SCHOOL NURSES AS SOCIAL JUSTICE LEADERS: ADVANCING HEALTH EQUITY IN NEW JERSEY SCHOOLS – A MIXED METHODS APPROACH

A Dissertation

Presented to

The Faculty of the College of Education

William Paterson University of New Jersey

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

By

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June, 2025

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ABSTRACT

This dissertation examines the perceptions, leadership practices, and challenges of school nurses in New Jersey as they advocate for health equity in educational settings. Using a mixed-methods design, the study integrates quantitative survey data (n = 101) and qualitative interviews (n = 6) to assess how school nurses evaluate health equity efforts, identify barriers and facilitators, and lead change through a social justice lens. Grounded in the School Nursing Practice Framework™, Health Equity Promotion Model, and Social Justice Leadership Theory, the research highlights the dual roles of school nurses as care providers and systemic advocates. Quantitative findings show alignment in equity perspectives across school types, but significant variation by grade level served. Cronbach's alpha values ranged from 0.81 to 0.92, confirming strong internal consistency across the five equity-related scales. However, over 60% of respondents reported minimal training and limited administrative support. Thematic analysis of interviews yielded four themes: leadership in equity, addressing disparities, professional development, and post-pandemic priorities. Together, findings reveal a strong personal commitment among nurses to advance health equity despite structural limitations. The study calls for systemic reforms including culturally responsive training, stronger interdisciplinary collaboration, and policy integration. It positions school nurses as key leaders in public health and equity within school communities.

Keywords

Keywords: school nursing, health equity, social justice leadership, public health, educational disparities, school-based healthcare, New Jersey, health promotion, mixed-methods research

DEDICATION

To my mother, Michele Maureen: Your strength and kindness shaped the foundation of my life. Even decades after your passing, your guidance remains my compass. You taught me the value of resilience, learning, and love. This work is a testament to the dreams you inspired in me, dreams of growth, wisdom, and making a difference. I miss you every day but feel your presence in every step of this journey.

To my daughter, Claudia Michele: As you forge your path in education, I see in you the same love and compassion that defined your grandmother. It saddens me deeply that you and she never had the opportunity to meet, yet I find comfort in knowing that her spirit and values live on through you. I hope that this work shows you the power of determination and the impact of a life dedicated to purpose. Carry forward the values that connect us: strength, kindness, and a commitment to bettering the world around you.

This dissertation is for both of you, whose love and guidance have shaped me. Your influence drives my work, and I dedicate this dissertation to preserving and building upon your legacies.

"The dream was always running ahead of me. To catch up, to live for a moment in unison with it, that was the miracle." – Anaïs Nin

ACKNOWLEDGEMENTS

The completion of this dissertation has been a profound journey of growth and learning, and it would not have been possible without the support, guidance, and encouragement of many individuals and institutions. It is with immense gratitude that I take this opportunity to acknowledge them.

First and foremost, I wish to thank my advisor, Dr. Danielle Wallace, for her unwavering support, insightful guidance, and patience throughout this process. Your encouragement and expertise have been invaluable, and I am deeply grateful for the time and effort you dedicated to helping me navigate this journey. Your belief in my potential inspired me to push through challenges and strive for excellence.

I would also like to express my heartfelt appreciation to the members of my dissertation committee, Dr. Heejung An and Janice Loschiavo, for their constructive feedback and support. Your thoughtful suggestions and insights have enriched my research and strengthened the outcome. Avery special thanks to my unofficial committee member, Anthony Petrosino, who graciously provided feedback and support.

To my principal, Lynn DiMatteo, at South End School in Cedar Grove, I owe a special thanks for your unwavering support and invaluable feedback. Your leadership and collaborative spirit have been instrumental in fostering an environment where I could thrive as a school nurse. It has been a privilege to work alongside you in excellent collaboration, and your encouragement throughout this process has been invaluable to me.

To my partner, best friend, and love, my fiancé Jack Lisa, I am grateful for your unwavering support and belief in me during this journey. Your patience and sacrifices, big and small, allowed me to dedicate myself fully to this work. You stood by me during the challenging moments, offering reassurance, love, and encouragement when I needed it most. Your steadfast support and unshakable faith in my abilities remind me daily of how lucky I am to walk through life with you.

To my daughter, Claudia Michele Paoli, your fervor and steadfast commitment to your education have been a significant source of inspiration to me daily. Your pursuit of dreams with determination and grace instills in me profound pride and evokes our shared values. I hope that this work serves as a testament to the power of perseverance, a reflection of the strength we share, and the legacy of compassion passed from generation to generation. I strive to model for you the boundless potential that lies in hard work, resilience, and a heart committed to making a difference. You have repeatedly demonstrated these characteristics back to me. I dedicate this work to you with love, as you are my joy, my inspiration, and my greatest achievement.

To my parents, my dear father, Charles Michael DeTrizio, and my late mother, Michele Maureen DeTrizio, my mother’s love has been my guiding light throughout this journey. She taught me the values of resilience, kindness, and perseverance. Though she is no longer with us, her spirit lives on in every step I take and every goal I accomplish. My father's unwavering belief in me has been a constant source of strength in my life. This work is a tribute to you both.

Finally, I extend my gratitude to the New Jersey School Nurses Association (NJSSNA) and all the school nurses who participated in this research. Your dedication to advancing health

equity and your commitment to your students were both humbling and inspiring. This work is as much a reflection of your efforts as it is of my research.

To all who have supported me along this journey, thank you. Your kindness, encouragement, and belief in my vision have made this achievement possible.

With heartfelt gratitude,

Dana Marie DeTrizio

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CHAPTER 1

INTRODUCTION

Overview

Erica, a school nurse in an urban district in New Jersey, begins her day with a long list of health screenings, asthma management plans, and students needing her attention. However, it is the situations that extend beyond the clinic that weigh most heavily on Erica. One student, David, frequently misses school due to chronic asthma attacks. After an in-depth conversation with David's mother, Erica recognizes that David's symptoms are worsened by poor housing conditions, including mold and inadequate ventilation. Despite her dedication, Erica is limited by school resources and time and is unable to address the root cause of David's health challenges. Her advocacy is constrained by district policies and a heavy caseload, leaving her feeling frustrated even though she knows David's situation reflects broader systemic inequities.

However, Erica experiences moments of hope through the partnerships she fosters with local healthcare providers and community organizations. For instance, after encountering a particularly difficult case where a student could not access mental health services, Erica collaborated with a local clinic to offer low-cost counseling to students. These partnerships help address some of the healthcare gaps that disproportionately affect students from historically marginalized communities. Although Erica continues to face systemic barriers, such as high student-to-nurse ratios and inconsistent district-level policies, these collaborations fuel her determination. They remind her that, despite the challenges, small victories can lead to meaningful progress in promoting health equity for all students.

School nurses such as Erica, often the first to recognize the broader social determinants impacting student health, must navigate the complex challenge of addressing students' immediate medical needs while simultaneously engaging in systemic advocacy to confront the root causes of health disparities, all within the constraints of limited resources and institutional barriers.

This vignette underscores the critical role school nurses play in advancing health equity, particularly in under-resourced educational settings. This study explores how New Jersey school nurses lead efforts to promote social justice and address health disparities using a mixed methods approach. It examines how New Jersey school nurses assess district health equity efforts, identifying successes, gaps, and strategies for improvement. Specifically, this research aims to evaluate school nurses' perceptions of the effectiveness of existing health equity initiatives, acknowledging both successful outcomes and existing gaps while fostering informed dialogue on enhancing health equity across New Jersey schools. Central to this investigation is the exploration of how school nurses engage as leaders in social justice, advocating for systemic change while also providing direct care. This study highlights the ways in which these healthcare professionals leverage their positions to foster equity, manage constraints, and develop leadership strategies that enhance their impact on reducing health inequities among diverse student populations.

Statement of the Problem

Health equity is an almost universal priority, yet the goals, objectives, plans, and resources required to achieve it remain unclear (Griffith, Mason et al., 2023). Investigating school nursing and health equity is crucial because school nurses play a pivotal role in promoting the health and wellbeing of students, which directly impacts their academic success and overall

development. Health equity in school settings ensures that all students, regardless of their socioeconomic background, race, ethnicity, or other social determinants, have equal access to health services and support. Without equitable health practices, disparities can perpetuate cycles of poor health outcomes and educational disadvantages.

For children and youths, schools can provide a foundation for healthy development and support that can reduce (or mitigate the influence of) the structural inequities that threaten their well-being. However, school conditions, cultures, and practices are also known sources of racial inequity that, without reforms, can exacerbate the broader societal challenges that children of color are forced to navigate. Deliberate investment and attention to creating healthy schools is a necessary strategy to battle racial inequity on behalf of children of color (Harper et al., 2023). By examining these variables (school conditions, cultures, and practices), the investigation aims to provide a comprehensive understanding of how school nurses can effectively promote health equity, thereby informing policy and practice to support equitable health outcomes for all students.

Despite the critical role that school nurses in New Jersey play in promoting health equity, they face several barriers that impede their ability to address health disparities effectively. One significant barrier is the high student-to-nurse ratio, which limits the time and resources available for individualized care and advocacy efforts. New Jersey school nurses often manage large caseloads, leaving them overburdened and unable to adequately address the needs of vulnerable students who face health disparities due to social determinants such as poverty, housing instability, and lack of access to healthcare (Reinke et al., 2019). Additionally, inconsistent funding for school health programs further constrains their ability to provide necessary services, especially in under-resourced districts where health equity issues are most prevalent (Maughan,

Cowell, Bergren, et al., 2016) . These financial limitations restrict access to critical health interventions, such as mental health services and chronic disease management, which disproportionately affect students from marginalized communities.

However, there are also facilitators that support New Jersey school nurses in their efforts to promote health equity. Collaborative partnerships with community healthcare providers and local organizations can enhance their capacity to address health disparities. By working with external resources, school nurses can connect students and families to services beyond the school's capabilities, such as affordable healthcare, mental health support, and nutrition assistance (C. R. Valdez, Kiley, & Shrout, 2020). Furthermore, ongoing professional development and training in cultural competence and social determinants of health (SDOH) empower school nurses to become more effective advocates for health equity. These initiatives not only enhance nurses' confidence in addressing complex health disparities but also equip them with the knowledge and tools to influence policy changes at both the school and district levels (Campbell, 2020). By leveraging these facilitators, school nurses can become key leaders in social justice, advocating for systemic reforms that promote equitable health outcomes for all students.

In addition to identifying the facilitators and barriers to promoting health equity, this research seeks to explore the breadth and depth of professional development opportunities available to school nurses, encompassing formal education, in-service training, workshops, and other educational initiatives that focus on health equity. It is essential to recognize that while much emphasis is placed on health equity programs and policies, the true transformative work lies in the continual processes of learning, unlearning, relearning, and co-learning. These processes engage public health professionals, communities, and stakeholders through

participatory research (Griffith, Statterfield et al., 2023). By examining the professional development of school nurses, this study aims to uncover how these opportunities contribute to school nurses' capacity as leaders in promoting health equity, particularly in underserved and marginalized populations (Campbell, 2020; Maughan et al., 2017).

Understanding barriers such as policy limits, resource gaps, and cultural challenges helps identify areas needing support. Identifying factors that enable school nurses to effectively promote health equity, such as supportive administration, community engagement, and access to resources, will provide insights into best practices and successful strategies. Furthermore, assessing the confidence levels of school nurses in their capability to address health equity issues will reveal their readiness and the potential need for additional training or resources.

The research utilizes a mixed methods approach, combining surveys and interviews, to thoroughly analyze the challenges and support that school nurses encounter in promoting health equity in New Jersey. By combining these methodologies, the study aims to capture both the breadth and depth of the issues at hand, ensuring a robust dataset that can inform future policy and practice in a more nuanced and evidence-based manner. This integrative approach enhances the validity of the findings and contributes to a more holistic understanding of how school nurses navigate the complexities of health equity in their professional roles.

Research Questions

- RQ1: In what ways do New Jersey school nurses assess current health equity initiatives within their districts, and what successes, challenges, and strategic approaches do they identify to advance dialogue and inform the development of a comprehensive school-based health equity framework?

- RQ2: In what ways can the roles and responsibilities of school nurses be leveraged to address health disparities among students and underscore school nurses' capacity as leaders in school-based social justice and health equity?
- RQ3: In what ways do school nurses in New Jersey demonstrate leadership in advancing health equity, and what contextual factors support or constrain their efforts to address student health disparities?

Key Terms

School nursing, as defined by the National Association of School Nurses (NASN), is a specialized practice within professional nursing that promotes the wellbeing, academic success, lifelong achievement, and health of students. School nurses play a critical role in facilitating normal development, promoting health and safety, intervening in health problems, providing case management services, and collaborating with others to enhance the capacity of students and families for adaptation, self-management, advocacy, and learning (NASN, 2010).

Health equity and social justice are at the very roots of school nursing. *Health equity* involves ensuring that everyone has a fair and just opportunity to achieve their optimal health (Braveman et al., 2017). The World Health Organization (2024) defines equity as "the absence of unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically." The Centers for Disease Control and Prevention (CDC) defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires that all individuals, including historically excluded or marginalized groups, have access to the conditions and resources that positively influence health.

As defined by the American Public Health Association (2024), *social justice* is the view that everyone deserves equal rights and opportunities; this includes the right to good health. Today, there are health inequities that are avoidable, unnecessary, and unjust. These inequities are the result of policies and practices that create an unequal distribution of money, power, and resources among communities, with these being based on race, class, gender, place, and other factors. To ensure that everyone has the opportunity to attain their highest level of health, school nurses must address the SDOH and equity.

SDOH refer to the non-medical factors that influence health outcomes. These include the conditions in which people are born, grow, live, work, and age, as well as the wider set of forces and systems shaping the conditions of daily life. According to the World Health Organization (2024), SDOH encompass factors such as socioeconomic status, education, neighborhood and physical environment, employment, social support networks, and access to healthcare. These determinants have a significant impact on a wide range of health, functioning, and quality-of-life outcomes, particularly for marginalized populations. Addressing these determinants is essential for promoting health equity and reducing disparities in health outcomes (Marmot, 2005).

These social determinants interact to create complex systems that influence long-term health outcomes (Ahnquist et al., 2012). Among these determinants, access to healthcare and the quality of education are particularly significant for children living in poverty in the US. Equitable access to quality education in the United States shows stark disparities based on socioeconomic status. Economic segregation, reflected in how unevenly poor and nonpoor students are distributed among public schools, is on the rise (Owens, 2018). Students living in poverty are more likely to attend schools that lack access to the high-quality resources and learning opportunities that their wealthier peers often enjoy (Lacour & Tissington, 2011).

Culturally responsive care in school nursing is defined as the intentional integration of students' cultural values, beliefs, languages, and health practices into nursing assessments, interventions, and education to promote trust, inclusivity, and equitable health outcomes (Douglas et al., 2009). This care model recognizes that students and families bring diverse cultural experiences that shape their understanding of health and illness and, therefore, requires school nurses to develop cultural humility, avoid assumptions, and advocate for systemic equity. Culturally responsive school nurses engage in reflective practice, adapt communication strategies, and collaborate with families and communities to ensure that services are linguistically and culturally congruent (Campinha-Bacote, 2011; NASN, 2020). In doing so, they address broader SODH and help reduce disparities experienced by historically marginalized student populations (Anderson, K. M., Larke, P. J., & Smith, D. M., 2018). This approach not only enhances the quality of care but also reinforces the role of the school nurse as a culturally competent advocate for student wellbeing.

In the context of school nursing, rather than focusing solely on equal treatment, health equity involves recognizing disparities and actively addressing the unique needs of marginalized student populations. Social justice in school nursing requires that nurses serve not only as clinical caregivers but also as advocates and change agents. This includes identifying SDOH, challenging institutional inequities, and working collaboratively to eliminate barriers to health services and education. Health equity, therefore, is both a goal and a commitment to inclusive, culturally responsive care that promotes well-being for all students.

The structure of this dissertation unfolds across five chapters, each building upon the previous to support the study's overarching inquiry. Chapter 1 introduces the background, purpose, and significance of the study, along with the guiding research questions. Chapter 2

presents a comprehensive review of the literature, including theoretical frameworks and current scholarship related to school nursing, health equity, and leadership in educational settings. Chapter 3 details the research methodology, describing the mixed methods design, data collection procedures, and ethical considerations. Chapter 4 reports the study's findings, integrating both qualitative and quantitative results to illuminate patterns and insights. Finally, Chapter 5 offers a discussion of the findings in the context of existing literature, articulates implications for practice and policy, identifies limitations, and suggests directions for future research.

Theoretical Frameworks

Addressing school health equity and school nursing issues involves the application of various theories and frameworks that provide a structured approach to understanding and tackling these complex problems. This research utilizes some key theories, models, and frameworks to guide it: the School Nursing Practice Framework™, the health equity promotion model (HEPM), and social justice leadership theory. These frameworks were chosen for this study to provide structured guidance and insight into school nursing and health equity.

School Nursing Practice Framework™

The NASN School Nursing Practice Framework™ serves as a critical tool in promoting health equity within schools and communities, including those in New Jersey. The framework emphasizes evidence-based, student-centered nursing practices that address SDOH, which are foundational for reducing health disparities and achieving equitable health outcomes. By guiding school nurses in prioritizing interventions that focus on individual and community needs, the

framework ensures that nurses are equipped to address barriers to health and learning, such as access to care, chronic illness management, and socioeconomic challenges (NASN, 2024).

