FRPL eligibility and district enrollment

	School districts where 40% or more of students are eligible for free and reduced-price lunch	School districts where less than 40% of students are eligible for free and reduced-price lunch
School districts (0-500 students)	96	91
School districts with at least one LSN	9 (9%)	22 (24%)
School districts with at least one RN (but no LSN)	19 (20%)	20 (22%)
School districts with at least one LPN (but no LSN or RN)	4 (4%)	9 (10%)
School districts with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	8 (8%)	12 (13%)
School districts with no dedicated nursing or health services staff (i.e., paraprofessional)	56 (58%)	28 (31%)
School districts (501-999 students)	36	87
School districts with at least one LSN	10 (28%)	40 (46%)
School districts with at least one RN (but no LSN)	7 (19%)	21 (24%)
School districts with at least one LPN (but no LSN or RN)	7 (19%)	8 (9%)
School districts with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	3 (8%)	9 (10%)
School districts with no dedicated nursing or health services staff (i.e., paraprofessional)	9 (25%)	9 (10%)
School Districts (1,000+ students)	30	130
School districts with at least one LSN	25 (83%)	125 (96%)
School districts with at least one RN (but no LSN)	1 (3%)	4 (3%)
School districts with at least one LPN (but no LSN or RN)	0	0
School districts with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	1 (3%)	0
School districts with no dedicated nursing or health services staff (i.e., paraprofessional)	3 (10%)	1 (1%)

Section 3: School health staffing by only public school districts characteristics

When analyzing health staffing by enrollment of public school districts the results indicate that over half (64%) of public school districts in the state have at least one LSN. Importantly, this represents at least one person, but does not necessarily equate to a one full-time FTE. Data did not differentiate between full and part-time roles.

Based on Minnesota Statute 121A.21, **less than half (47% or 150 of 322) of the public school districts in MN are required to have one LSN.** Of public school districts with more than 1,000 students, who are required by state law to have an LSN, 96% do. However, only 37% (63 of 172) of public school districts with fewer than 1,000 students have an LSN.

Data further indicate that staffing levels and roles vary greatly by public school district size, and students in the smallest public school districts have lower access to professional nurses.

For example, in mid-sized public school districts (501-999 students), 49% have an LSN, whereas only 21% of public school districts with fewer than 500 students have an LSN. Smaller public school districts (13%) are more likely to have no nursing staff or other staff, such as a health paraprofessional, dedicated to providing health services compared to mid-size (3%) or larger (0) public school districts. The smaller public school districts also tend to be in rural areas which have less access to health care in general. Access to health care, is a social determinant of health and a health equity issue impacting the health of the community.

Public school district health services staffing, by public school district enrollment

	Statewide	0-500 students	501-999 students	1,000+ students
Total public school districts in category	322	79	93	150
Public school districts with at least one LSN	207 (64%)	17 (21%)	46 (49%)	144 (96%)
Public school districts with at least one RN (but no LSN)	61 (19%)	30 (38%)	26 (28%)	5 (3%)
Public school districts with at least one LPN (but no LSN or RN)	23 (7%)	12 (15%)	11 (12%)	0
Public school districts with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	18 (6%)	10 (13%)	7 (8%)	1 (1%)
Public school districts with no dedicated nursing or health services staff (i.e., paraprofessional)	13 (4%)	10 (13%)	3 (3%)	0

Free or reduced-price lunch eligibility

When examining public school district health services staffing by eligibility for free or reduced-price lunch (FRPL), public school districts where 40% or more of students are eligible for FRPL are more than twice as likely to have no nursing or health services than public school districts with fewer than 40% of students eligible for FRPL. Similarly, having at least one LSN is more common in public school districts with fewer than 40% of students eligible for FRPL (68%) than

public school districts above that cutoff (52%). In summary, for at least one indicator of high need (FRPL), students in higher need public school districts are less likely to have access to a professional nurse.

