



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE

Marc Elrich
County Executive

Tiffany Ward
Director

MEMORANDUM

February 8, 2022

To: Jennifer Bryant, Director
Office of Management and Budget

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice

Re: Racial Equity Impact Assessment (REIA) for Supplemental Appropriation #22-49
Centers for Disease Control and Prevention Cooperative Agreement Cooperative
Agreement

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that Supplemental Appropriation #22-49 Centers for Disease Control and Prevention Cooperative Agreement is likely to advance racial equity and social justice in the county. Efforts to retain critical health service staff in schools, such as school nurses, are necessary to address the impacts of social determinants of health, the racial inequities they create, and improve health outcomes for all.
- II. **BACKGROUND:** The purpose of Supplemental Appropriation #22-49 is to use the Covid-19 Public Health Workforce Supplemental Funding Grant, funded through the federal Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), to support school-based health programs and support hiring of school nurses, clinical staff, disease control investigative staff, and administrative support. One of the key goals will be retaining school health nurses, who are reportedly leaving the County for higher-paying private sector nursing opportunities.

To assess the potential racial equity impacts of this supplemental appropriation, we looked at the impact school nurse retention would have on the health and well-being of students across the 208 Montgomery County Public Schools (MCPS) schools they serve.

The health and well-being of individuals and communities is affected by a wide range of factors, sometimes referred to as social determinants of health at the population level and social needs at the individual level¹. These factors in addition to the quality and affordability of medical and healthcare interventions can either enable or prevent health equity. Nurses typically work in clinic or hospital settings providing individual-level interventions and addressing social needs such as food insecurity, homelessness, or trauma²; this work also involves responding to community conditions shaped by policies and laws that are outside their direct influence.

Like nurses working in other settings, school nurses typically address issues at the individual level, while oftentimes also addressing inequities created by social determinants of health, such as disparities in household income. One researcher summarized this role, stating, “school nurses are an important link in the continuum of care for children with chronic conditions, a critical component of illness prevention, and a safety net for those children who are outside the traditional medical care system”³. Providing services and care in this way enable strong student health and educational outcomes. For example, school nurses provide health services that can help support educational outcomes by improving illness rates through education about preventive health care, early recognition of disease processes, improving chronic disease management, all which improve attendance and can increase return-to-class rates⁴. In some cases, school nurses are the only healthcare provider students regularly see⁵ and their ability to intervene early with preventive measures, reduces the need for costly treatment⁶. The cost impact of nurse services in schools was quantified in a study of the Massachusetts Essential School Health Services (ESHS) program, where researchers found that for each dollar invested in ESHS programs would yield \$2.20 in savings per student⁷. The services and care school nurses provide are particularly necessary given the dynamics driving health inequities and the multiple barriers many families face in accessing

¹ National Academies of Sciences, Engineering, and Medicine 2021. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982> available at: <http://www.nap.edu/25982>.

² The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity.

³ Kathleen Johnson. The Online Journal of Issues in Nursing. “Healthy and Ready to Learn: School Nurses Improve Equity and Access”. Vol 22 2017. Available at: <https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-22-2017/No3-Sep-2017/Healthy-and-Ready-to-Learn.html#Johnson>.

⁴ AAP COUNCIL ON SCHOOL HEALTH. Role of the School Nurse in Providing School Health Services. Pediatrics. 2016;137(6):e20160852. DOI: 10.1542/peds.2016-0852. Available at: <https://publications.aap.org/pediatrics/article/137/6/e20160852/52405/Role-of-the-School-Nurse-in-Providing-School>. Accessed 1/31/22.

⁵ “To Achieve Health Equity, Leverage Nurses and Increase Funding for School and Public Health Nursing, Says New Report”. News Release. The National Academies of Sciences, Engineering, and Medicine. May 11, 2021. Available at: <https://www.nationalacademies.org/news/2021/05/to-achieve-health-equity-leverage-nurses-and-increase-funding-for-school-and-public-health-nursing-says-new-report>.

⁶ Charting a Path to Achieve Health Equity.

⁷ Charting a Path to Achieve Health Equity.

affordable quality healthcare. In Montgomery County, one such driver of health inequities, is school poverty⁸; while one barrier to affordable quality healthcare is health insurance coverage⁹.

The result of these inequities and barriers are well-documented racial health disparities in the County. In the adult population, between 2013 and 2015, these include higher heart disease mortality, stroke mortality, and breast cancer mortality rates among Black residents than any other racial group in the County¹⁰. Available data about infants and children illustrate similar disparities. Between 2013 and 2015, the infant mortality rate was 8.8% for black babies, 4.9% for Latino babies, 3.8% for Asian babies, and 3.7% for White babies¹¹. Rates of uninsured children by race also reveal disparities affecting access to healthcare. Larger percentages of Black, Latino and Asian children are uninsured compared to White children¹².

- III. **DATA ANALYSIS:** The National Equity Atlas provides data about public school poverty levels in 2018 (defined by share of students in the school eligible for free -or reduced-price lunch (FRPL) and the distribution of students in schools, disaggregated by race and ethnicity. The chart shows poverty levels across public schools in Montgomery County with 43% of students in low, 32% in mid-low, 19% in mid-high, and 6% in high poverty schools. Disaggregating the distribution of students by race and ethnicity shows stark disparities in the concentration of students of color in mid-high and high poverty schools compared to the distribution of students overall: 25% of students of color are in mid-high poverty schools and 9% are in high poverty schools. Looking more closely at the specific experiences of Black and Latino students, the chart reveals that 30% of Latino students and 28% of Black students attend mid-high poverty schools, while 14% of Latino and 6% of Black students attend high-poverty schools. The disparity is most stark when compared with White students, where 7% of students are in mid-high poverty schools and 1% attends high-poverty schools.