In New Jersey, school nurses apply the principles of the framework to tailor interventions that meet the specific needs of their diverse student populations. For example, nurses may use the framework to identify health disparities among underserved student groups, design culturally competent health education programs, and advocate for resources to support students facing systemic inequities. The framework's alignment with both healthcare and educational landscapes empowers school nurses to collaborate with families, community organizations, and public health systems, ultimately fostering an environment where all students have the opportunity to thrive academically and personally.

The NASN School Nursing Practice Framework™ provides a comprehensive structure for guiding the professional practice of school nurses and positions them as essential contributors to student health and academic success. Central to this framework is the concept of student-centered care, which emphasizes equitable access to healthcare and educational opportunities for all students (NASN, 2020). The framework is grounded in five key principles: standards of practice, care coordination, leadership, quality improvement, and community/public health. These interconnected components establish a roadmap for school nurses to deliver safe, effective, and equitable care. Each principle reinforces the nurse's role not only as a clinical provider but also as a systems-level advocate who collaborates with educators, families, and communities to address the broader social determinants that influence student wellbeing.

A defining element of the framework is its emphasis on care coordination and community/public health, which requires nurses to actively identify and address the SDOH that

impact students' wellbeing. Identifying and addressing the SDOH includes advocating for resources, conducting screenings, managing chronic illnesses, and ensuring continuity of care, particularly for students from underserved or marginalized communities (Maughan et al., 2017). By embedding equity-oriented practices within routine nursing responsibilities, school nurses play a crucial role in bridging health and education systems. Their actions help reduce disparities in health outcomes and access to services, ensuring that every student has the opportunity to succeed. The framework empowers nurses to take a population-based approach to care, considering both individual needs and broader community-level health challenges, thereby reinforcing their leadership in promoting systemic health equity.

Leadership is another core principle in the NASN framework and is particularly relevant to advancing health equity. School nurses are encouraged to take on roles as policy advocates and systems-level change agents, working collaboratively with administrators, families, and public health officials to shape inclusive practices and policies (Willgerodt et al., 2018). The framework supports the use of data-driven decision making and culturally competent care as critical tools for addressing disparities. By leveraging health data to identify inequities and tailoring interventions to reflect the cultural and linguistic needs of diverse student populations, school nurses can influence institutional practices and public health strategies. This leadership capacity enables nurses to move beyond individual care to help shape environments that support equity across the entire school system.

Through its multidimensional approach, the NASN framework bridges clinical practice and social justice, offering a model that integrates professional standards with real-world challenges faced by students. Its alignment with principles of health equity, including fairness, accessibility, and responsiveness to community needs, affirms the transformative potential of

school nursing when embedded within an equity-driven framework (Schroeder et al., 2018). As schools continue to face complex health challenges, exacerbated by social inequities, economic hardship, and public health crises, this framework equips school nurses to act with intentionality and leadership. It provides the structure for them to advocate effectively, deliver inclusive care, and build cross-sector collaborations that extend their impact beyond the school walls. In doing so, the NASN framework not only enhances nursing practice but also positions school nurses as central figures in advancing equity and educational justice.

Empirical research supports the NASN School Nursing Practice Framework™ as a practical and theoretical model for advancing health equity in school settings. When school nurses implement key components of the framework, such as care coordination, leadership, and community/public health, they are better equipped to address disparities affecting underserved student populations. Maughan, Bobo, Butler, and Schantz (2016) found that nurses utilizing practices aligned with the framework were more effective in managing chronic conditions and ensuring access to care, particularly for students facing systemic barriers. Similarly, Willgerodt, et al. (2018) highlighted how leadership and inter-professional collaboration, central elements of the framework enhance the capacity of school nurses to promote equity-oriented outcomes. These empirical findings reinforce the framework's value as both a professional guide and an actionable tool for embedding equity into daily nursing practice. When supported by school systems through training, policy, and infrastructure, the NASN framework serves as a catalyst for reducing health disparities across diverse student populations.

This proactive approach not only aligns with NASN's commitment to health equity but also underscores the vital role school nurses play in bridging healthcare gaps, particularly in underrepresented communities. As a result, the framework becomes a strategic guide for New

Jersey school nurses to advance health equity initiatives within schools and their broader communities.

Health Equity Promotion Model (HEPM)

The Health Equity Promotion Model (HEPM), introduced by Bauer (2014), serves as an integrative framework that blends individual health behaviors with broader SDOH to guide health equity promotion, particularly among marginalized populations. Its holistic structure is especially applicable within school settings, where school nurses are positioned to address complex, layered barriers to student wellbeing.

The HEPM encourages practitioners to consider how socioeconomic status, race, ethnicity, environmental exposures, and systemic inequities interact with personal health practices. This dual emphasis on individual and structural factors aligns closely with the mission of school nurses, who operate at the intersection of care delivery and public health advocacy. In New Jersey, where student populations reflect significant socioeconomic and racial diversity, the HEPM offers school nurses a flexible yet robust framework for designing equity-focused interventions.

The model is instrumental in identifying both barriers and facilitators school nurses encounter in promoting health equity. By extending focus beyond behavioral change alone, the HEPM supports the development of interventions that address upstream determinants of health. For example, a school nurse may recognize that inadequate nutrition or limited access to vision care among low-income students are tied to structural inequities. Leveraging the HEPM, nurses can collaborate with local health departments, food security programs, or nonprofit partners to bridge resource gaps and advocate for systemic change.

Equally, the HEPM helps illuminate facilitators that enhance intervention success. These include access to culturally competent care, supportive school policies, and partnerships with community organizations. As Maughan, Cowell, Bergren, Engelke, et al., (2016) observed, school nurses who embrace a systemic lens, as promoted by the HEPM, are more likely to engage in leadership and policy roles that address root causes of health disparities.

In practice, the HEPM also empowers nurses to shape individual behavior through contextualized interventions. Rather than viewing behaviors such as physical inactivity or poor nutrition as isolated choices, school nurses can address the social environments that influence these outcomes. For instance, promoting physical activity might involve not only school-based programs but also neighborhood safety initiatives or access to recreational spaces. In this way, the HEPM reinforces a nuanced understanding of behavior change grounded in opportunity and equity.

Ultimately, the HEPM equips New Jersey school nurses with a comprehensive, theory-driven framework for advancing health equity in educational contexts. It promotes strategic action that integrates individual care with systemic reform, offering a path forward for nurses seeking to reduce health disparities and advocate for the well-being of marginalized student populations.

The HEPM integrates principles of equity and social justice into health promotion practices, focusing on reducing disparities by addressing both social determinants and individual health behaviors. This model is particularly valuable for school nurses, who are positioned to observe and address the social and economic factors that influence student health outcomes. By

using the HEPM, school nurses can create and implement interventions that address immediate health needs and tackle systemic inequities that contribute to health disparities (Bauer, 2014).

The HEPM emphasizes the importance of identifying and mitigating social determinants such as socioeconomic status, access to healthcare, and housing instability. School nurses are uniquely placed to observe these issues and can intervene by connecting students to community resources, advocating for policy changes, or addressing barriers to healthcare access. For instance, if a student's chronic illness is exacerbated by poor housing conditions or limited healthcare access, the school nurse can advocate for systemic changes or provide immediate support through local community partnerships (Schroder et al., 2018).

At the individual level, the HEPM encourages school nurses to tailor interventions to the specific needs of marginalized populations. Nurses can promote culturally competent care, ensuring that health education and services are accessible to students from diverse backgrounds. For example, school nurses may provide health education sensitive to cultural and linguistic differences or collaborate with local clinics to offer on-site health services. This approach not only addresses individual health needs but also reduces barriers to care, creating a more equitable healthcare environment in schools (Bauer, 2014).

The HEPM also highlights the importance of community-based participatory research and collaboration with community stakeholders. School nurses can collaborate with local health organizations to implement school-based health initiatives that align with community health goals. This community-centered approach ensures that health promotion efforts are not only school based but also supported by broader resources, addressing root causes of health inequities (Williams, 2003). Additionally, the HEPM stresses the need for systemic change. School nurses

can use data on student health disparities to advocate for policies at the school or district level, such as free school meal programs or improved mental health services. Drawing on research by Dr. David R. Williams, school nurses can understand how systemic discrimination and racism affect health outcomes and advocate for policies that mitigate these effects, fostering more inclusive environments for students (Williams et al., 1997).

By integrating the HEPM into practice, school nurses can adopt a holistic approach to promoting health equity. The model's dual focus on addressing both social determinants and individual health behaviors empowers school nurses to create culturally sensitive, comprehensive interventions. Additionally, the HEPM's emphasis on community engagement and systemic reform enables school nurses to advocate for long-term health equity within school systems and beyond (Bauer, 2014).

Social Justice Leadership Theory

Social justice leadership theory is a framework in educational leadership that underscores the obligation of leaders to proactively confront and eradicate inequities and injustices within educational systems. Leaders advocating for social justice endeavor to foster inclusive environments by challenging oppressive practices, advocating for marginalized groups, and promoting fairness and equity in policy, practice, and resources (Theoharis, 2007). This theory encourages leaders to be agents of change who disrupt systemic barriers to equity, aiming to provide all students, especially those historically underserved, with the opportunity to succeed. social justice leadership theory emphasizes the critical role of leaders in identifying and addressing inequities within systems, particularly in education. This framework calls for leaders to challenge oppressive practices, promote fairness, and advocate for marginalized populations,

ensuring that all individuals have equal access to opportunities and resources (Theoharis, 2007). In the context of school nursing, social justice leadership is increasingly relevant as school nurses are uniquely positioned to address health disparities within the school environment. By promoting health equity, school nurses embody social justice leadership, using their roles to advocate for underserved students, address SDOH, and create inclusive environments that prioritize the wellbeing of all students.

School nurses play an essential role in dismantling systemic barriers to health equity, which often disproportionately affect students from low-income, minority, and marginalized backgrounds. Through a social justice lens, nurses advocate for equitable access to healthcare, mental health support, and preventative services. For example, school nurses may identify disparities in access to services, such as the inability of low-income students to receive regular medical check-ups or immunizations due to financial or logistical barriers. By working to address these issues, school nurses not only improve the health outcomes of individual students but also promote broader systemic change. As social justice leaders, they collaborate with school administrators and community organizations to ensure that school health policies are inclusive and that resources are distributed equitably (Johnson & Maughan, 2018).

New Jersey school nurses play a pivotal role as social justice leaders in education, leveraging their unique position to address health disparities and promote equity. As frontline healthcare providers within educational settings, they are uniquely positioned to identify and address the SDOH that affect student outcomes. Their leadership extends beyond basic healthcare, encompassing advocacy, education, and community engagement, thereby impacting schools, communities, and society at large. The leadership of school nurses in New Jersey is integral to fostering health equity. By addressing social determinants such as socioeconomic

status, access to healthcare, and environmental factors, school nurses help create healthier school environments. They engage in health education, promoting preventive care and healthy behaviors among students. According to Lineberry et al. (2016), school nurses who are well-trained in health equity are better equipped to identify and mitigate these disparities, which lead to improved student health outcomes and academic performance.

School nurses also play a crucial role in advocating for policy changes within the school system. They often work to ensure that school policies support the health and wellbeing of all students, particularly those from underserved communities. For instance, Willgerodt et al. (2018) highlight that school nurses who engage in leadership and advocacy can influence school health policies, ensuring that they address the needs of marginalized populations. This advocacy extends to the community, where school nurses often collaborate with local health agencies and organizations to provide comprehensive care to students and their families. The impact of school nurse leadership in communities is significant. By addressing health disparities at the school level, school nurses contribute to the overall health of the community. They serve as a bridge between the school and the community, facilitating access to healthcare services and resources. This role is particularly important in underserved areas where access to healthcare is limited. Best et al. (2018) emphasize that school nurses who take on leadership roles in their communities can help reduce health disparities and improve outcomes for children and families.

On a broader societal level, the leadership of school nurses contributes to the promotion of social justice and equity. By addressing health disparities and advocating for the needs of marginalized populations, school nurses help create a more equitable society. Their work ensures that all students have the opportunity to succeed, regardless of their socioeconomic background or health status. Maughan, Cowell, Bergren, Engelke, et al. (2016) note that the efforts of school

nurses in promoting health equity have long-term benefits for society, as healthier students are more likely to become healthy, productive adults.

New Jersey school nurses are vital social justice leaders in education. Their leadership impacts schools by promoting health equity and improving student outcomes, influences communities by reducing health disparities and enhancing access to care, and contributes to society by fostering a more just and equitable environment. The role of school nurses extends beyond traditional healthcare, encompassing advocacy, education, and community engagement, thereby making a profound impact on the lives of students and the broader community.

By adopting the principles of social justice leadership theory, school nurses can continue to lead efforts to advance health equity within schools. Their role extends beyond traditional healthcare provision to include advocacy, policy development, and the creation of supportive environments that address the diverse needs of the student population. This leadership approach not only improves the health and academic outcomes of marginalized students but also fosters a more inclusive and just school environment overall.

Significance

Examining school nurses' views on health equity is vital, given their unique role at the intersection of healthcare and education. School nurses serve as frontline healthcare providers for children, particularly in underserved communities, where access to medical services may be limited. Understanding their self-assessed competencies and perceived challenges provides valuable insight into the effectiveness of current health equity initiatives and highlights areas requiring additional support. This research is important for creating specific training programs and teaching materials that help school nurses strengthen their skills and effectively use health

equity strategies. Additionally, since there is a growing focus on social factors that affect health in schools, assessing how ready school nurses are to tackle these issues will help in larger conversations about public health and fairness in education. These findings can inform policies and best practices that empower school nurses to lead and advocate for more inclusive, community-driven health initiatives that improve student wellbeing and educational outcomes.

This research is of particular interest to multiple constituencies, including school nurses, public health officials, educators, policymakers, and healthcare administrators, as it provides actionable insights into the challenges and opportunities faced by school nurses in addressing health disparities. School nurses will benefit from an understanding of their collective strengths and areas for growth, leading to improved advocacy for professional development opportunities tailored to their needs. Public health officials and health policymakers will find this research valuable as it underscores the importance of supporting school nurses in their efforts to promote health equity, potentially informing resource allocation, staffing decisions, and legislative reforms. Educators and school administrators will gain awareness of the institutional and systemic barriers that hinder school nurses' ability to implement health equity initiatives, enabling them to advocate for necessary policy adjustments at the school and district levels. Lastly, healthcare administrators and nursing educators can leverage these insights to design training programs and design continuing education initiatives that equip school nurses with the skills and resources needed to mitigate health disparities effectively (Best et al., 2018; (Maughan, Cowell, Bergren, Engelke, et al., 2016). By addressing these constituencies, this research serves as a catalyst for systemic improvements that enhance the capacity of school nurses to serve as leaders in health equity, ultimately fostering a healthier, more equitable educational environment for all students.

This research aims to identify how school nurses in New Jersey assess and evaluate existing health equity efforts within their districts, focusing on their perspectives on current successes, areas in need of improvement, and strategic approaches. By examining their insights, this study seeks to understand how school nurses foster dialogue and collaboration within the school community to develop a robust framework that supports health equity. Identifying specific achievements and challenges from the nurses' viewpoints can illuminate effective practices and gaps within current efforts, ultimately guiding the creation of a more comprehensive, equitable health strategy for schools.

Furthermore, this research examines how the roles and responsibilities of school nurses can be optimized to better address health disparities among students. By exploring both quantitative and qualitative data, the study aims to reveal actionable strategies that can enhance school nurses' impact, empower their role in mitigating health disparities, and improve resource allocation to better meet the needs of diverse student populations. Understanding these optimization possibilities is crucial for shaping policies and practices that effectively leverage the unique position of school nurses within educational settings to advance health equity.

Alongside this, the research aims to explore the leadership qualities and strategies that school nurses employ in promoting health equity as well as the factors that either facilitate or impede their efforts. This process involves understanding how nurses exercise their leadership within diverse socio-economic contexts and the barriers they face, such as limited resources, policy constraints, or varying school environments. By identifying these factors, the study seeks to highlight both the strengths and challenges in school nurses' leadership roles, contributing to a broader understanding of how to support and strengthen their capacity to lead health equity initiatives effectively.

Finally, this research is important because it addresses critical gaps in understanding the barriers and facilitators that school nurses face in promoting health equity. It is applicable because it provides insights into how schools and policymakers can better support nurses in addressing health disparities among students. It is essential because optimizing the roles and responsibilities of school nurses can lead to significant improvements in student health outcomes, particularly for those in underserved communities. By focusing on both the challenges and opportunities that school nurses encounter, this research can inform more equitable and effective healthcare delivery within the school system.

Equity, Fairness, and Social Justice

This research directly aligns with a social justice framework by examining school nurses' perceptions of their competencies in promoting health equity and addressing health disparities, particularly among marginalized and underserved student populations. Health equity is a fundamental principle of social justice, as it seeks to ensure that all individuals, regardless of socioeconomic status, race, ethnicity, or geographic location. have access to necessary healthcare resources and opportunities to achieve optimal health outcomes (Braveman, 2014). This study examines how school nurses can use health equity strategies and points out problems such as lack of funding, administrative issues, and unfair distribution of resources that mainly impact students from historically marginalized communities. Identifying these barriers is crucial to advocating for policy changes that promote fair and just access to healthcare services within schools.