Public school district health services staffing, by FRPL eligibility

	Public school districts where 40% or more of students are eligible for free or reduced-price lunch*	Public school districts where less than 40% of students are eligible for free or reduced-price lunch
Total public school districts in category	73	249
Public school districts with at least one LSN	38 (52%)	169 (68%)
Public school districts with at least one RN (but no LSN)	18 (25%)	43 (17%)
Public school districts with at least one LPN (but no LSN or RN)	7 (10%)	16 (6%)
Public school districts with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	4 (5%)	14 (6%)
Public school districts with no dedicated nursing or health services staff (i.e., paraprofessional)	6 (8%)	7 (3%)

*40% free or reduced-price eligibility was chosen because this is the threshold at which schools are eligible for Child Nutrition Programs - Community Eligibility Provision (CEP) at the time the data were collected. Although CEP thresholds are at the school level, rather than district level, the Minnesota Department of Health is not aware of a similar district threshold.

Enrollment and free or reduced-price lunch eligibility

In assessing health services staffing by public school district enrollment and FRPL eligibility, there are some small differences in access to professional nursing services in public school districts with higher FRPL rates. For example, in the smallest public school districts, students in public school districts with higher FRPL rates have more access to a professional nurse (64% in higher vs 56% in lower FRPL public school districts) but also may be more likely to be in public school districts with no nursing services (18% in higher vs 10% in lower FRPL public school districts.) In mid-sized public school districts, the primary difference is that students in public school districts with higher FRPL rates are slightly more likely to have access to care provided by an LPN (20% in higher vs 9% in lower FRPL public school districts).

Public school district health services staffing, by FRPL eligibility and enrollment

	Public school districts where 40% or more of students are eligible for free and reduced-price lunch	Public school districts where less than 40% of students are eligible for free and reduced-price lunch
Public school districts (0-500 students)	28	51
Public school districts with at least one LSN	6 (21%)	11 (21%)
Public school districts with at least one RN (but no LSN)	12 (43%)	18 (35%)
Public school districts with at least one LPN (but no LSN or RN)	3 (11%)	9 (18%)
Public school districts with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	2 (7%)	8 (16%)
Public school districts with no dedicated nursing or health services staff (i.e., paraprofessional)	5 (18%)	5 (10%)
Public school districts (501-999 students)	20	73
Public school districts with at least one LSN	9 (45%)	37 (51%)
Public school districts with at least one RN (but no LSN)	5 (25%)	21 (29%)
Public school districts with at least one LPN (but no LSN or RN)	4 (20%)	7 (9%)
Public school districts with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	1 (5%)	6 (8%)
Public school districts with no dedicated nursing or health services staff (i.e., paraprofessional)	1 (5%)	2 (3%)
Public school districts (1,000+ students)	25	125
Public school districts with at least one LSN	23 (92%)	121 (97%)
Public school districts with at least one RN (but no LSN)	1 (4%)	4 (3%)
Public school districts with at least one LPN (but no LSN or RN)	0	0
Public school districts with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	1 (4%)	0
Public school districts with no dedicated nursing or health services staff (i.e., paraprofessional)	0	0

School nurse to student ratios

Due to the continued use of ratio language in statute and policy, school nurse to student ratios in public school districts were calculated. However, The National Association of School Nurses (NASN) and the American Academy of Pediatrics (AAP) no longer support a recommended ratio based on student population. The NASN position statement, [School Nurse Workload: Staffing for Safe Care](#) states that “all students need access to a school nurse every day. In addition to the number of students covered, staffing for school nursing coverage must include acuity, social needs of students, community/school infrastructure, and characteristics of nursing staff.” The concern with using ratios in policy are that they lack nuance in terms of differentiating between students with higher needs and those whose needs might be less. The number of LSNs used in this report is just a count of people; one LSN does not necessarily indicate that it is full-time equivalent. However, these calculations are included to provide context and updated information.

The American Academy of Pediatrics (AAP) [Council on School Health](#) addresses this in their recommendations [Role of the School Nurse in Providing School Health Services](#) stating *“Pediatricians can advocate for a minimum of 1 full-time professional school nurse in every school with medical oversight from a school physician in every school district as the optimal staffing to ensure the health and safety of students during the school day.”*

The median LSN-to-student ratio was calculated because it is less prone to being skewed by outliers. The median means that half of the schools are lower, and the other half are higher than the 1 LSN to 1,772 students.