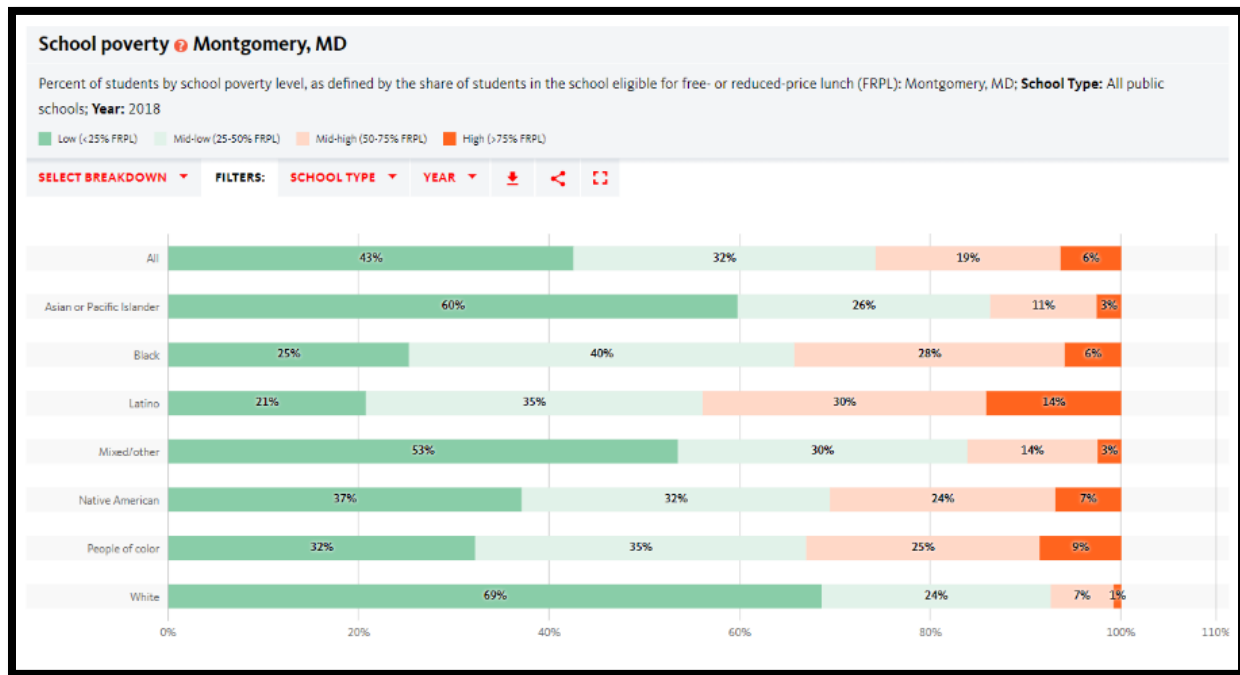
⁸ See data analysis section.

⁹ See data analysis section.

¹⁰ Jupiter Independent Research Group. Racial Equity Profile Montgomery County. Report Number 2019-7. July 15, 2019. Available at: <https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/RevisedOLO2019-7.pdf>

¹¹ Jupiter Independent Research Group.

¹² See data analysis section.



Source: School Poverty, Montgomery County, Maryland. 2018. Available at:
https://nationalequityatlas.org/indicators/School_poverty#/?geo=04000000000024031

The chart below shows the number and percentage of uninsured children (18 and under) in Montgomery County in 2016. Nearly 6% of Black and Latino children were uninsured in 2016, compared to 5% of Asian children and 1.4% of White children. It's important to note that while 27% of Native Hawaiian or Pacific Islander children were uninsured, this reflects a very small sample, so caution should be used in interpreting this data point.

Number and Percent of Uninsured Children (18 and under) by race in 2016 in Montgomery County:

Race/Ethnicity	Measure	2016
White, not Hispanic or Latino	Number	1277
White, not Hispanic or Latino	Percent	1.4%
Black or African American	Number	2098
Black or African American	Percent	4.5%
American Indian or Native Alaskan	Number	41
American Indian or Native Alaskan	Percent	5.8%
Asian	Number	1593
Asian	Percent	5.2%
Native Hawaiian or Pacific Islander	Number	18
Native Hawaiian or Pacific Islander	Percent	27.7%
Some Other Race	Number	1504
Some Other Race	Percent	6.0%
Two or More Races	Number	233
Two or More Races	Percent	1.2%

Race/Ethnicity	Measure	2016
Hispanic or Latino	Number	3272
Hispanic or Latino	Percent	5.6%
Total Uninsured Children Under 18	Number	5751
Total Uninsured Children Under 18	Percent	2.4%

Source: Author's duplication of data from The Annie E. Casey Kids Count Data Center. Data Provided by Advocates for Children and Youth. Available at: <https://datacenter.kidscount.org/data/tables/9002-uninsured-children-under-18-by-race-2009--2016?loc=22&loc=5#detailed/5/3315/false/870,573,869,36,868,867,133,38/4406,3303,3304,2161,3305,3306,3307,3301,5175/17962,17963>

cc: Ken Hartman, Director, Office of Strategic Partnerships, Office of the County Executive