Furthermore, this research supports social justice by empowering school nurses as key agents of change in addressing SDOH within educational settings. School nurses are often the

first point of healthcare access for students experiencing inequities related to poverty, food insecurity, housing instability, and inadequate healthcare access. This study examines how school nurses view their challenges and uses that information to create specific training programs and support systems that help them advocate for and put in place policies aimed at reducing health differences. The study's focus on fostering collaboration among public health officials, educators, and policymakers reinforces a social justice agenda by emphasizing the need for collective action to dismantle structural barriers that perpetuate health inequities. Ultimately, this research contributes to the broader movement of health justice in schools, ensuring that every student, regardless of background, has the opportunity to learn and thrive in a healthy, supportive environment.

The broader literature on social justice in school nursing and health equity emphasizes the critical role of school nurses in mitigating health disparities and advancing social justice through healthcare access, policy advocacy, and education. Nursing as a profession is increasingly recognized as a health equity and social justice movement, particularly within public health and school settings (Rudner, 2021). School nurses often serve as frontline healthcare providers for marginalized populations, and their ability to advocate for systemic changes, such as improved funding, staffing, and access to preventive care, positions them as essential contributors to health equity (Gratz et al., 2023). The literature underscores that structural inequities in the distribution of school nurses directly impact students' access to care, exacerbating existing health disparities based on socioeconomic and racial factors (Willgerodt et al., 2018). Furthermore, addressing social determinants of health (SDOH) within school environments is increasingly considered a necessary strategy for promoting student well-being and reducing inequities in health outcomes (King, 2024).

Research also highlights the need for institutional support and policy reforms to empower school nurses in their efforts to address health disparities. Policies that allocate resources equitably and recognize the unique expertise of school nurses in health equity initiatives are necessary for sustainable change (Schminkey et al., 2019). The literature suggests that training and professional development programs must integrate a social justice perspective, equipping school nurses with the skills and knowledge to advocate for vulnerable students and address systemic barriers (Adams et al., 2024). Additionally, interdisciplinary collaboration between educators, healthcare professionals, and policymakers is crucial for fostering equity-driven school health initiatives (Varcoe & Browne, 2014). By advancing research in this field, scholars and practitioners can bridge the gap between healthcare and education, ensuring that school nurses are adequately prepared and supported in their role as leaders in health equity and social justice.

Summary

Researching school nurses' perceptions of their competencies and abilities to promote health equity and implement strategies to reduce health disparities is essential, as these professionals play a crucial role in bridging healthcare and education, especially in underserved communities. By examining school nurses' evaluations of current health equity efforts, this research aims to identify their perceived achievements, areas in need of improvement, and strategies for fostering collaboration toward comprehensive health equity frameworks. Knowing what school nurses feel they are excelling at and where they struggle helps create focused training programs and courses that fill those gaps, which will improve their ability to effectively lead health equity efforts.

Additionally, exploring school nurses' perspectives sheds light on the systemic and institutional barriers they face in promoting health equity, such as limited time, insufficient resources, or lack of administrative support. Insights gained from these perspectives can guide policy reforms at school, district, and state levels to provide nurses with the necessary resources and authority to implement health equity strategies successfully. For instance, if school nurses report challenges due to a lack of support, this research could advocate for policy adjustments that address these gaps. Furthermore, understanding how school nurses address SDOH in educational settings contributes to the broader discourse on these determinants' impact on students, emphasizing the critical role school nurses play in mitigating the effects of socio-economic disparities on children's health (Best et al., 2018; (Maughan, Cowell, Bergren, Engelke, et al., 2016).

The findings of this study play a critical role in promoting equity and social justice among the next generation of school nurse leaders by identifying gaps in competencies, resources, and systemic support that hinder school nurses from effectively addressing health disparities. By evaluating school nurses' perceptions of their abilities to promote health equity, this research highlights the challenges they face, including limited funding, inadequate staffing, and a lack of professional development tailored to addressing SDOH (Gratz et al., 2023). These insights provide a foundation for targeted educational initiatives that prepare future school nurse leaders to advocate for policy reforms, implement inclusive health programs, and address systemic inequities within school communities (King, 2024).

Furthermore, this study advances social justice by empowering school nurses with evidence-based strategies to reduce disparities in student health outcomes, particularly for marginalized populations. By including these findings in nursing education, leadership training,

and professional development programs, future school nurse leaders can gain the skills needed to address institutional obstacles, encourage teamwork across different sectors, and support policies that focus on health fairness in schools (Rudner, 2021). Ultimately, this research serves as a catalyst for systemic change, ensuring that school nurses are not only caregivers but also equity-driven leaders who actively work toward dismantling healthcare injustices and ensuring that all students, regardless of socioeconomic background, receive the support needed to thrive (Schminkey et al., 2019).

To conclude, investigating school nurses' perceptions of their competencies, barriers, and leadership abilities in advancing health equity underscores the importance of empowering them through enhanced education and systemic support. This research holds the potential to inform public health policy, educational practices, and professional development, facilitating improved health outcomes for all students, especially those in underserved communities. Addressing gaps in training and resources enables school districts and nursing programs to support school nurses more effectively, allowing them to fulfill a leadership role in reducing health disparities and promoting overall student wellbeing.

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

This chapter provides a comprehensive review of the literature on the role of school nurses in promoting health equity, particularly in New Jersey. The review synthesizes research on school nursing, social justice leadership, and the SDOH, emphasizing empirical studies and theoretical models most relevant to the educational and healthcare landscapes of New Jersey. It examines historical developments, theoretical frameworks, professional practices and recent challenges, in order to contextualize the present study.

School nurses are increasingly recognized as critical agents of equity and public health leadership. Grounded in the School Nursing Practice Framework™, the HEPM, and social justice leadership theory, school nurses operate at the critical intersection of healthcare and education, working to identify and dismantle structural barriers that impact student health.

Through targeted interventions, advocacy, and cross-sector collaboration, school nurses in New Jersey actively work to reduce health disparities and improve educational outcomes for marginalized populations.

The chapter is structured around four key themes: (1) the theoretical foundations of health equity and school nursing; (2) historical and contemporary roles of school nurses; (3) systemic barriers and facilitators that influence health equity; and (4) evidence-based interventions and leadership strategies. Each theme is contextualized within current scholarship to highlight strengths, limitations, and implications for practice and policy.

School nursing, rooted in public health and social justice, has evolved significantly since its inception in the early 20th century. Today, school nurses manage a range of health issues, from chronic disease and contagious illness to mental health and nutrition, while advocating for inclusive policies and equitable access to care. Their ability to lead change through ethical, student-centered practice underscores their role as collaborators, educators, and policy influencers.

School nurses play a vital role in promoting health equity and shaping inclusive, supportive learning environments. As demonstrated throughout this chapter, both historical developments and contemporary research position school nurses as critical agents of change at the intersection of health and education. However, existing literature reveals persistent gaps, particularly regarding nurse-led equity initiatives in public school settings and how these efforts are operationalized in practice. This lack of clarity underscores the need for further investigation. Accordingly, the present study aims to advance understanding of school nurse leadership in promoting health equity, with a focused exploration of practices, strategies, and systemic challenges in New Jersey's educational landscape.

Historical Background

The field of school nursing in the United States began in 1902 when Lina Rogers was appointed as a public health nurse in New York City schools to reduce student absenteeism caused by communicable diseases (Johnson, 2017). This early work, rooted in social justice, continues to influence school nursing's mission today. Through collaborative efforts and community engagement, Rogers and her team addressed public health concerns such as healthcare access and hygiene education, resulting in a significant decline in absenteeism

(Rogers, 1908). These initiatives established a community-centered approach in school nursing and firmly grounded it within public health (Apple, 2017a; Houlahan, 2017).

Aligned with the social justice movement from its inception, school nursing quickly proved its value. Following her success, Rogers was promoted to superintendent of school nurses in December 1902, prompting the New York City Board of Health to hire an additional 12 nurses for the city's schools (Rogers, 1908). Rogers expanded the program beyond schools to address community health, implementing early interventions for infants under one year of age during the summer (Rogers, 1906).

Lillian Wald, a prominent leader in public health nursing, understood the dangers of neglecting children's health, particularly among low-resource families. Wald's advocacy was pivotal in Rogers' appointment as a school nurse, where Rogers conducted home visits to support children excluded from school due to illness, instructing parents on healthcare practices and stressing the importance of medical attention (Wald, 1915). These efforts helped establish protocols that allowed students to return to school healthier and better prepared to learn (Apple, 2017b; Furnace, 2014).

Rogers faced challenges in engaging with diverse immigrant families, navigating language barriers and cultural differences to build trust and promote compliance with treatments (Rogers, 1917). School nurses worked closely with physicians, establishing collaborative relationships that respected doctors' practices while focusing on student health needs (Houlahan, 2017; Rogers, 1917). Rogers emphasized preventive health education, including screenings for dental, hearing, and vision issues, and prioritized meticulous documentation to highlight school nursing's impact. These strategies led to a dramatic reduction in absenteeism, from 10,567 in

October 1902 to 1,101 by September 1903 (Rogers, 1908). The effectiveness of her protocols later informed public health regulations, solidifying school nursing's role (Struthers, 1917, as cited in Hawkins et al., 1994).

The success of school nursing in New York City inspired similar programs across the nation, and by the late 1910s, institutions such as Columbia University began offering training specifically for school nurses. This professionalization was further supported by textbooks and guidelines from state, federal, and professional agencies, formally establishing school nursing as an essential component of public health by the early 20th century (Apple, 2017a). Today, school nurses continue to be a vital source of healthcare access for children who might otherwise go without (Houlahan, 2017).

The Henry Street Settlement, founded by Lillian Wald in 1893 and later joined by Rogers, serves as a pioneering model of public health nursing focused on social justice and community wellness. Established on New York City's Lower East Side, the settlement initially aimed to address the severe health and social needs of impoverished immigrant communities. Wald and Rogers were instrumental in advocating for health equity as a basic human right and delivered essential healthcare services directly to individuals in their homes and communities (Buhler-Wilkerson, 2001). Wald's work effectively launched public health nursing and created pathways for integrating healthcare with social services.

Today, the Henry Street Settlement remains a vital community resource, continuing its founders' commitment to social justice by offering a wide array of services, including healthcare, housing, employment assistance, and education programs. This organization exemplifies community-based intervention and maintains a focus on underserved populations, aiming to

reduce health disparities within a broader social framework. The settlement's legacy highlights the importance of addressing SDOH to foster equity and support marginalized communities (Henry Street Settlement, n.d.).

School Nurses as Health Equity Leaders

Achieving health equity requires the removal of obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to decent jobs, quality education, housing, safe environments, and healthcare. Achieving health equity requires addressing the structural and social determinants that shape the conditions in which people live, work, and age. School nurses, through their leadership and expertise, play a vital role in advancing health equity by ensuring all students can reach their full potential for health and wellbeing. Health equity refers to the principle and process of ensuring that everyone has a fair and just opportunity to attain their highest level of health, irrespective of socially determined circumstances, such as race, ethnicity, socioeconomic status, or geographic location. It emphasizes the removal of obstacles such as poverty, discrimination, and their related health consequences, including lack of access to quality education, healthcare, housing, and safe environments (Braveman et al., 2017). Achieving health equity involves addressing and eliminating avoidable health disparities and systemic inequalities that disproportionately affect marginalized and underserved populations (Marmot, 2005; Whitehead, 1992).

A study conducted by Maughan et al. (2017) highlights the pivotal role school nurses play in promoting health equity through leadership, advocacy, and evidence-based practice. It positions school nurses as central figures in addressing disparities in student health by focusing on SDOH. The study by Maughan et al. (2017), titled *The Vital Role of School Nurses in*

Ensuring the Health of Our Nation's Youth, primarily used descriptive research methods involving synthesizing literature and providing case examples to support the conclusions. School nurses are uniquely positioned to promote health equity due to their specialized training and integral role in schools. They are equipped to identify and address health disparities, particularly among marginalized students, by providing culturally competent care and implementing evidence-based interventions. Their role as advocates and collaborators ensures access to health resources, helping create a healthier school environment and fostering long-term wellness and academic success (Willgerodt et al., 2018).

An integrative review conducted by Best et al. (2018) supports the idea that school nurses are key leaders in reducing health disparities and promoting equity. The study identifies school nurse interventions as effective in addressing chronic conditions in underserved populations, thus advancing health equity in school settings. This emphasis on overall health results fits with the population health model, which aims to enhance the health of a community by examining all the factors that affect wellbeing, especially SDOH such as income, education, and healthcare access (Kindig & Stoddart, 2003). The population health model prioritizes equity by addressing these determinants and aims to reduce healthcare costs through preventive care and health promotion activities. School nurses, by adopting this model, can extend the reach of school health services into the wider community, shifting the approach from volume to value (Porter & Kaplan, 2016). Leadership in this realm requires competencies grounded in systems thinking (Cowell, 2018).

COVID-19 Impact on School Nursing: Evidence from Recent Reviews

Already facing a demanding role, school nurses were met with even greater challenges during the COVID-19 pandemic, which further underscored their critical importance in

maintaining public health and safety in schools. School nurses faced difficulties with shifting public health guidelines while managing COVID-19 testing, contact tracing, and infection control in schools (McIntosh et al., 2022). Their efforts in advising, planning, and implementing prevention strategies, such as screening, testing, ventilation, and mask-wearing, were essential in keeping students and staff safe (CDC, 2021b). During the pandemic, school nurses also contributed to state and district-level COVID-19 policies, demonstrating their leadership in public health (Maughan et al., 2021). In 2022 the researchers (Hoffman et al., 2024) conducted in-depth interviews with 20 Kansas City Public Schools nurses between January 31 and March 7 and held seven virtual focus groups with 16 nurses from January 17 to 24, 2023. All participants provided consent to be recorded and have their data used for research purposes. The interviews and focus groups lasted approximately 45 min and were conducted in English by a trained moderator using a semi-structured guide. Participants were compensated with a $100 electronic gift card. The interviews and focus groups were transcribed and analyzed using NVivo version 12 qualitative data analysis software. The researchers used a mixed method for analyzing the content, which included a planned approach based on specific themes related to the study's goals and a flexible approach that involved creating new codes and sub-themes from the data itself. To ensure inter-rater reliability, multiple researchers independently coded a random subset of transcripts. The results of this study provide valuable insights into the role that school nurses can play in times of crisis, such as the COVID-19 pandemic, and highlight the importance of supporting school nurses in their role of promoting the health and wellbeing of their school community. Study findings emphasize the essential public health role school nurses serve in keeping their school communities safe by providing access to infectious disease testing in

schools and offering education and guidance to parents, families, and school staff at a time of uncertainty and anxiety (Hoffman et al., 2024).

During the COVID-19 pandemic, school nurses identified and addressed a range of health disparities that were exacerbated by the crisis. These disparities included unequal access to healthcare, as many students from low-income families lacked access to necessary medical services and vaccines (McIntosh et al., 2022). School nurses played a critical role in bridging this gap by facilitating connections to community healthcare resources and ensuring equitable access to vaccinations and testing for underserved populations. They also identified disparities in mental health, as the pandemic heightened stress and anxiety among students, particularly those from marginalized communities. School nurses implemented mental health interventions and coordinated care with local providers to support students' emotional wellbeing. Additionally, school nurses worked to address food insecurity, as many students relied on school-provided meals, ensuring continuity of nutrition programs even during remote learning periods. Furthermore, school nurses actively advocated for policy changes that promoted health equity, including improved access to healthcare services and safer learning environments for all students. These efforts collectively remedied critical disparities and showcased the vital role of school nurses as leaders in promoting health equity.

Recent empirical studies have highlighted significant developments in school nursing, particularly in response to health crises such as the COVID-19 pandemic. The pandemic exposed and exacerbated existing health disparities, with school nurses playing a pivotal role in mitigating these inequities through health education, prevention strategies, and direct care. As schools faced unprecedented challenges, school nurses adapted to address both immediate health concerns and long-standing issues related to health equity. This shift in the school nursing role

reflects broader trends in public health, where the intersection of healthcare and education has become a focal point for addressing disparities in access to care. The COVID-19 pandemic has placed school nurses at the forefront of public health efforts within the school setting. School nurses were tasked with managing the health and safety of students and staff while also addressing the disparities in healthcare access that the pandemic exacerbated. Research by Maughan et al. (2021) emphasized the increased workload for school nurses, who provided critical health services and acted as liaisons between schools, public health departments, and families. This coordination role was essential in ensuring that students, particularly those from underserved communities received accurate information about COVID-19 testing, vaccination, and infection prevention.

Empirical studies indicate that school nurses have been instrumental in ensuring equitable access to health services during the pandemic. A study by Willgerodt et al. (2021) found that nurses in low-income and rural schools faced significant challenges in accessing resources such as personal protective equipment and technology for remote health consultations. This study is a qualitative, descriptive analysis of anonymous survey responses collected in June 2021 (n = 333) and between October and December 2021 (n = 284). Participants completed open-ended survey questions designed to elicit their experiences during the pandemic. These resource disparities highlighted the role of school nurses in advocating for health equity and addressing the social determinants of health that affect students' ability to access care. Willgerodt and colleagues stressed the importance of providing school nurses with the necessary tools to deliver equitable healthcare, particularly in times of crisis. The pandemic has underscored existing inequities in health access, particularly for students from marginalized backgrounds. A data review study by Bergren (2021) demonstrated that the pandemic widened health disparities, particularly for

students in low-income communities who had limited access to health services even before COVID-19. School nurses, as frontline healthcare providers, were crucial in bridging this gap. Bergren noted that school nurses were tasked with ensuring that vulnerable populations received timely health interventions, from COVID-19 testing to mental health support, and that they played a key role in mitigating the impact of the pandemic on students' academic and physical wellbeing.