LSN to student ratio, public school districts (n=321)

Median	1 LSN to 1,772 students
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When the ratio calculations are broadened to include any nurse (LSN, RN, or LPN), these ratios improve. However, the scope of nursing practice is different based on nursing licensure through the Minnesota Board of Nursing and the PELSB. Therefore, having a nurse does not mean that the services provided are equivalent -- a common misunderstanding by those not familiar with the nursing scope of practice. The median ratio for any type of nurse is 1 nurse to 596 students.

Any nurse to student ratio, public school districts (n=321)

Median	1 nurse to 596 students
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Section 4: School health staffing by only charter school characteristics

In looking exclusively at charter school data, only (16%) of charter schools in the state have at least one LSN. Importantly, this represents at least one person, but does not necessarily equate to a one full-time FTE. Data did not differentiate between full and part-time roles.

MN Statute 121A.21 requires districts with enrollment of $\geq 1,000$ students to employ at least one Licensed School Nurse (LSN). Based on this statute, less than 10% (11 of 152) of the charter schools in MN are required to have one LSN. Of charter schools with more than 1,000 students, 55% of those have an LSN. However, only 13% (19 of 141) of charter schools with fewer than 1,000 students have an LSN.

Data further indicate that staffing levels and roles vary greatly by charter school size, and students in the smallest charter schools have lower access to professional nurses. For example, in charter schools with fewer than 500 students, only 14% have an LSN. Smaller charter schools (67%) are more likely to have no nursing staff or other staff such as a health paraprofessional, assigned to provide health services as compared to mid-size (48%) or larger (45%) charter schools.

Charter school health services staffing, by charter school enrollment

	Statewide	0-500 students	501-999 students	1,000+ students
Total charter schools in category	152	110	31	11
Charter schools with at least one LSN	25 (16%)	15 (14%)	4 (13%)	6 (55%)
Charter schools with at least one RN (but no LSN)	13 (9%)	10 (9%)	3 (10%)	0
Charter schools with at least one LPN (but no LSN or RN)	5 (3%)	1 (1%)	4 (13%)	0
Charter schools with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	15 (10%)	10 (9%)	5 (16%)	0
Charter schools with no dedicated nursing or health services staff (i.e., paraprofessional)	94 (62%)	74 (67%)	15 (48%)	5 (45%)

Free or reduced-price lunch eligibility

When examining charter school health services staffing by eligibility for free or reduced-price lunch (FRPL), charter schools where 40% or more of students are eligible for FRPL are more likely to have no nursing or health services than charter schools with fewer than 40% of students eligible for FRPL. Similarly, having at least one LSN is more common in charter schools with fewer than 40% of students eligible FRPL (30%) than charter schools above that cutoff (7%). In summary, for at least one indicator of high need (FRPL), students in higher need charter schools are less likely to have access to a professional nurse (RN or LSN).

Charter school health services staffing, by FRPL eligibility

	Charter schools where 40% or more of students are eligible for free or reduced-price lunch*	Charter schools where less than 40% of students are eligible for free or reduced-price lunch
Total charter schools in category	89	59
Charter schools with at least one LSN	6 (7%)	18 (30%)
Charter schools with at least one RN (but no LSN)	9 (10%)	2 (3%)
Charter schools with at least one LPN (but no LSN or RN)	4 (4%)	1 (2%)
Charter schools with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	8 (9%)	7 (12%)
Charter schools with no dedicated nursing or health services staff (i.e., paraprofessional)	62 (70%)	31 (53%)

*40% free or reduced-price eligibility was chosen because this is the threshold at which schools are eligible for Child Nutrition Programs - Community Eligibility Provision (CEP) at the time the data were collected. Although CEP thresholds are at the school level, rather than district level, the Minnesota Department of Health is not aware of a similar district threshold.

Enrollment and free or reduced-price lunch eligibility

Health services staffing by charter school enrollment numbers and FRPL eligibility was also assessed. This analysis shows that there are meaningfully lower rates of access to professional nursing services in charter schools with higher FRPL rates. For example, in the smallest charter schools, students in charter schools with higher FRPL rates have far lower access to a professional nurse (14% in higher vs 33% in lower FRPL charter schools) and are more likely to be in charter schools with no nursing services (75% in higher vs 58% in lower FRPL charter schools.) There are fewer meaningful differences in medium sized charter schools related to higher FRPL rates. This analysis also shows that of the four large charter schools without an LSN, three of the four charter schools have higher FRPL rates.

Charter school health services staffing, by FRPL eligibility and enrollment

	Charter schools where 40% or more of students are eligible for free and reduced-price lunch	Charter schools where less than 40% of students are eligible for free and reduced-price lunch
Charter schools (0-500 students)	68	40
Charter schools with at least one LSN	3 (4%)	11 (28%)
Charter schools with at least one RN (but no LSN)	7 (10%)	2 (5%)
Charter schools with at least one LPN (but no LSN or RN)	1 (1%)	0
Charter schools with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	6 (9%)	4 (10%)
Charter schools with no dedicated nursing or health services staff (i.e., paraprofessional)	51 (75%)	23 (58%)
Charter schools (501-999 students)	16	14
Charter schools with at least one LSN	1 (6%)	3 (21%)
Charter schools with at least one RN (but no LSN)	2 (13%)	0
Charter schools with at least one LPN (but no LSN or RN)	3 (19%)	1 (7%)
Charter schools with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	2 (13%)	3 (21%)
Charter schools with no dedicated nursing or health services staff (i.e., paraprofessional)	8 (50%)	7 (50%)
Charter schools (1,000+ students)	5	5
Charter schools with at least one LSN	2 (40%)	4 (80%)
Charter schools with at least one RN (but no LSN)	0	0
Charter schools with at least one LPN (but no LSN or RN)	0	0
Charter schools with no nursing staff, but some staff assigned to health services (i.e., paraprofessional)	0	0
Charter schools with no dedicated nursing or health services staff (i.e., paraprofessional)	3 (60%)	1 (20%)

School nurse to student ratios

School nurse to student ratios in charter schools was also calculated due to the continued use of ratio language in statute and policy. The National Association of School Nurses (NASN) no longer supports a recommended ratio based on student population. The NASN position statement, [School Nurse Workload: Staffing for Safe Care](#) states that “*all students need access to a school nurse every day. In addition to the number of students covered, staffing for school nursing coverage must include acuity, social needs of students, community/school infrastructure, and characteristics of nursing staff.*” The concerns about using ratios in policy are that they lack nuance in terms of differentiating between students with higher needs and those whose needs might be less. The number of LSNs used in this report is just a count of people; one LSN does not necessarily indicate that it is full-time equivalent. However, these ratio calculations are included to provide context and updated information.

The [American Academy of Pediatrics \(AAP\) Council on School Health](#) addresses this in their recommendations [Role of the School Nurse in Providing School Health Services](#) stating *“Pediatricians can advocate for a minimum of one full-time professional school nurse in every school with medical oversight from a school physician in every school district as the optimal staffing to ensure the health and safety of students during the school day.”*

The median LSN-to-student ratios for charter schools is zero, because the majority of charter schools do not have an LSN. The average is one LSN to 1398 students. However, we advise using caution when interpreting this measure, as averages can be skewed by outliers.

LSN to student ratio, charter schools (n=148)

Average	1 LSN to 1398 students
Median	0

When the ratio calculations are broadened to include any nurse (LSN, RN, or LPN), these ratios improve. However, the scope of nursing practice is different based on nursing licensure through the Minnesota Board of Nursing and the PELSB. Therefore, having a nurse does not mean that the nursing services provided are equivalent -- a common misunderstanding by those not familiar with nursing scope of practice.