Further research has shown that school nurses' involvement in addressing health equity extends beyond managing COVID-19. One study (Gormley et al., 2023) emphasized the importance of school nurses in advocating for systemic changes in school health policies. This quantitative study used a cross-sectional design with a convenience sample of school nurses reporting demographics, roles, practices, and concerns through an investigator-developed web-based survey in late summer 2020. This anonymous online survey included 60 multiple-choice questions, which were developed collaboratively by two school nurse educators and an academic nurse researcher. The development process involved consultation with a survey design expert and feedback from parents serving on a public school district reopening committee. Their research found that school nurses are increasingly involved in discussions about school reopening strategies, focusing on how to reopen schools safely while ensuring that all students have access to necessary health services, particularly those disproportionately affected by the pandemic.

The mental health challenges exacerbated by the COVID-19 pandemic have also become a focal point in recent empirical studies. According to research by Hoskote et al. (2023), school nurses have seen an increase in students presenting with anxiety, depression, and other mental health concerns due to the disruptions caused by the pandemic. Data for this study were derived

from a cross-sectional study that examined the current mental health practices of school nurses with adolescents. Using convenience and snowball sampling, a 51-question online survey was administered to a national sample of school nurses. The survey was conducted via Qualtrics in the spring of 2021, primarily through state school nurse associations, utilizing a combination of member emails and posts on their nurse association Facebook sites. Hoskote noted that while school nurses are well-positioned to provide mental health support, the pandemic highlighted the need for more comprehensive mental health resources within schools. Many school nurses reported feeling underprepared to manage the mental health crises that emerged during the pandemic, particularly in schools with fewer resources. School nurses are also critical in addressing mental health needs among students, especially those from marginalized backgrounds who face higher risks of trauma. Bravo et al. (2024) examined trauma care disparities among adolescents and highlighted the underutilization of mental health services among ethno-racial minorities. Through a mixed methods approach, the study found that students from minority backgrounds faced unique barriers to accessing trauma-related care, a finding that holds implications for school nursing (Bravo et al., 2024). School nurses play a pivotal role in providing accessible mental health services, particularly for students in lower socioeconomic brackets who may face cultural or logistical barriers to obtaining external care. This research emphasizes the need for school nurses to have resources and support to address mental health disparities in school settings.

The pandemic also accelerated the adoption of telehealth in school nursing, which has become a crucial tool for addressing health disparities. In a scoping review of the literature, Ayuso et al. (2023) concluded school nurses increasingly relied on telehealth platforms to provide care to students during periods of remote learning. This review underscores the crucial

role of telehealth in schools for enhancing healthcare delivery in education. Ayuso and colleagues found that telehealth allowed school nurses to reach students who otherwise lacked access to healthcare, particularly in rural areas where healthcare services are limited. This shift to telehealth represents a significant development in the field of school nursing and has implications for how care is delivered in the future, particularly for addressing health equity. The integration of technology in school nursing during the pandemic has also prompted discussions about the digital divide. Students in under-resourced schools often lacked access to reliable internet or devices necessary for telehealth consultations, further widening the health equity gap (Weaver et al., 2021a). The finding highlighted the need for policies that address these disparities and ensure that all students can benefit from telehealth services.

The COVID-19 pandemic brought to light both the critical role of school nurses in promoting health equity and the significant challenges they face in doing so. Recent empirical studies emphasize the need for increased resources, support, and interdisciplinary collaboration to address the complex health disparities exacerbated by the pandemic. School nurses have demonstrated resilience and adaptability in responding to the crisis, yet the challenges they face underscore the importance of systemic changes to ensure equitable healthcare access for all students. The integration of telehealth and technology, along with the need for mental health support, highlights the evolving nature of school nursing in response to current and future health crises.

The pandemic dramatically reshaped the role and responsibilities of school nurses across the United States. Recent literature has begun to capture these changes through systematic reviews and large-scale studies. According to McNeill et al. (2023), school nurses experienced significant increases in workload, emotional strain, and administrative burden as they became

frontline health professionals within the educational system. These changes were especially pronounced in underserved communities, where school nurses served as essential connectors to health services, public health guidance, and psychosocial support.

A meta-analysis by Torres and Yamamoto (2024) highlighted the systemic inequities exacerbated by the pandemic, particularly in schools serving high-poverty or multilingual populations. The authors found that school nurses were often the sole providers of culturally competent care and communication during the crisis. Moreover, the literature suggests that the pandemic accelerated the professionalization and visibility of school nursing, positioning school nurses as public health leaders, rather than auxiliary medical staff (McNeill et al., 2023).

Many schools have responded to the lack of access to healthcare by implementing school nurse programs and establishing SBHCs. These centers, in particular, provide primary and preventive healthcare services to students at risk for negative medical, social, and academic outcomes (Strolin-Goltzman, 2010). For many children living in poverty, the school nurse and SBHCs serve as their only sources of medical care (Albright et al., 2015). Moreover, offering healthcare in schools has additional advantages. Since children spend significant portions of their day, often eight or more hours daily and over 180 days per year at school, this setting eliminates the need for parents to provide transportation to healthcare providers or take time off work to accompany their children to medical appointments. As a result, students can access healthcare services more frequently (Arenson et al., 2019). Furthermore, these centers are often located in schools serving students from low-income backgrounds, who are more likely to experience chronic stress, fatigue, hunger, and vision or hearing problems, all of which increase the risk of academic failure (Kisker & Brown, 2011). In terms of academic outcomes, school-based healthcare has demonstrated positive effects on students' academic behaviors, including

improvements in attendance, reductions in suspensions and withdrawals, and higher graduation rates (Kerns et al., 2011). Additionally, it positively impacts students' social and emotional well-being, enhancing their sense of school connectedness (CDC, 2009) and improving their overall quality of life (Wade et al., 2008).

The goal of health equity is to ensure that everyone has a fair and just opportunity to achieve optimal health. Addressing SDOH in childhood can lead to positive changes across the lifespan, as access to quality education significantly impacts adult mortality rates and life expectancy (Feinglass et al., 2007). Notably, high school graduates, regardless of gender or racial/ethnic group, live an average of six years longer than adults with less than a high school education (Krueger et al., 2008). Furthermore, high school graduates report a higher quality of life, with greater wellbeing, fewer chronic health problems, and fewer common illnesses, such as colds, headaches, and body aches (Ionescu et al., 2013).

In this context, the NASN asserts that the registered professional school nurse is the leader within the school community, overseeing school health policies and programs. As pivotal figures, school nurses provide expertise and oversight for school health services and health education. They leverage clinical knowledge and judgment to deliver healthcare to students and staff, perform health screenings, and coordinate referrals to medical homes or private healthcare providers. Additionally, school nurses act as liaisons between school personnel, families, communities, and healthcare providers, advocating for healthcare and promoting a healthy school environment (NASN, 2005).

Barriers in Promoting Health Equity

One of the primary barriers to promoting health equity in schools is the inconsistency in policies at both the district and state levels. For example, conflicting regulations can hinder the implementation of equity-focused initiatives, leading to disparities in how health services are provided to students (NASN, 2016). Moreover, limited access to funding and resources presents a significant challenge, as it affects the capacity of schools to offer comprehensive care and support services. Without adequate resources, school nurses may struggle to implement programs that address health disparities (NASN, 2016). Additionally, high student-to-nurse ratios and heavy workloads further complicate the promotion of health equity. When school nurses are overburdened, they may not have the time or capacity to focus on equity initiatives, despite their importance (NASN, 2016).

Research conducted under the Cornell-Hunter Health Equity Research Fellowship (2024) addresses disparities in mental health care delivery within schools, focusing on barriers such as systemic healthcare inequities and the role of community engagement in overcoming these challenges. Culturally, misunderstandings or a lack of knowledge about the diverse backgrounds of students can impede effective communication and care. For instance, when school nurses are unfamiliar with the cultural nuances of their students, they may struggle to provide care that is culturally responsive, potentially leading to mistrust or miscommunication (Morris et al., 2019). Additionally, resistance from the community, including parents and local stakeholders, can pose challenges. This resistance often stems from differing views on health equity programs or skepticism about the benefits of such initiatives (C. R. Valdez, Kiley, & Shrout, 2020). Overcoming these cultural and community barriers requires not only education but also

collaboration with community leaders to foster understanding and acceptance of health equity efforts.

Institutional and systemic barriers are prominent obstacles faced by public school nurses in New Jersey when promoting health equity. These barriers often arise from deeply ingrained structures within the education and healthcare systems that perpetuate inequities. For example, Shakya et al. (2020) highlight that institutional racism and structural inequalities in school systems create disparities in the quality of healthcare services provided to students from different socioeconomic backgrounds. Disparities in healthcare related to race and ethnicity represent a significant challenge for school nurses working in diverse communities. Lin et al. (2024) explored the effects of race and ethnicity on healthcare outcomes using mixed methods to understand disparities in anesthesia utilization and outcomes. Their findings revealed systemic inequities that often result in worse health outcomes for minority populations. Although the study focused on anesthesia, the broader implications of racial healthcare disparities align with the role of school nurses in addressing similar gaps within school-based health services (Lin et al., 2024). This research underscores the need for policy interventions that support equitable healthcare practices and enhance the resources available to school nurses in underserved areas.

Policies and regulations play a crucial role in shaping the environment within which school nurses operate. In New Jersey, state policies may inadvertently create barriers to health equity by imposing stringent requirements on school health services without providing adequate support or funding. According to Maughan et al. (2021), the lack of consistent policies that prioritize health equity in school settings can lead to fragmented care and unequal access to health services. Additionally, regulatory constraints may limit the scope of practice for school nurses, restricting their ability to address the broader SDOH.

Resource limitations, including inadequate funding and staffing, are significant challenges for school nurses in New Jersey. Schools in lower-income areas often receive less funding, which directly impacts the availability of healthcare services and the ability of school nurses to provide comprehensive care (Willgerodt et al., 2018). Staffing shortages can lead to increased workloads for school nurses, making it difficult to adequately address students' diverse health needs. As noted by Bergren (2017a), these resource constraints can hinder the promotion of health equity by limiting the capacity of school nurses to perform essential health services.

Cultural and societal challenges, such as stigma, discrimination, and cultural misunderstandings, are pervasive barriers in promoting health equity in New Jersey public schools. These challenges can create an environment where certain groups of students feel marginalized or underserved. For instance, students from immigrant backgrounds may face discrimination or cultural insensitivity, which can impact their willingness to seek health services (Rodriguez, 2016). School nurses may also encounter difficulties in providing culturally competent care, particularly if they lack training in this area.

Diversity and inclusion issues within New Jersey's public school system can affect the ability to promote health equity. A lack of diversity among school healthcare staff can lead to a disconnect between providers and the student populations they serve. As noted by McKinnon and Fealy (2019), when school nurses do not reflect the cultural and linguistic diversity of their students, it can result in miscommunication and inadequate care. Furthermore, schools that do not actively promote inclusive practices may inadvertently perpetuate health disparities.

Language barriers are a significant issue in New Jersey's diverse school populations, particularly for students and families with limited English proficiency. These barriers can

prevent effective communication between school nurses and students, leading to misunderstandings and mismanagement of health conditions (Perkins et al., 2019). The absence of multilingual staff or translation services in schools can further exacerbate these challenges, making it difficult for students with limited English proficiency to access the care they need.

Personal and professional obstacles, such as a lack of training and/or knowledge, time constraints, and workload, also hinder the promotion of health equity in New Jersey public school nursing. School nurses may not receive adequate training in cultural competence or in addressing SDOH, leaving them unprepared to meet the needs of diverse student populations (Levinson & Woo, 2020). Additionally, the high demands of the job, coupled with insufficient staffing, can result in burnout and reduced effectiveness in promoting health equity. A lack of training or knowledge in health equity and cultural competence is a common barrier among school nurses in New Jersey. Without proper education and ongoing professional development, school nurses may struggle to address the complex health needs of students from diverse backgrounds (Maughan et al., 2017). This gap in knowledge can result in inequitable care and missed opportunities to advocate for health equity within the school system.

Time constraints and heavy workloads are significant barriers for school nurses in New Jersey. The demands of managing large caseloads and performing a wide range of duties can leave little time for school nurses to engage in health equity initiatives or to provide individualized care to students (Willgerodt et al., 2018). These pressures can also limit the ability of school nurses to participate in professional development activities that could enhance their capacity to promote health equity.

Several case studies from the literature illustrate the impact of these barriers on health equity in New Jersey public school nursing. For example, a study by Wang et al. (2019) examined the challenges faced by school nurses in urban areas of New Jersey, finding that resource limitations and cultural barriers significantly impacted their ability to provide equitable care. Another case study by Smith et al. (2020) explored the experiences of school nurses working in low-income districts, highlighting the difficulties posed by staffing shortages and inadequate funding.

Childhood obesity, defined as a body mass index at or above the 95th percentile for age and sex (Ogden, 2010), is a significant public health concern affecting nearly 17% of school-aged children (Ogden et al., 2016). Although obesity rates have decreased in preschoolers, they remain steady in school-aged children and are increasing in adolescents (Ogden et al., 2016). The high prevalence is alarming due to its association with various physiological and metabolic diseases (Daniels, 2006), poor psychosocial health (Puhl & King, 2013), and higher healthcare costs (Finkelstein et al., 2014; Trasande et al., 2009). Obesity is critical to address in childhood, as 80% of obese adolescents will remain obese in adulthood, carrying numerous health and economic consequences (Simmonds et al., 2016; Wang et al., 2011).

Social and environmental factors significantly influence obesity risk, particularly among children from racial/ethnic minority groups and low-income households (Alvarado, 2016; National Center for Health Statistics, 2016; Ogden et al., 2010; Singh et al., 2010). Chronic stressors, such as poverty, housing insecurity, and violence, further increase obesity risk (Gundersen et al., 2011). Children in high-poverty areas face limited access to healthy foods, safe exercise spaces, and fitness facilities (Black et al., 2010; Newman et al., 2014; Watson, 2016). Additionally, studies have linked experiencing racism to weight gain (Cozier et al., 2009).

These social and environmental factors must be addressed when helping children and families achieve healthy body weights (Schroeder et al., 2015).

In parallel with these physical and psychosocial influences, sleep has also emerged as a critical yet often overlooked determinant of health and academic success. Sleep is crucial for health, wellbeing, and academic performance (Astill et al., 2012; Dewald et al., 2010). Insufficient sleep negatively impacts memory, emotional regulation, hyperactivity, and mood, leading to poorer school outcomes (Baum et al., 2014; Born & Wilhelm, 2012; Lo et al., 2016). Additionally, sleep deprivation is linked to unhealthy behaviors such as poor eating habits, obesity, risk-taking, and increased risk of suicide and car accidents (Franckle et al., 2015; McKnight-Eily et al., 2011; Pizza et al., 2010; Wheaton et al., 2016). Recognizing these wide-ranging effects, Healthy People 2020 set a national goal to increase the proportion of high school students who get sufficient sleep (Healthy People 2020, 2017a).

SDOH significantly affect sleep in children and adolescents. Poverty contributes to poor housing and neighborhood conditions, such as noise and vandalism, that disrupt sleep (Barazzetta & Ghislandi, 2017). Children from low-income households or who experience psychosocial stressors, such as low social standing or family conflict, are particularly vulnerable to insufficient sleep (Jarrin et al., 2014; Kelly & El-Sheikh, 2011, 2016). Addressing these economic, environmental, and social factors is critical to improving sleep outcomes in youths.

Asthma, a chronic lung disease, affects over 6 million children in the United States, leading to more than 14 million missed school days annually (CDC, 2017; Egginton et al., 2013). Although asthma has no cure, it can be managed with medications, environmental assessments, and stress relief (Asthma and Allergy Foundation of America, 2015). Effective management

requires collaboration to support self-administration and reduce emergency room visits (Foley et al., 2014).

Asthma disparities are closely tied SDOH. Children from low-income urban areas face higher asthma morbidity due to inadequate medical care, poor medication adherence, behavioral issues, and environmental factors such as exposure to allergens (Basch, 2011; Huffaker & Phipatanakul, 2014). Family stressors and community violence also impact asthma management (Koinis-Mitchell et al., 2007). Additionally, children from minority and low-income families often lack access to preventive care and medications such as inhaled corticosteroids, further exacerbating asthma disparities (Akinbami et al., 2009; Blaakman et al., 2014). School nurses must account for these SDOH factors when managing asthma in children.

School nurses are uniquely positioned to address SDOH in their daily practice due to their consistent accessibility to students, the trusting relationships they build with children and families over time, their role as advocates for student wellbeing, and their clinical expertise within the school environment. As illustrated by the case studies on obesity, insufficient sleep, and asthma, school nurses have multiple opportunities to address SDOH in clinical practice. With a greater focus on SDOH, nurses can serve as leaders in promoting health and addressing health disparities, with the goal of improving the health of all children (Schroeder et al., 2018).

The literature has identified several strategies to overcome these barriers. These include increasing funding for school health services, providing training in cultural competence and health equity, and promoting diversity and inclusion within the school healthcare workforce. According to Johnson et al. (2019), policy changes that support equitable access to healthcare for all students, regardless of socioeconomic status, are essential. Additionally, integrating language

services and culturally responsive practices into school health programs can help address language barriers and improve communication with diverse student populations.

Facilitators in Promoting Health Equity

Promoting health equity in school nursing is increasingly recognized as a critical priority. Facilitators often revolve around building cultural competence, supporting inclusive policies, integrating social justice into nursing education, and leveraging community partnerships. These enablers empower nurses to address SDOH, reduce disparities among marginalized groups, and foster inclusive care environments.

School nurses are uniquely positioned to advance health equity through a variety of strategic facilitators embedded in their roles and environments. Cygan et al. (2020) identified administrative support, inter-professional collaboration, and ongoing training as critical enablers for effective health policy implementation in schools. This foundational infrastructure empowers nurses to translate policy into equitable practice.

Similarly, Tyndall and Pestaner (2023) underscored the importance of mental health training and institutional protocols in equipping school nurses to address suicide prevention among vulnerable youths, enhancing access to care for marginalized populations. A middle school in an underserved urban district identified a rise in student mental health crises. With institutional support and mental health training, the school nurse led a mental health awareness campaign. She collaborated with social workers and local clinics to offer weekly in-school counseling. The project, influenced by facilitators such as interprofessional collaboration and protocol development (Tyndall & Pestaner, 2023), resulted in a 35% increase in counseling referrals.

Expanding on structural facilitators, McNally et al. (2024) emphasized the leadership, education, access, delivery, and support (LEADS) framework, leadership, education, access, delivery, and support, as a comprehensive model to promote vaccine equity, particularly in Human Papillomavirus (HPV)immunization initiatives. In a suburban high school, a school nurse used a digital health information exchange system to track student vaccination records. By analyzing the data, she identified disparities in HPV vaccine coverage by socioeconomic background. Applying the LEADS framework and supported by training in data systems (McNally et al., 2024; Baker & Bennett, 2025), the nurse initiated targeted education sessions for parents and students, improving vaccine rates by 20% within one academic year.

The integration of technology also plays a vital role. Baker and Bennett (2025) illustrated how digital health information exchange systems enable school nurses to monitor SDOH, with training and system interoperability acting as key facilitators.

Strong administrative support is a critical facilitator for the success of health equity initiatives. For example, when school administrators actively back health equity programs, it becomes easier for school nurses to implement these initiatives effectively (Reinke et al., 2019). Additionally, policies that prioritize health equity and allocate appropriate resources can significantly bolster school nurses' efforts. When resources are allocated based on equity-focused policies, school nurses can better address the diverse health needs of their students (Wong et al., 2020).

Engaging with community organizations and stakeholders also enhances the reach and impact of health equity programs. By partnering with these groups, school nurses can expand the services offered and gain broader community support for their initiatives (C. R. Valdez, Kiley, &

Shrout, 2020). Furthermore, participation in professional networks and organizations, such as the NASN, provides school nurses with access to additional resources and supports, enabling them to better promote health equity (Johnson et al., 2019; NASN, 2020). These professional networks often provide valuable educational resources, including comprehensive toolkits and materials focused on health equity (Flores et al., 2017).

Access to funding opportunities, such as grants, plays a crucial role in supporting equity-focused initiatives. With adequate financial support, school nurses can implement more extensive and impactful programs that address health disparities in underserved student populations (Braveman et al., 2011; Lee & Lim, 2017). These funding sources ensure that school nurses have the necessary resources to sustain long-term health equity efforts, contributing to better health outcomes for students.

Supportive administration and leadership are critical facilitators in promoting health equity within schools. School nurses who receive strong backing from school administrators are better positioned to advocate for and implement health equity initiatives. According to Maughan et al. (2017), administrative support can provide the necessary resources, such as funding and time, that allow school nurses to focus on addressing the SDOH that affect students. Additionally, leadership that prioritizes health equity can create a culture within the school that supports these efforts, further enabling school nurses to effectively promote equitable health outcomes.

Engaging with the community and forming partnerships with local organizations is another vital facilitator for school nurses in promoting health equity. Community engagement allows school nurses to leverage external resources and expertise to address health disparities

among students. For example, Johnson and Lomas (2017) highlight that partnerships with local health departments and non-profits can provide school nurses with access to additional services and materials that may not be available within the school itself. These partnerships can also help build trust and improve health literacy within the community, which is essential for addressing health equity.

Access to adequate resources and materials is a significant facilitator for school nurses working to promote health equity. Resources such as health education materials, medical supplies, and funding for health programs are crucial for addressing the diverse needs of students. Willgerodt et al. (2018) emphasize that when school nurses have access to these resources, they can more effectively implement health initiatives that target vulnerable populations. Additionally, the availability of culturally relevant materials ensures that health interventions are accessible and meaningful to all students, regardless of their background.

Professional networks and support groups play a key role in supporting school nurses in their efforts to promote health equity. These networks provide a platform for sharing best practices, resources, and strategies for addressing health disparities. According to Baisch et al. (2011), participation in professional organizations and networks can enhance a school nurse's knowledge and skills, enabling them to better serve their student populations. Support groups also offer emotional and professional support, which can help school nurses navigate the challenges associated with promoting health equity in complex school environments.

Ongoing training and continuous education opportunities are essential facilitators for school nurses committed to promoting health equity. Continuous professional development in areas such as cultural competence, health equity, and SDOH equips school nurses with the

knowledge and skills needed to address the unique challenges faced by diverse student populations. Maughan et al. (2017) found that school nurses who participate in regular training sessions are better prepared to implement effective health equity strategies and advocate for their students' needs within the school setting.

Success stories and best practices documented in the literature provide valuable insights and inspiration for school nurses working to promote health equity. These examples offer evidence-based strategies that have been successfully implemented in other schools and can be adapted to different contexts. For instance, a study by Aruda et al. (2017) described a successful health equity initiative in a public school where school nurses, in collaboration with community partners, reduced the rate of chronic absenteeism by addressing underlying health issues. Such success stories demonstrate the impact of well-supported health equity efforts and provide a roadmap for other school nurses to follow.

Self-Efficacy and Confidence

The studies by Clark et al. (2020) and Brown and Brashers (2018) are empirical research studies examining the confidence levels of school nurses in implementing health equity strategies, with a focus on how training and experience influenced their abilities. Clark et al. (2020) utilized a quantitative survey-based method to gather data from a national sample of school nurses. The study aimed to assess the impact of health promotion training on participants' confidence in addressing health disparities. The survey included questions related to their training experiences, self-efficacy, and the challenges they encountered in implementing equity-focused interventions. Brown and Brashers (2018) employed a mixed methods approach, combining quantitative surveys and qualitative interviews to explore school nurses' experiences

in addressing health equity. The quantitative portion measured their confidence in using health equity strategies, while the qualitative interviews provided more profound insights into how their personal and professional experiences shaped their approach to health equity in school settings.

Both studies highlighted that confidence levels were closely tied to the quality and depth of professional training in health equity, suggesting the need for continuous and comprehensive professional development to empower school nurses in this area. Nurses who receive comprehensive training in health equity report higher confidence levels in addressing disparities (Campinha-Bacote, 2011; Smith et al., 2018). Continuous professional development is essential to maintain and enhance confidence in health equity practices (Johnson et al., 2019; Jones & Bartlett, 2019). Mentorship and peer support systems can boost confidence and provide practical guidance (Flores et al., 2017; Higginbottom et al., 2011).

School nurses' confidence in implementing health equity strategies is closely linked to their self-assessment of competency and skills. Nurses who regularly engage in self-assessment are more likely to identify gaps in their knowledge and seek opportunities for improvement, which in turn can enhance their confidence in addressing health equity challenges. According to Berkowitz et al. (2015), self-assessment tools that evaluate a nurse's proficiency in culturally competent care and understanding of SDOH can provide valuable insights into areas needing development. These assessments are crucial for empowering school nurses to take proactive steps in improving their competencies, thereby boosting their confidence in promoting health equity. Training and education play a significant role in shaping school nurses' confidence in implementing health equity strategies. Continuous professional development, particularly in areas such as cultural competence, social justice, and health disparities, directly contributes to increased confidence levels. A study by Maughan and Bergren (2016) found that school nurses

who participated in training programs that focused on health equity reported significantly higher levels of confidence in their ability to implement related strategies. This relationship underscores the importance of ongoing education in equipping school nurses with the skills and knowledge necessary to address health equity effectively.

Several factors influence school nurses' confidence in implementing health equity strategies, including experience, support systems, and access to resources. *Experience*, both in terms of years in practice and exposure to diverse student populations, is a critical determinant of confidence. Nurses with more experience are generally more comfortable addressing complex health equity issues (Bergren et al., 2018). Additionally, strong *support systems*, such as mentoring relationships, professional networks, and supportive leadership, significantly enhance a nurse's confidence. According to Taliaferro and Norris (2016), school nurses who have access to robust support systems are more likely to feel confident and competent in their roles. Equally important is *access to practical resources*, including culturally responsive materials, current health data, and adequate staffing, as these elements enable nurses to implement equity strategies more effectively and sustainably.

Measuring confidence and perceived readiness among school nurses is essential for understanding their ability to implement health equity strategies effectively. Various tools and surveys have been developed to assess these aspects, focusing on factors such as self-efficacy, perceived competence, and readiness to engage in health equity initiatives. For example, Rew et al. (2014) utilized a self-efficacy scale tailored to school nurses, which provided insights into their confidence levels regarding specific health equity practices. The results of such assessments can inform the development of targeted interventions to bolster confidence and readiness among school nurses. Rew and colleaguges' study concluded that there is a strong correlation between a

school nurse's confidence and their effectiveness in promoting health equity. Confidence enables nurses to take initiative, advocate for students, and implement strategies that address health disparities within the school setting. According to a study by Brock et al. (2017), school nurses with higher confidence levels were more successful in implementing health equity initiatives and achieving positive outcomes for their students. This relationship highlights the need for continued focus on building confidence through training, support, and experience, as it directly impacts the effectiveness of health equity efforts in schools.

Strategies to Achieve Health Equity

Effective health equity strategies have been shown to improve health outcomes and reduce disparities among students (Braveman et al., 2011; Marmot, 2005). Programs that empower students and engage them in their health care have been particularly successful (Betancourt et al., 2003; Clark et al., 2020). School nurses report a range of experiences, from significant challenges due to systemic barriers to successes achieved through innovative programs and community support (Higginbottom et al., 2011; Reinke et al., 2019). Documenting specific cases where school nurses have successfully addressed health equity can provide valuable insights and lessons learned (Flores et al., 2017; Maughan et al., 2017).

School nurses play a crucial role in promoting health equity by implementing preventive measures and health education initiatives. These strategies found in the literature are designed to address health disparities by providing students with the knowledge and resources needed to maintain excellent health. According to Maughan et al. (2017), school nurses often focus on preventive care through routine screenings, immunization programs, and health education that targets common health issues such as obesity, asthma, and mental health disorders. These

initiatives not only help prevent the onset of chronic conditions but also empower students to take control of their health, thus reducing disparities.

Community outreach and the development of partnerships are essential strategies used by school nurses to promote health equity. By collaborating with community organizations, healthcare providers, and local governments, school nurses can extend their reach beyond the school environment to address broader SDOH. Baisch et al. (2011) found that partnerships with community health centers, social services, and non-profit organizations enable school nurses to connect students and their families with critical resources such as food, housing, and mental health services. These collaborations are particularly important in under-resourced communities where access to healthcare and social support is limited.

The implementation of health equity policies and practices within schools is another key strategy employed by school nurses. These policies are designed to ensure that all students, regardless of their background, have access to the same level of care and educational opportunities. Johnson and Maughan (2018) highlight the role of school nurses in advocating for policies that address health disparities, such as those related to chronic absenteeism, mental health support, and access to nutritious meals. By integrating health equity into school policies, nurses can create an environment that supports the wellbeing of all students.

The use of data and research to inform practices is a critical component of effective health equity strategies. School nurses rely on data to identify health disparities within their student populations and to develop targeted interventions. A study by McClanahan et al. (2016) emphasizes the importance of data-driven decision making in school nursing, noting that the analysis of health trends and outcomes allows nurses to prioritize interventions and allocate

resources where they are most needed. Additionally, research findings can guide the development of evidence-based practices that are more likely to succeed in reducing health disparities.

In New Jersey, several successful strategies have been employed by school nurses to achieve health equity. For example, the implementation of SBHCs in underserved areas has significantly improved access to care for students who might otherwise go without. According to a report by Albright et al. (2015), these centers provide comprehensive services, including primary care, mental health counseling, and health education, which have been shown to reduce absenteeism and improve academic outcomes. Beyond New Jersey, similar strategies have been successful in states such as California and New York, where school nurses have led initiatives to address issues such as asthma management and mental health support in schools (Mendelson et al., 2013).

Evaluating and assessing the effectiveness of strategies employed by school nurses is essential for ensuring that health equity goals are being met. Various methods are used to evaluate these strategies, including student health outcomes, academic performance metrics, and surveys of student and family satisfaction. According to Lineberry and Ickes (2015a), continuous evaluation allows school nurses to refine their approaches and implement changes based on what is working and what is not. This iterative process is key to achieving long-term success in reducing health disparities and promoting equity in school settings.

Professional Development Opportunities

The concept of social justice in nursing is increasingly emphasized as foundational to promoting health equity. Handlovsky et al. (2024) conducted a mixed methods study examining

discrimination in Canadian nursing programs, finding that systemic inequities and discriminatory practices hinder equitable healthcare. The study highlights the importance of incorporating social justice frameworks into nursing education to prepare nurses for advocacy roles in addressing health disparities (Handlovsky et al., 2024). School nurses, often working within socioeconomically diverse schools, require training and support to challenge systemic barriers and advocate for health equity. This study supports the integration of social justice in professional development programs for school nurses to improve their ability to advocate for equitable health access within educational settings.

Including an overview of professional development opportunities for school nurses in promoting health equity is a crucial step before conducting the research study. This overview lays the groundwork for understanding how professional development prepares school nurses to address health disparities. Weaver et al. (2021a) highlight that professional development programs are essential in equipping nurses with the skills and knowledge required to implement equity-focused interventions effectively. By reviewing the current landscape of these opportunities, the study sets a clear context for evaluating how well-prepared school nurses are to engage in health equity promotion. This review also provides insights into potential gaps in training, ensuring that the research can focus on addressing unmet needs in school nurses' professional growth and their ability to foster health equity in schools. Reviewing professional development opportunities helps identify gaps in current training. Caffrey, M. K., Elliott, and Sheldon (2020) emphasize that while professional development enhances nurses' competence, not all programs sufficiently cover topics such as cultural competence, implicit bias, and the SDOH. By anticipating such gaps, the study can tailor its research questions to explore whether these deficiencies impact the effectiveness of school nurses in promoting health equity.

Additionally, an overview allows the research to anticipate and compare the potential impact of different types of professional development, such as in-service training, workshops, and formal education programs. S. Taylor, B. Taylor, and Doody (2019) highlight that nurses who engage in continuous professional development report higher confidence levels and a greater ability to advocate for systemic changes in school health policies. Understanding this link between professional development and confidence in promoting health equity will inform the study's findings on the barriers and facilitators faced by school nurses. By including this content, the research study sets the stage for evaluating the efficacy of professional development programs in advancing health equity outcomes, as discussed by A. Johnson and S. Bosch (2018). This approach allows for a more comprehensive analysis of how professional growth translates into improved health outcomes for students, particularly those in underserved communities.

Professional development in nursing is critical for ensuring that healthcare professionals are equipped to address complex health challenges, including health equity. This section reviews various professional development opportunities available to nurses, with a focus on health equity. Formal education programs, such as nursing degrees that emphasize health equity, play a foundational role in preparing nurses to address disparities in healthcare. These programs often include coursework that focuses on the SDOH, cultural competency, and strategies for promoting health equity in clinical practice. According to Weaver et al. (2021b), nursing curricula that incorporate health equity content significantly enhance students' understanding and ability to apply equity-focused principles in their practice. Graduates from these programs are better prepared to serve diverse populations and advocate for systemic changes in healthcare.

In-service training sessions provide ongoing education for practicing nurses, often focusing on immediate needs within a healthcare setting. These sessions are typically shorter and

more focused than formal education programs, allowing nurses to stay updated on current practices related to health equity without requiring long-term commitment. Research by D. Taylor, Lingard, and Driessen (2019) suggests that in-service training is effective in improving knowledge and attitudes toward health equity among nursing staff, even though the impact on long-term practice changes can be variable.

Workshops and conferences offer interactive learning opportunities where nurses can engage with experts and peers on topics related to health equity. These events often feature case studies, panel discussions, and hands-on activities that promote critical thinking and practical application of health equity concepts. According to a study by D.H. Johnson and M.J. Bosch (2018), participation in health equity-focused workshops and conferences leads to increased awareness and motivation to implement equity-focused practices. However, the study also notes that the effectiveness of these events depends on subsequent support for applying new knowledge in clinical settings.

Online courses and webinars provide flexible, accessible professional development options for nurses. These digital platforms allow nurses to learn at their pace and access a wide range of resources on health equity. A study by Caffrey, R. A., Neander, Markle, and Stewart (2020) found that online learning, when well-designed, can be as effective as traditional in-person training for improving nurses' knowledge and skills related to health equity. The study highlights that interactive elements, such as discussion forums and case-based learning, enhance the effectiveness of online education.