The median nurse-to-student ratios for charter schools is zero, because the majority of charter schools do not have a nurse. The average ratio is one nurse to 804 students. However, we advise using caution when interpreting this measure, as averages can be skewed by outliers.

Any nurse to student ratio, charter schools (n=148)

Average	1 nurse to 804 students
Median	0

Conclusion

Discussion

This report shares results from a comprehensive scan of the Minnesota school nurse workforce in 2022. It reveals concerning findings, including the following:

- Less than half of school districts in Minnesota employ at least one licensed school nurse (LSN).
- 26% of school districts do not provide any staff solely dedicated to the role of providing health services for students.
- Large differences exist in how large, medium, and small school districts are staffing school health services.
- Charter schools are less likely than public school districts to employ nursing or health services staff when comparing districts of similar size.

When looking at one available indicator of student needs – eligibility rate for free and reduced-price lunch (FRPL) – the result reveals students with higher needs have lower access to health services. **Specifically, school districts where 40% or more of students are FRPL eligible, students are more than three times less likely to have access to nursing or health services than school districts with fewer than 40% of students eligible for FRPL.** Similarly, having at least one LSN is more common in school districts with fewer than 40% of students eligible for FRPL (61%) than districts above that cutoff (27%). Access to student health services appears to be inequitable across different socioeconomic populations.

Most school districts without LSNs provide some type of health services to their students through a combination of registered nurses (RNs), licensed practical nurses (LPN), contracted health services, and other health services (including unlicensed assistive personnel, health office paraprofessionals, and more). However, 6% of districts indicated having only LPNs on their school health services teams. While LPNs are vital health service team members, this is concerning as they have a different scope of practice from the LSN or RN. MN Statute 148.171 Subd. 14. states the "practice of practical nursing means the performance, with or without compensation, of those services that incorporates caring for individual patients in all settings through nursing standards recognized by the board *at the direction of a registered nurse, advanced practice registered nurse, or other licensed health care provider.*"

According to data from the [Minnesota Student Survey](#), student's long-term **physical** health problems have stayed around 15% since 2013, however **long-term mental health, emotional and behavioral problems have increased steadily over the same time** and the rates are similar across Minnesota regions. Additional data would be required to fully understand the reasons behind school health services staffing decisions whether based on Minnesota state statute, budget constraints, student health needs, and/or nursing workforce availability.

Based on the findings in this report and identified needs for additional research, the School Nurse Collaborative recommends the following actions:

1. Develop a reliable and replicable process to collect school health services workforce data every two years.
2. Clarify additional workforce components such as nursing full-time equivalent (FTE) status, workload including number of school buildings staffed, and the use of various licensed nurses within a school district.
3. Identify improvements to how school health services are funded and explore new, creative funding strategies.
4. Examine the impact of state statutes and the use of a ratio-based policy to meet needs and impact inequities.
5. Target funding resources to support inequities such as smaller size districts or those with higher student needs.
6. Provide and ask district decision-makers such as school boards, superintendent, and school leaders, to enhance their student-centered decision-making and priorities around school health services.

Limitations

Data from this report were compiled from several sources and may be difficult to replicate, given a manual process in which individuals worked to verify, update, or modify official state staffing data based on emails, phone calls, and website reviews of individual districts for the 2022-2023 school year. This process was made possible by grant funding and has not been codified or manualized making replication difficult. On the other hand, ninety-four percent (94%) of public school districts in Minnesota are represented in this dataset.

This report did not take into consideration the number of schools represented by the three types of public school districts. The numbers of schools within a public school district could help to understand the workload of school health staff and should be included in future reports.

Due to sample size and other data limitations, data from the other types of public school districts beyond the three types listed were not included in this analysis. This limited the ability to further understand what school health services look like in those settings and should be considered for inclusion in future reports.

Additional data would have enhanced our understanding of the school nurse workforce. Data did not differentiate between full and part-time roles. Data as to whether or to what extent districts are providing an LPN who is a sole provider in the district, the direction of a registered nurse, advanced practice registered nurse or other licensed health care provider as required by the Minnesota Nurse Practice Act.