Lived Experience of School Nurses

School nurses play a pivotal role in promoting health equity, and their lived experiences offer valuable insights into the challenges and successes encountered in this effort. Many school nurses report facing significant obstacles when addressing health disparities, including limited resources, language barriers, and cultural differences. These challenges often require nurses to be adaptable and resourceful. For instance, Maughan and Bergren (2021) conducted a qualitative study that explored how school nurses navigate health disparities, particularly in settings with limited systemic support. Similarly, Archibald and Gallant (2022) highlighted the nuanced strategies school nurses use to overcome barriers in marginalized communities, emphasizing the importance of contextual awareness and cultural competence. These studies underscore that qualitative approaches, such as interviews and focus groups, are especially effective in capturing the complex social dynamics and advocacy efforts embedded in school nursing practice. The lived experience narratives from these nurses reveal a deep commitment to advocating for vulnerable students, even in the face of persistent structural and institutional challenges.

The challenges that school nurses face in promoting health equity are varied and multifaceted. Key challenges include insufficient funding, inadequate staffing, and a lack of access to necessary resources. School nurses often work in environments where health disparities are exacerbated by socioeconomic factors, making their work particularly challenging (Bergren & Maughan, 2019). However, despite these challenges, school nurses have also reported successes in promoting health equity. These successes often stem from their ability to build trust within the school community, collaborate with other stakeholders, and implement targeted interventions that address specific health needs (Struthers et al., 2018). For example, initiatives to improve access to mental health services and manage chronic conditions such as asthma have been successful in reducing health disparities in school populations.

The impact of health equity initiatives led by school nurses on student health outcomes has been significant. Research indicates that schools with active health equity programs see improvements in both the physical and mental health of students. For instance, schools that implement comprehensive health screenings and follow-up care tend to have lower rates of absenteeism and better overall student health (Mason & Staggers, 2019). Additionally, health equity initiatives that address SDOH, such as food insecurity and access to care, have been linked to improved academic performance and reduced health disparities among students from low-income families (Baker et al., 2018). These outcomes demonstrate the critical role that school nurses play in shaping the health and wellbeing of their students.

School nurses are increasingly recognized as key contributors to the development and implementation of health equity policies within schools. Their firsthand experience with students' health needs positions them as vital advocates for policies that promote health equity. According to Johnson and Maughan (2018), school nurses are often involved in policy discussions at the school and district levels, where they advocate for initiatives such as improved access to healthcare services, better nutrition programs, and mental health support. Their role in shaping these policies is crucial, as they bring a unique perspective that combines clinical expertise with an understanding of the social factors that impact student health.

The literature review highlights studies that explore the academic and socioemotional impacts of exclusionary discipline on Black youths, especially in relation to school connectedness and mental health outcomes. It identifies research that demonstrates how school removals, such as suspensions and expulsions, disproportionately affect Black students, contributing to long-term disparities in academic performance and mental health. Exclusionary discipline policies have long-standing implications for academic and socioemotional

development, particularly among Black youths. Numerous studies have underscored that practices such as suspension and expulsion are disproportionately applied to Black students, often for subjective offenses such as defiance or disruption (Skiba et al., 2011). These disciplinary actions result in decreased instructional time, fractured relationships with peers and educators, and heightened psychological distress. Research further demonstrates that exclusion from the school environment undermines students' sense of belonging, contributing to declines in academic engagement and increases in symptoms of anxiety and depression (Anderson and Ritter, 2017). This body of literature supports the argument that exclusionary discipline is not merely a behavioral correction tool, but a mechanism that can perpetuate systemic inequality and long-term mental health challenges, especially for students of color.

Quantitative studies provide valuable insights into the scope and patterns of exclusionary discipline and its consequences for academic and mental health outcomes. Using large-scale datasets such as the National Longitudinal Study of Adolescent Health, researchers often apply regression analyses to quantify the relationships between disciplinary practices and outcomes such as grade point average, school dropout, and depressive symptoms (Gregory et al., 2010). These studies consistently find that Black students experience harsher punishments for similar behaviors when compared to their White peers, and that repeated exclusion correlates with diminished academic performance and increased psychological risk. By establishing statistical associations across diverse populations, quantitative research reinforces the argument that exclusionary policies disproportionately harm marginalized students and systematically disrupt educational attainment.

In contrast to numerical trends, qualitative research captures the lived experiences of those directly impacted by exclusionary discipline. Through interviews and focus groups with

students, educators, and school nurses, these studies reveal how disciplinary practices influence daily life, emotional wellbeing, and students' perceptions of school climate. For instance, qualitative findings have shown that students subjected to repeated suspensions often describe feelings of isolation, alienation, and distrust toward the school system (Losen & Martinez, 2013). Educators and support staff also report constraints in addressing the root causes of behavioral issues within rigid disciplinary frameworks. These insights illuminate the complex emotional terrain that students navigate, adding depth and human context to the patterns identified in quantitative studies.

Emerging research has begun to explore the vital role school nurses can play in challenging exclusionary discipline practices and promoting equity in student health and wellbeing. As frontline health professionals embedded in school communities, nurses are uniquely positioned to recognize the socioemotional toll of punitive policies and to intervene on behalf of students. Studies employing mixed-methods and case study designs suggest that school nurses can serve as mediators, advocates, and trauma-informed practitioners who support alternative disciplinary approaches grounded in compassion and care (Bergren & Maughan, 2021). By addressing the mental health needs of students affected by school exclusion, nurses contribute to a more inclusive and supportive educational environment. Their leadership within multi-disciplinary teams highlights an important, though often underutilized, resource in efforts to reduce racial disparities in school discipline.

Nurses, as equity advocates, can serve as stewards of a fair process by examining of descriptions and perceptions of youths and their families, disciplinary practices, and classroom rules; assessing for inequities (Spence et al., 2022); Collaborative meetings led by school nurses in partnership with Psychiatric-Mental Health Nurse Practitioners (PMHNPs) can foster

interdisciplinary dialogue within the care team, enabling a comprehensive examination of both risk and protective factors associated with students of concern. Nurses could be integral in helping facilitate the development of empathy through an understanding of what racialized youths bring with them as they navigate social constructs besieged by inequities and disempowerment (Ash et al., 2023).

Case Studies: School Nurses Addressing Health Equity

Several case studies and qualitative research findings illustrate the experiences of school nurses in addressing health equity. For example, a case study conducted by Roberts and Grant (2019) explored the efforts of school nurses in a rural community to reduce health disparities among students. The study found that by establishing partnerships with local healthcare providers and community organizations, the school nurses could significantly improve access to care for students, leading to better health outcomes. Similarly, qualitative research by Hall et al. (2020) examined the challenges faced by school nurses in urban settings, highlighting the importance of cultural competence and community engagement in promoting health equity. These studies underscore the diverse strategies employed by school nurses and the positive impact of their work on student health.

Another study (Knopf et al., 2013) that reviewed 46 studies highlights that children from low-income and racial or ethnic minority populations in the United States are less likely to have a regular source of medical care and more prone to chronic health issues than their more affluent, non-Hispanic White counterparts. These children often experience chronic stress, fatigue, hunger, and impaired vision and hearing, all of which hinder educational achievement and

predict adult morbidity and early mortality. By addressing these barriers and improving access to medical services, SBHCs can play a critical role in advancing health equity.

SBHCs are even showing to be supportive of children's social needs, providing socioeconomically disadvantaged students with mental health counseling. A pilot program integrated a case manager into the care team of a SBHC serving two schools and over 900 students. The project aimed to assess feasibility, utilization, and acceptability through a mixed methods evaluation, including analysis of electronic health records, client satisfaction surveys, and staff interviews. Inequities in children's health and educational achievement are influenced by structural factors. Results from our pilot program demonstrate that SBHCs may be well-positioned to deliver social care interventions and that case managers enhance the ability to deliver quality care. School-based programs that address unmet social needs are critical to supporting learning and wellness for all youths (Keaton et al., 2024).

Gaps and Limitations in School Nursing Research

In school nursing research, there is a notable absence of comprehensive frameworks that address the wide-ranging responsibilities and roles of school nurses. Many studies focus on specific aspects of school nursing, such as individual health interventions or emergency response, rather than providing a holistic framework that integrates various dimensions of school health (Powers et al., 2016). This limitation impedes the development of unified strategies that address the multifaceted needs of students and school environments. According to Stanley et al. (2018), a more integrated framework could enhance the effectiveness and consistency of school nursing practices. Longitudinal studies are essential for understanding the long-term impact of school nursing interventions and the sustainability of health outcomes. However, research in this

area often relies on cross-sectional data, which provide limited insight into the effectiveness and persistence of school nursing practices over time (McCarthy et al., 2020). This gap restricts the ability to assess how early interventions in school settings influence long-term health trajectories and educational outcomes (Zhang et al., 2019).

Research on school nursing often exhibits geographic and demographic bias, with a concentration of studies in urban areas and among specific populations. This bias limits the applicability of findings to rural or underserved areas and to diverse demographic groups (Jones & Johnson, 2018). As noted by Skelton and Jacobs (2021), addressing this bias requires broader research that includes diverse geographical and demographic contexts to ensure equitable health services across various school environments. The scope of health outcomes evaluated in school nursing research often focuses narrowly on physical health issues, neglecting mental health, social wellbeing, and academic performance (Mitchell et al., 2017). This limited focus fails to capture the comprehensive impact of school nursing on overall student development and wellbeing. Broadening the scope to include a range of outcomes is necessary to fully understand the effectiveness of school nursing programs (Henderson et al., 2020).

The field of school nursing is confronted with significant research gaps that impede its ability to comprehensively address health disparities and promote health equity. One notable limitation is the lack of longitudinal data, as much of the current literature relies on cross-sectional studies that capture a snapshot of school nurses' contributions to health equity at a single point (Johnson et al., 2020). While these studies provide valuable insights, they fail to assess the sustained impact of school nursing interventions over an extended period. This limitation restricts understanding of how school nursing programs contribute to long-term improvements in health outcomes and the reduction of health disparities. This study uses a cross-

sectional design, which means it can only show the current views and methods of school nurses and cannot measure how these outcomes last or change over time.

Research suggests that while short-term studies have demonstrated school nurses' positive effects on student outcomes, such as improved attendance and chronic disease management, the long-term effects of these interventions remain largely unexplored (Mitchell et al., 2017). This gap restricts our understanding of whether school nurse led programs targeting health equity and mental health produce sustained benefits or if these effects diminish once students exit the school setting. Furthermore, the absence of longitudinal studies limits researchers' ability to identify the systemic changes that may result from school nursing interventions within educational and healthcare systems. Longitudinal research could provide critical insights into how school nurses contribute to broader public health objectives, including the reduction of health disparities and the enhancement of population health outcomes (Zhang et al., 2019). Without such data, policymakers and educators may lack the evidence necessary to support ongoing investment in school health programs, potentially leading to underfunding and insufficient staffing, which further undermines the goal of health equity.

Another critical limitation in the field of school nursing is the lack of interdisciplinary approaches that draw on the expertise of professionals from various fields. School nurses are often expected to manage complex health issues, including mental health crises, chronic illnesses, and health inequities, with limited resources and support. However, the existing body of research tends to focus narrowly on the role of the school nurse without considering how interdisciplinary collaboration could enhance the effectiveness of school health programs (Bergren, 2017c). In particular, the growing prevalence of mental health challenges among students highlights the need for school nurses to work closely with psychologists, social workers,

and educators to develop comprehensive, school-wide interventions. While school nurses are often the first point of contact for students experiencing mental health issues, they may lack the specialized training needed to provide adequate care. Interdisciplinary models that integrate mental health professionals into school health teams have been shown to improve outcomes for students, yet such models are not widely implemented or studied in the literature (McClanahan et al., 2016). Schroeder et al. (2018) emphasize the importance of cross-disciplinary collaboration in addressing SDOH, noting that the complex nature of health inequities requires input from diverse fields.

Interdisciplinary approaches are essential for addressing health equity. Nurses alone cannot dismantle the structural barriers that contribute to health disparities; collaboration with public health professionals, policymakers, and community organizations is necessary to create systemic change. However, as Bergren (2017b) notes, there is limited research on how such collaborations can be fostered and sustained within school settings. This limited research represents a significant gap in the literature, as the integration of interdisciplinary efforts is critical for addressing the multifaceted challenges of health inequities in schools.

While interdisciplinary collaboration is recognized as essential for promoting health equity, this study does not adopt an interdisciplinary framework. Instead, the focus is on the role of school nurses in promoting health equity, specifically examining the barriers and facilitators they encounter within the scope of their profession. Although this study acknowledges the importance of partnerships with other sectors, it is not designed to assess or integrate the perspectives and roles of other disciplines, such as public health professionals or policymakers. The results of this research only reflect the views and experiences of school nurses, so more

research involving different fields is necessary to completely grasp how teamwork can help tackle health inequalities in schools (Griffith, Statterfield et al., 2023).

Systems-level leadership in school nursing is integral to creating and sustaining health improvements at both the healthcare and educational levels. School nurses, working in collaboration with public health agencies plays a vital role in aligning emerging systems of care to support population health initiatives (APHN, 2013a). By understanding the strategic interconnections among organizations, policies, and systems, school nurses are positioned to lead efforts that enhance health equity and student wellbeing (Senge, 2015). To effectively apply these leadership principles, school nurses must exhibit a high degree of professionalism, ensuring that their leadership practices are informed, ethical, and aligned with broader health and educational goals (Campbell & Taylor, n.d.). Professionalism includes the attributes of accountability, maturity, problem solving, collaboration, proactivity, positivity, professional speech, appropriate dress, and activities that align with current, evidence-based, student-centered practice. Professional behaviors were identified by principals, educators, and others as the most influential factor when school nurses were seen and understood as valuable members of the educational team (Maughan & Adams, 2011).

An example of a state with particularly high standards for school nursing is New Jersey. The certification process in New Jersey is rigorous, requiring candidates to hold a valid registered nurse license, a bachelor's degree, and completion of a state-approved school nurse certification program (New Jersey Department of Education, 2021). This level of preparation ensures that school nurses in New Jersey are equipped to address complex health issues and promote health equity effectively. The state's standards align with the NASN Framework for 21st Century School Nursing Practice, which emphasizes evidence-based practice, leadership, and

quality improvement (NASN, 2016). Research also highlights the importance of school nurses in fostering strong relationships with educators, parents, and students. A qualitative, comparative study by Maughan and Adams (2011) found that school nurses who were professional, proactive, and valuable team members were highly respected by educators, while parents' perceptions varied depending on the quality of their interactions with the nurse. These relationships are integral to the role, as school nurses, unlike hospital nurses, often develop long-term connections with the same population, allowing them to better understand students' health needs and address the SDOH. The purpose of this qualitative study was to determine how ratios influenced relationships between school nurses and the educators and parents with whom they work and how the relationships influenced the understanding and value of the school nurse. A purposeful sampling of 33 participants from four states (New Hampshire, Vermont, Michigan, and Utah) was included in the study (Maughan & Adams, 2011).

The predominance of quantitative research in school nursing has led to a shortage of qualitative studies that explore the experiences and perspectives of school nurses and students. Qualitative research could provide more profound insights into the challenges faced and the effectiveness of interventions from the viewpoint of those directly involved (Creswell & Poth, 2018). This lack of qualitative data limits the understanding of the nuanced factors influencing school nursing practice and student outcomes (Lundy et al., 2019).

A significant gap in school nursing is the disconnect between research findings and actual policies and practices implemented in schools. Research often highlights effective interventions, yet these are not always adopted or sustained due to barriers in policymaking and resource allocation (Woolf et al., 2015). This disconnect underscores the need for better alignment between evidence-based practices and policy development to improve school health services

(Carroll et al., 2016). Research in school nursing often lacks interdisciplinary approaches that integrate insights from various fields, such as psychology, education, and social work. An interdisciplinary perspective could enhance the development of comprehensive strategies to address the complex needs of students (Frieden, 2017). The limited interdisciplinary collaboration results in fragmented approaches that do not fully address the multifaceted nature of school health issues (Frenk et al., 2010).

The lack of emphasis on training and professional development in school nursing is a significant gap. Many school nurses report insufficient training in areas such as health equity and mental health, which impacts their ability to effectively address these issues (Truong et al., 2014). Enhanced training and ongoing professional development are critical for equipping school nurses with the skills they need to address the diverse needs of students and implement effective health interventions (American Academy of Pediatrics, 2019).

This literature review highlights the critical gaps and limitations in school nursing research, emphasizing the need for comprehensive frameworks, longitudinal studies, and interdisciplinary approaches to address health disparities effectively and to improve overall student health outcomes. Shortcomings of evaluations for health equity interventions pose an additional limitation in health equity research. Health equity interventions should focus on addressing the needs of under-resourced populations to reduce disparities in health outcomes (Williams & Purdie-Vaughns, 2016). These interventions must occur across individual, familial, community, and systemic levels (Agurs-Collins et al., 2019; Brown et al., 2019), while considering structural barriers (Braveman et al., 2017).

A key issue in evaluating such interventions is the tendency to report improvements in health without adequately assessing whether health equity has improved (Duran, Perez-Stable, Wong, 2019; Woolf et al., 2015). Evaluations often highlight health improvements in a population without clarifying if disparities have been reduced (Krist et al., 2018). For example, while overall suicide trends among children aged 5-11 remained stable between 1993 and 2012, rates doubled for Black children but decreased among White children, illustrating the complexity of aggregated data in assessing equity (Bridge et al., 2015). Effective evaluations should demonstrate not only health improvements for disadvantaged groups but also reductions in disparities (Dye et al., 2019; Jones et al., 2019).

The gaps and limitations identified in the existing literature on school nursing research establish a strong rationale for conducting a mixed methods study involving New Jersey school nurses as subjects and participants. These gaps highlight several critical areas where a more comprehensive approach to research is needed, and mixed methods offer the ability to address these issues effectively.

There is a noted absence of comprehensive frameworks in school nursing that address the full spectrum of responsibilities and health outcomes (Powers et al., 2016). A mixed methods approach could bridge this gap by integrating quantitative data on health outcomes and the effectiveness of interventions with qualitative insights from school nurses about the complexities of their roles. Quantitative data could provide measurable results on the impact of interventions, while qualitative interviews would offer a more profound understanding of how New Jersey school nurses navigate these challenges in their day-to-day practice.

To fix the geographic and demographic biases in school nursing research (Jones & Johnson, 2018), a mixed methods study should include various nurses from urban, rural, and underserved areas in New Jersey. Quantitative data can reflect variations in health outcomes across different regions, while qualitative data would highlight the unique experiences of nurses working in different geographic contexts (Skelton & Jacobs, 2021).

The predominance of quantitative research in school nursing has resulted in a lack of qualitative data that explores the experiences and challenges of school nurses (Lundy et al., 2019). By using mixed methods, researchers can gather rich qualitative data that reveal the nuanced factors influencing school nursing practice, which complements the quantitative data on health outcomes and intervention efficacy. Such an approach would provide a more holistic understanding of how school nurses perceive their ability to promote health equity (Frieden, 2017).

The disconnect between research findings and actual school policies (Woolf et al., 2015) suggests that the voices of school nurses are not fully integrated into policy development. A mixed methods study can include quantitative surveys to measure the perceived effectiveness of current health policies and qualitative interviews to gather school nurses' insights on barriers to policy implementation. These findings can help identify gaps between research, practice, and policy and inform recommendations for more effective policymaking (Carroll et al., 2016).

Furthermore, a mixed methods study that uses both numbers and personal stories will provide a fuller understanding of how school nurses in New Jersey handle the various challenges of promoting health equity, examining both measurable health results and the real experiences of nurses in different school settings.

Literature Gaps and Justification for the Study

Despite a growing body of literature highlighting the importance of school nurses in promoting student health, significant gaps remain in understanding their role as equity-focused leaders within the broader context of social justice (Best et al., 2018; Maughan, Cowell and Bergren, et al., 2016). Existing research often addresses school health services in general terms, with limited exploration into how school nurses actively navigate institutional barriers, advocate for policy change, or implement culturally responsive strategies to reduce disparities (Gratz et al., 2023; Willgerodt et al., 2018). Moreover, while frameworks such as the HEPM and social justice leadership theory have been referenced in public health or education literature, their integration into empirical school nursing research, especially through a mixed methods design, remains scarce (Bauer, 2014; Theoharis, 2007). Little research has been conducted specifically in the context of New Jersey, a state marked by considerable demographic diversity and systemic health inequities. Furthermore, few studies assess how school nurses themselves perceive their preparedness, training needs, and confidence in leading health equity initiatives within school settings. This study seeks to address these gaps by systematically examining the lived experiences, competencies, and systemic challenges of New Jersey school nurses through a sequential mixed-methods lens, thereby contributing novel insights to both educational leadership and public health nursing scholarship, and informing evidence-based policy recommendations to strengthen school health infrastructures.

Conclusion

Current research confirms that school nurses play a critical role in promoting health equity within educational environments. It is known that they are uniquely positioned to address

SDOH, advocate for marginalized populations, and implement equity-driven interventions. Empirical studies demonstrate that school nurses' leadership, when grounded in frameworks such as the NASN Practice Framework™ and the HEPM, positively influences student health outcomes.

Despite growing national attention to health equity in school settings, significant gaps remain, particularly in region-specific analyses that examine the relationship between school nurse leadership and health equity outcomes in states such as New Jersey. Research by Lineberry and Ickes (2015b) emphasizes the critical role of school nurses in promoting health equity, yet highlights that more localized data is needed to inform targeted interventions and leadership practices tailored to specific community needs. Additionally, existing studies often omit the voices of school nurses themselves, especially regarding their perceived competencies, training gaps, and barriers to implementing equitable health practices. There is limited longitudinal research on the sustained impact of nurse-led health equity initiatives.

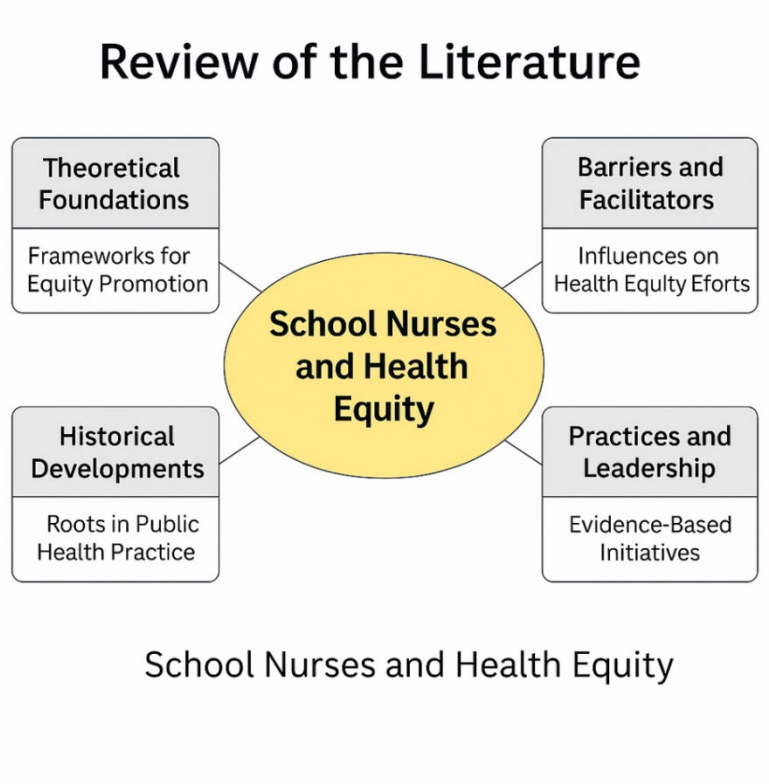
This study will contribute new knowledge by focusing on school nurses in New Jersey and their lived experiences as social justice leaders. Using a mixed methods design, the research will capture both statistical trends and in-depth narratives that illustrate how nurses perceive, practice, and lead health equity initiatives. The study not only fills a geographic and methodological gap but also informs professional practice by identifying areas where school nurses need more training, support, and policy changes.

The literature strongly positions school nurses as vital public health leaders capable of advancing health equity through systemic interventions, interdisciplinary collaboration, and evidence-based advocacy. However, systemic barriers and gaps in current research warrant

further exploration. These insights set a solid foundation for the subsequent methodology chapter.

Figure 1

Review of the Literature: School Nurses and Health Equity



CHAPTER 3

METHODOLOGY

Introduction

This chapter outlines the research design, methodology, and analytical strategies employed to explore how New Jersey school nurses assess and enact health equity initiatives within their school districts. Guided by a mixed methods approach, the study integrates both quantitative and qualitative data to examine the successes, barriers, and leadership strategies that inform a comprehensive school-based health equity framework. Emphasis is placed on understanding how school nurses operationalize equity principles in practice, engage with systemic challenges, and contribute to health justice efforts in K–12 settings. The chapter provides a detailed overview of the research questions, data collection tools, sampling procedures, analytic techniques, and ethical considerations that shaped this investigation.

Purpose

The purpose of this study is to explore how New Jersey school nurses evaluate the health equity efforts within their school districts, with a focus on identifying key achievements, areas for improvement, and strategies to enhance health equity. This research aims to assess how school nurses perceive and assess the effectiveness of current health equity initiatives, recognizing both successes and gaps, and encouraging critical discussions about improving health equity across New Jersey schools. By employing a structured assessment tool, this study will provide a comprehensive framework that school nurses and district leaders can use to

develop practical, actionable strategies aimed at improving health equity and addressing health disparities in student populations statewide.

Research Questions

This research aims to explore how school nurses assess their current health equity initiatives, identify successes and gaps, and contribute to creating strategies and fostering discussions to enhance health equity in their school districts. The methodology employed will focus on a structured assessment tool that supports this evaluation process.

This study is guided by three central research questions that examine how school nurses in New Jersey engage with health equity within their districts. Specifically, the inquiry explores how nurses evaluate current equity initiatives, the successes and barriers they encounter, and the strategies they employ to advocate for systemic change. The research also investigates how the roles and responsibilities of school nurses can be optimized to reduce health disparities and foster leadership in school-based social justice. Lastly, it examines the leadership practices of school nurses and the contextual factors that either support or hinder their equity efforts. These questions collectively aim to illuminate the multidimensional contributions of school nurses to advancing health equity and to inform a comprehensive, practice-based framework. Table 1 below provides a clear summary of each research question alongside the specific data analysis strategies used to address them.

Thematic analysis is employed for qualitative data to uncover recurring patterns and insights, while descriptive statistics supplement mixed-methods analysis where applicable. The approaches aim to comprehensively explore school nurses' perspectives on health equity and leadership.

Table 1

Research Questions and Data Analysis Methods

Research Questions	Data Analysis Methods
RQ1: In what ways do New Jersey school nurses assess current health equity initiatives within their districts, and what successes, challenges, and strategic approaches do they identify to advance dialogue and inform the development of a comprehensive school-based health equity framework?	Thematic analysis was used to examine qualitative data collected through interviews and open-ended survey questions. This method helped identify key themes related to the challenges (barriers) and supports (facilitators) that school nurses encountered in promoting health equity.
RQ2: In what ways can the roles and responsibilities of school nurses be leveraged to address health disparities among students and underscore nurses' capacity as leaders in school-based social justice and health equity?	A mixed methods approach was employed. Descriptive statistics summarized quantitative data from survey responses, while thematic analysis was applied to qualitative data from interviews or open-ended survey questions. The results identified strategies for optimizing school nurse roles.
RQ3: In what ways do school nurses in New Jersey demonstrate leadership in advancing health equity, and what contextual factors support or constrain their efforts to address student health disparities?	Thematic analysis identified and analyzed patterns across participants' responses, focusing on themes such as leadership strategies, professional development, and systemic barriers. Through coding and analyzing responses, this method highlighted common factors that facilitate or impede school nurses' efforts while also respecting individual experiences and variations.

*Note***.** This table outlines the three primary research questions guiding the study and the corresponding data analysis methods.

Research Design

This study utilizes a mixed methods design to investigate the role of school nurses in advancing health equity across New Jersey schools. A mixed methods approach, in which quantitative and qualitative data were collected concurrently, was employed to provide a comprehensive and contextualized understanding of the role of New Jersey school nurses in promoting health equity. The design was aimed at capturing a snapshot of the current state of health equity initiatives, identifying key achievements and areas for improvement, and promoting discussions that helped build a comprehensive strategy for advancing health equity. Units of analysis include individual school nurses and their respective school districts.

Units of Analysis

The primary unit of analysis in this study is school nurses as individual professionals. The research examines how they evaluate existing health equity efforts, identify achievements and areas for improvement, and contribute to the development of strategies within their districts. Additionally, the school districts where these nurses work serve as another unit of analysis. The study evaluates district-wide health equity efforts, policies, and frameworks and examines their impact on addressing health disparities among students.

Researcher Reflexivity and Positionality

As a White, middle-aged woman raised Catholic in northern New Jersey and a practicing school nurse with over two decades of pediatric nursing experience across diverse clinical and educational settings, I bring to this research a dual perspective, as both an insider and a critical observer. My professional identity and lived experience deeply inform my inquiry, guiding my

decision to examine health equity through a social justice lens. This positionality inevitably shapes my biases and perspectives as a researcher, influencing how I interpret data, engage with participants, and prioritize issues related to health equity and systemic disparities. In alignment with critical theory and interpretive paradigms, I acknowledge that research is not a neutral process; instead, it is inherently influenced by the positionality, values, and assumptions of the researcher (Holmes, 2020).

Throughout this study, I maintained a reflexive stance, intentionally examining how my background, professional values, and prior knowledge may have influenced the formulation of research questions, data collection, and thematic interpretation. My deep commitment to equity in school health services, rooted in both personal advocacy and professional practice, guided the framing of this dissertation. I was especially aware of the potential for bias during the qualitative interviews, where shared identity with participants could facilitate rapport but also risk over-identification.

To mitigate these influences, I implemented strategies such as maintaining a reflexive journal, consulting with peer debriefers, and grounding all thematic analysis in the words and experiences of participants. I also remained cognizant of power dynamics, striving to position participants as co-constructors of knowledge rather than subjects of inquiry. This reflexive approach not only enhanced the trustworthiness of the data but also honored the integrity of a critical qualitative methodology rooted in advocacy and transformation (Milner, 2007).

By foregrounding my positionality, this study embraces a more ethical and transparent stance, recognizing that the pursuit of equity in school health must begin with the researcher's own reflexive accountability. This self-awareness not only shapes the interpretation of data but

also reinforces the commitment to conduct research that is responsive, respectful, and grounded in the lived realities of marginalized school communities.

Assessment Tool Overview

The assessment tool was adapted from the Institute for Healthcare Improvement's (IHI) framework for health care organizations to improve health equity. This tool includes five key framework components: make health equity a strategic priority, build infrastructure to support health equity, address the multiple determinants of health, eliminate racism and other forms of oppression, and partner with the community to improve health equity.

Each framework component contained specific elements that focused on different aspects of health equity. Respondents were asked to assess their district's progress for each element using a Likert scale from 1 to 5, where *1 = No progress or not addressed* and *5 = Fully integrated and optimized.* Please refer to Appendix E on page 212 for full execution of the IHI Assessment Tool.

Sample

The sample utilized in this study includes 101 school nurses from New Jersey, recruited using convenience and purposive sampling using the New Jersey State School Nurses Association professional organization mailing list. Of the 268 participants who initiated the survey, 101 (37.7%) completed it in full. Six random participants volunteered to participate in semi-structured qualitative interviews, representing diverse demographics, district types, and years of experience. Inclusion criteria required active licensure and current employment in New Jersey K-12 schools. IRB approval was obtained, and participants provided informed consent.

The electronic informed consent process for this study was administered through the Qualtrics platform and adhered to the guidelines for minimal risk research established by the Institutional Review Board at William Paterson University. Participants who accessed the online School Nursing Health Equity Survey were presented with a passive informed consent form (Appendix A), which outlined the study's purpose, voluntary nature, potential risks and benefits, and data confidentiality. Participants indicated their consent by selecting "Yes" and clicking continue, which advanced them to the survey. Declining consent redirected them away from the instrument. This method ensured that participation was both informed and voluntary while maintaining anonymity.

For the interview component of the study, an active informed consent procedure was implemented (Appendix B). Participants were informed about the nature of the recorded Zoom interviews, the confidentiality of their responses, and their right to withdraw at any time. Consent was given via electronically signed consent forms prior to participation. These procedures ensured compliance with ethical research standards, emphasizing participant autonomy, data security, and the minimal risk involved in both survey and interview participation.

The sample size was guided by recommendations for mixed-methods studies. The qualitative sample of six allowed for thematic saturation, while the quantitative survey sample of 101 participants exceeded the minimum threshold for descriptive and inferential analysis. Ethical considerations such as anonymity, voluntary participation, and confidentiality were strictly observed.

Sampling Method

This study included 101 New Jersey school nurses from public and non-public K-12 schools, representing all counties and diverse demographic backgrounds. A non-probability convenience sampling method was used to recruit participants from varied geographic regions, socioeconomic contexts, and district sizes. To ensure broad representation, invitations were distributed through professional nursing associations, including the New Jersey School Nurses Association. The study initially aimed for a sample size of 100 nurses, a target that was exceeded with 104 participants completing the online survey. Additionally, six follow-up interviews were conducted to provide qualitative insights, focusing on nurses from urban, suburban, and rural districts to explore health equity challenges and strategies within school nursing practice. Data were collected from 101 school nurses across New Jersey. The majority (87%) worked in public schools, while 7.6% and 5.4% worked in private and charter schools, respectively. Most respondents held a New Jersey School Nurse Certification (84%). In terms of experience, 27% had six to 10 years of experience, 21% had one to five years, and 18% had over 20 years. Educational backgrounds included 57% with a professional degree, 38% with a four-year degree, and 4% with a doctorate. The field was overwhelmingly female (99%).

Table 2

Demographic Characteristics of School Nurse Participants (N = 101)

Characteristic	Category	Percentage (%)
Employment Type	Public Schools	87%
Employment Type	Private Schools	7.
Employment Type	Charter Schools	5.4%

Certification Status	NJ School Nurse Certified	84%
Years of Experience	1–5 years	21%
Years of Experience	6–10 years	27%
Years of Experience	Over 20 years	18%
Educational Attainment	4-Year Degree	38%
Educational Attainment	Professional Degree	57%
Educational Attainment	Doctorate	4%
Gender	Female	99%

Note. Percentages are based on a total sample size of 101 respondents. Employment types, certification status, years of experience, educational attainment, and gender distribution are presented.