Resources

[Minnesota Statute 121A.21 \(www.revisor.mn.gov/statutes/cite/121A.21\)](http://www.revisor.mn.gov/statutes/cite/121A.21)

[Minnesota Student Survey \(www.education.state.mn.us\)](http://www.education.state.mn.us), look under “Data Center”) is an essential data source for understanding how to best support the health, well-being, and academic success of young people. All Minnesota school districts are invited to participate in the survey. This analysis only includes 8th, 9th, and 11th grade students from public and charter schools.

[School Nurse Organization of Minnesota \(www.minnesotaschoolnurses.org/advocacy/advocacy-tools\)](http://www.minnesotaschoolnurses.org/advocacy/advocacy-tools)

[How are the Children? Minnesota Student Survey: Student Health & Well-being District Decision Makers \(PDF\) \(www.higherlogicdownload.s3.amazonaws.com/NASN/b9fa84b6-543b-49df-bd25-8f960750b4c1/UploadedImages/MN-Superintendent Communications Product 4 .pdf\)](http://www.higherlogicdownload.s3.amazonaws.com/NASN/b9fa84b6-543b-49df-bd25-8f960750b4c1/UploadedImages/MN-Superintendent%20Communications%20Product%204.pdf)

[A Guide for Parents: The State of School Health in Minnesota Parents and Families \(PDF\) \(www.higherlogicdownload.s3.amazonaws.com/NASN/b9fa84b6-543b-49df-bd25-8f960750b4c1/UploadedImages/MN-Parent Communications Product final.pdf\)](http://www.higherlogicdownload.s3.amazonaws.com/NASN/b9fa84b6-543b-49df-bd25-8f960750b4c1/UploadedImages/MN-Parent%20Communications%20Product%20final.pdf)

[2023 Minnesota Statutes 148.171 Definitions; Title Subd. 14 Practice of practical nursing \(www.revisor.mn.gov/statutes/cite/148.171\)](http://www.revisor.mn.gov/statutes/cite/148.171)

[National Association of School Nurses \(NASN\) Safe, Supportive, Equitable Schools \(www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-safe\)](http://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-safe)

[National Association of School Nurses \(NASN\) School Nurse Workload: Staffing for Safe Care \(www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-workload\)](http://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-workload)

[American Academy of Pediatrics \(AAP\) Council on School Health \(www.publications.aap.org/pediatrics/collection/565/Council-on-School-Health? ga=2.265180618.497604222.1675084867-27540601.1673356371\)](http://www.publications.aap.org/pediatrics/collection/565/Council-on-School-Health?ga=2.265180618.497604222.1675084867-27540601.1673356371)

[American Academy of Pediatrics \(AAP\) Role of the School Nurse in Providing School Health Services \(www.publications.aap.org/pediatrics/article/137/6/e20160852/52405/Role-of-the-School-Nurse-in-Providing-School?searchresult=1\)](http://www.publications.aap.org/pediatrics/article/137/6/e20160852/52405/Role-of-the-School-Nurse-in-Providing-School?searchresult=1)

[National Association of School Nurses \(NASN\) School Nurse Workload: Staffing for Safe Care \(www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-workload\)](http://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-workload)

[American Academy of Pediatrics \(AAP\) Council on School Health \(www.publications.aap.org/pediatrics/collection/565/Council-on-School-Health? ga=2.265180618.497604222.1675084867-27540601.1673356371\)](http://www.publications.aap.org/pediatrics/collection/565/Council-on-School-Health?ga=2.265180618.497604222.1675084867-27540601.1673356371)

[American Academy of Pediatrics \(AAP\) Role of the School Nurse in Providing School Health Services \(www.publications.aap.org/pediatrics/article/137/6/e20160852/52405/Role-of-the-School-Nurse-in-Providing-School?searchresult=1\)](http://www.publications.aap.org/pediatrics/article/137/6/e20160852/52405/Role-of-the-School-Nurse-in-Providing-School?searchresult=1)

[Minnesota Student Survey \(www.education.state.mn.us\)](http://www.education.state.mn.us), look under “Data Center”)