Sample Size Justification

In alignment with the mixed methods design (Creswell & Plano Clark, 2018), sample sizes were selected to appropriately fulfill the purposes of both the qualitative and quantitative phases of the study. The qualitative phase involved in-depth interviews with six school nurses representing diverse school settings across New Jersey. According to Creswell and Poth (2018), qualitative inquiry prioritizes depth over breadth, and a sample of five to 10 participants is often sufficient when participants are purposefully selected and richly engaged. Given the shared professional background yet diverse contexts of the participants, the selected sample size was adequate to achieve information power (Malterud et al., 2016) and thematic saturation (Guest, et al., 2006).

The quantitative phase utilized an online survey administered to 101 participants, which included a broader population of school nurses across various school districts. According to Teddlie and Yu (2007), larger samples are necessary in the quantitative strand to allow for

statistical generalizability and inferential analysis. Creswell and Plano Clark (2018) emphasize that in mixed methods research, the quantitative sample size should be sufficient to validate or extend findings from the qualitative phase and a sample of 100 or more is generally acceptable for basic descriptive and comparative analyses. The use of 101 responses ensured that data could be meaningfully analyzed and that key findings from the qualitative strand could be triangulated and corroborated with broader trends.

A total of 101 school nurses from across New Jersey completed the quantitative survey. This sample size was deemed sufficient to ensure reliable statistical analysis, particularly in assessing internal consistency across the five equity-related scales, where Cronbach's alpha values ranged from 0.81 to 0.92. Given the study's focus on capturing diverse perceptions of equity across school types and grade levels, the sample exceeds the minimum threshold typically recommended for exploratory survey research in educational and health-related fields ($N > 100$). This number provides an adequate basis for subgroup comparisons and inferential analysis while balancing feasibility and participant accessibility in a profession with limited availability due to workload constraints.

Six school nurses were purposefully selected for in-depth qualitative interviews based on their diverse backgrounds, geographic locations, and professional roles. This sample size aligns with best practices for qualitative research within a mixed methods design, where the goal is to explore rich, contextual insights rather than generalizability. According to Creswell (2014), five to 10 participants are sufficient for identifying meaningful themes in phenomenological and thematic analysis. The selected participants offered varied perspectives that contributed to theme saturation, ensuring depth and relevance in the qualitative findings. Together, the qualitative and

quantitative samples reflect methodological alignment and complementarity, enhancing both the validity and depth of the mixed-methods approach (Fetters et al., 2013).

While every effort was made to reach a broad cross-section of school nurses, the study acknowledges the potential for sampling bias, namely, that those who chose to participate may be more engaged in equity-related issues or professional development. This self-selection may slightly skew results toward individuals already invested in or aware of health equity frameworks. However, the consistency of findings across settings and demographic backgrounds supports the credibility and transferability of the results.

Data Collection and Measures

The primary measure used in this study was the adapted version of the Institute for Healthcare Improvement (IHI) framework. This tool was modified to reflect the school health context and served as the central instrument for assessing school nurses' perceptions of their district's progress in advancing health equity. The framework comprises five core domains: (1) making health equity a strategic priority, (2) building infrastructure to support health equity, (3) addressing the multiple determinants of health, (4) eliminating racism and other forms of oppression, and (5) partnering with the community to improve health equity. This scale enabled participants to systematically evaluate equity-related efforts within their school districts.

The secondary measures were derived from qualitative data collected through semi-structured interviews. These interviews served as a complementary source of information by capturing participants' lived experiences, personal reflections, and contextual insights related to school-based health equity work. The interview protocol included open-ended questions aligned with the study's research questions, focusing on leadership, advocacy strategies, perceived

barriers, and facilitators of equity implementation. These narratives enriched the interpretation of the survey data and allowed for triangulation of findings across methods.

Together, these measures offered both breadth and depth, enabling a robust mixed-methods investigation into how school nurses in New Jersey assess and enact health equity initiatives.

Data Transformation Procedures

As part of the mixed-methods design, qualitative interviews and quantitative surveys were conducted concurrently, enabling a real-time, dialogic understanding of school nurses' perspectives on health equity. Although collected in parallel, a transformative integration process was employed to align findings across both strands. Thematic insights emerging from the qualitative data, such as leadership strategies, perceived equity barriers, and institutional facilitators, were translated into measurable constructs that informed the interpretation of the quantitative survey instrument, adapted from the IHI framework.

This transformative and integrative approach not only enhanced the study's validity but also ensured that both methodological strands were rooted in participant voices, enabling deeper triangulation and yielding a multidimensional understanding of how school nurses assess and enact health equity in practice.

Data Analysis

Descriptive statistics, including means, standard deviations, and frequency distributions, were used to analyze quatitative survey responses. IBM SPSS Statistics (Version 30) was

employed for analysis, including reliability checks via Cronbach's alpha, which ranged from 0.81 to 0.92, indicating strong internal consistency.

Qualitative data were analyzed manually using thematic analysis following Braun and Clarke's (2006) six-phase approach. Themes were identified from transcribed interviews and refined through iterative coding. The data analysis strategy provided a rich exploration of barriers, strategies, and leadership practices in school-based equity work. Methodological integrity was ensured through reflexivity, peer debriefing, and triangulation between survey and interview findings.

Quantitative data gathered from the Likert scale responses were examined using basic descriptive statistics, including measures of central tendency (mean scores), dispersion (standard deviations), and frequency distributions related to the appearance of each component of the School Nursing Practice Framework™. These statistical analyses enabled a comprehensive evaluation of school nurses' perceptions of progress in health equity initiatives across New Jersey school districts. The data were analyzed using IBM SPSS Statistics (Version 29), a robust software platform commonly used for social science research. SPSS facilitated the generation of descriptive outputs and allowed for subgroup comparisons by grade level served, geographic region, and years of nursing experience.

Reliability and Validity

The survey tool was adapted from the IHI framework, a widely accepted and validated tool in healthcare settings for assessing health equity efforts. While the tool may not have undergone formal psychometric validation specifically for the educational context, its development involved expert input and real-world application in health systems, demonstrating

content validity. SPSS software supported the reliability analysis of the five equity-related constructs, as evidenced by Cronbach's alpha values ranging from 0.81 to 0.92, indicating strong internal consistency. Through SPSS's capabilities, the quantitative findings provided an empirical foundation for interpreting trends, identifying equity gaps, and aligning statistical insights with the qualitative themes that emerged in the study. Triangulation was employed by comparing survey data with interview findings, ensuring a comprehensive view of the evaluation process.

Inferential Data Analysis Strategy

The quantitative data analysis employed in this study was designed to complement the qualitative findings and explore general patterns in school nurses' perceptions of district-wide health equity efforts. Descriptive statistics provide foundational insight, while inferential techniques offer a deeper understanding of relationships and group differences associated with each research question.

For RQ1, descriptive statistics were primarily used to calculate mean scores, standard deviations, and frequencies across the five domains of the adapted IHI Framework. Although this research question is largely descriptive, inferential analysis such as independent-samples t-tests or analysis of variance (ANOVA) was conducted to compare perceptions by school type (public, private, and charter) and grade level served.

For RQ2, subgroup comparisons were conducted using ANOVA and chi-square tests to identify differences based on certification status, years of experience, and region. These tests helped identify patterns in how various subgroups perceive their roles and effectiveness in addressing disparities.

For RQ3, correlation analysis and regression models were used to explore the relationship between self-rated leadership practices and reported equity outcomes. These methods allowed for the identification of significant predictors of successful equity strategies, offering evidence for targeted policy and professional development.

The SPSS software (Version 30) was used to conduct all statistical tests, with significance levels set at $p < .05$. The integration of inferential statistics with thematic insights from qualitative data enabled a comprehensive understanding of the mechanisms through which school nurses influence equity in education.

Table 3

Inferential Data Analysis Strategy by Research Question

Research Question	Inferential Test(s)	Purpose of Analysis
RQ1	Independent Samples t-test, ANOVA	Compare perceptions of health equity efforts across school types and grade levels.
RQ2	ANOVA	Identify subgroup differences based on years of experience, region, and certification status.
RQ3	Correlation	Examine relationships between leadership practices and equity outcomes.

Note. This table summarizes the inferential statistical methods aligned to each research question and outlines their analytical purposes in exploring group differences and relational pattern\

Qualitative data from follow-up interviews were analyzed using thematic analysis (Braun & Clarke, 2006). First, interviews were transcribed verbatim to ensure accuracy, capturing not just spoken words but also pauses and emphasis where relevant. The researcher then read through the transcripts multiple times to familiarize herself with the data and note emerging patterns related to barriers, achievements, and strategies for health equity improvement.

Next, common ideas were grouped into themes, creating a structured framework for analysis. Key themes included systemic barriers such as financial constraints and discrimination, achievements such as policy changes and community engagement, and strategies such as advocacy and cross-sector collaboration. These themes were refined to ensure clarity and distinction, with overlapping concepts merged where needed. Each theme was then defined and illustrated with direct quotes from participants to provide depth and context. Finally, findings were woven into a cohesive narrative, linking them to existing research on health equity.

Methodological Integrity in Qualitative Analysis

Methodological integrity in the qualitative analysis was achieved through a rigorous application of best practices to ensure credibility, trustworthiness, and transparency in the research process. This study employed Braun and Clarke's (2006) thematic analysis framework, which provided a structured approach to identifying, analyzing, and reporting patterns within the data.

Methodological integrity in this study was upheld through a combination of rigorous qualitative practices aimed at ensuring credibility, transparency, and depth. The researcher engaged in continuous reflexivity by maintaining a journal throughout the study to document personal biases, assumptions, and decision-making processes, which helped mitigate undue subjective influence. To strengthen the validity of interpretations, data triangulation was employed by cross-referencing themes that emerged from qualitative interviews with the results of the quantitative survey. Additionally, thick description was achieved by incorporating rich narratives and verbatim participant quotes, allowing readers to see how interpretations were grounded in real experiences. These strategies collectively upheld the integrity of the qualitative process and provided a robust foundation for drawing meaningful conclusions about school nurses' roles in advancing health equity.

Ethical Considerations

The study strictly adhered to ethical standards to ensure participant protection and data integrity. Informed consent was obtained from all participants prior to their engagement in the survey and interviews, ensuring they fully understood the study's purpose and procedures. Participant responses were kept confidential, with all data anonymized before analysis to protect individual identities. Participation in the study was entirely voluntary, and participants had the option to withdraw at any time without any consequences. Additionally, Institutional Review Board (IRB) approval was secured before the study began to guarantee compliance with established ethical guidelines.

Conclusion

This methodological approach provided a structured framework for examining health equity efforts within New Jersey school districts. By using both numerical surveys and personal interviews, the study gathered both data trends and personal views, giving a complete examination of how school nurses work on health equity endeavors. The combination of statistical data and narrative insights allowed for a more profound understanding of the factors shaping health equity in school settings. This approach sets the stage for a thorough analysis, where key themes and patterns are explored to inform broader discussions on school nursing practice and policy development. Chapter 4 presents the results of this mixed-methods inquiry, detailing the quantitative findings from the equity self-assessment tool alongside the qualitative insights derived from interviews. The integration of these data sets offers a multidimensional view of how school nurses perceive, evaluate, and enact health equity leadership in their schools and communities.

CHAPTER 4

RESULTS AND FINDINGS

Introduction

This chapter presents the integrated findings of a mixed-methods study exploring how school nurses across New Jersey perceive and enact health equity in their professional roles. Using an exploratory sequential design, the research incorporated both quantitative and qualitative data to offer a comprehensive perspective on equity leadership within school health services.

The quantitative phase employed descriptive and inferential statistical techniques including means, standard deviations, *t*-tests, ANOVA, and Pearson correlations to examine trends, subgroup differences, and relationships among key variables. These analyses were conducted using IBM SPSS Statistics (Version 30), enabling robust evaluation of health equity practices across various school settings.

The qualitative phase involved semi-structured interviews with a purposefully selected sample of participants. Thematic analysis was conducted manually using Braun and Clarke's (2006) six-phase method, ensuring deep immersion in the data. The coding process was guided by inductive reasoning and aligned with key theoretical frameworks: the School Nursing Practice Framework™, the HEPM, and social justice leadership theory.

By integrating numerical data with narrative insights, this chapter aims to capture both the scope and depth of school nurses' equity-related experiences. The findings are organized into three sections: (1) Quantitative Analysis, which highlights details statistical patterns from survey

responses; (2) Qualitative Thematic Analysis, highlighting emergent themes from interviews; and (3) Integration of Findings, which synthesizes insights in relation to the study's research questions and conceptual models. This structure supports a nuanced understanding of how school nurses operate at the intersection of care, advocacy, and systems-level change.

Table 4

Structure and Alignment

Section	Data Source & Method	Analytical Focus	Theoretical Framework Alignment
Quantitative Analysis	Survey data; SPSS (descriptive & inferential statistics)	Equity trends, subgroup comparisons (ANOVA, *t*-tests), reliability measures	School Nursing Practice Framework™, HEPM
Qualitative Thematic Analysis	Semi-structured interviews; Thematic coding	Themes related to equity leadership, challenges, facilitators	HEPM, social justice leadership theory
Integration of Findings	Mixed-methods synthesis	Cross-validation of data strands; convergence of patterns	All three frameworks

Note. This table outlines how each section in this chapter corresponds to the mixed-methods approach, aligned with the research questions and theoretical frameworks guiding the study. It provides an overview of the analytical focus, methods used, and theoretical alignment.

Data Preparation

Quantitative data from 101 school nurses were first prepared by checking for missing values, ensuring completeness, and cleaning the dataset within SPSS. All responses were retained, and missing data points were handled using pairwise deletion for inferential analysis to maintain statistical power. The final sample size for the survey data was 101, with 104 responses on some questions due to partial completion rates. Likert-scale data were normalized to facilitate comparison across subgroups.

Qualitative interviews were audio-recorded, transcribed verbatim, and anonymized. Transcripts were read multiple times to ensure accuracy, and field notes were reviewed to provide context. Codes were created inductively, clustered, and reviewed iteratively. The resulting themes were then linked back to the research questions and theoretical frameworks.

Quantitative Data Analysis

Descriptive Statistics of Participants

Data were collected from 101 school nurses across New Jersey. The majority (87%) worked in public schools, while 7.6% and 5.4% worked in private and charter schools, respectively. Most respondents held a New Jersey School Nurse Certification (84%). In terms of experience, 27% had six to ten years of experience, 21% had one to five years, and 18% had over twenty years. Educational backgrounds included 57% with a professional degree, 38% with a

four-year degree, and 4% with a doctorate. The field was overwhelmingly female (99%). For reference, please see Table 2 on page 100.

The analysis of school nurses' perceptions and experiences in New Jersey provides critical insights into the existing health equity landscape within educational institutions. Descriptive statistics from the survey highlight key trends in demographic characteristics, employment distribution, certification levels, and income disparities across municipalities. These findings are essential in understanding the role of school nurses in mitigating health disparities and optimizing their contributions to student wellbeing.

Most of respondents identified as women (99%). Regarding employment distribution, most school nurses worked in public schools (87%), while a smaller percentage were employed in private (8%) and charter schools (5%).

Table 5

Demographic and Employment Characteristics of School Nurse Respondents

Category	Frequency (%)	Description
Identified as Women	99%	Gender identity of respondents
Public School	87%	Primary employment setting
Private School	8%	Primary employment setting
Charter School	5%	Primary employment setting

Note. This table presents gender identity and school employment type among school nurse survey respondents

Years of Experience and Certification Status

The distribution of experience levels among school nurses varied, with 27% having worked between six and 10 years, followed by 21% with one to five years of experience, and 18% with over 20 years in the profession. These data suggest a balanced mix of early-career and veteran nurses. Certification rates among respondents were high, with 84% holding a New Jersey School Nurse Certification.

Table 6

School Nurse Experience Levels and Certification Status

Category	Frequency (%)	Description
1–5 years	21%	Early-career school nurses
6–10 years	27%	Mid-career professionals
Over 20 years	18%	Veteran school nurses
Certified (NJ School Nurse Certification)	84%	Respondents holding official certification

Note. This table displays the distribution of experience levels and certification rates among surveyed New Jersey school nurses.

Frequency Distributions

Survey items revealed significant concerns regarding access to training and resources for health equity. As seen in Table 8, only 10% of respondents reported consistent professional development, while 28% reported minimal and 9% reported none. Regarding preparedness, 27% expressed minimal confidence in tailoring interventions, and 38% indicated uncertainty in

understanding health equity principles. About 42% of nurses reported minimal support from administrators for equity initiatives, and only 5% said their schools consistently executed such efforts.

Table 7

Perceptions of Professional Development and Support for Health Equity (N = 101)

Survey Item	Percentage of Respondents (%)
Consistent professional development on health equity	10%
Minimal professional development on health equity	28%
No professional development on health equity	9%
Minimal confidence in tailoring equity interventions	27%
Uncertainty in understanding health equity principles	38%
Minimal administrative support for equity initiatives	42%
Schools consistently executing equity efforts	5%

Note. Survey responses reflect school nurses' perceptions of access to training, preparedness, and administrative support for equity-related initiatives. Percentages may not total 100%, as items represent independent variables.

Per Capita Income Distribution

Per capita income was selected as a key demographic indicator to capture the socioeconomic stratification among New Jersey's highly segregated school districts. Unlike median household income, per capita income offers a more individualized measure of wealth distribution, which is particularly relevant in a state where municipal-level income disparities directly influence school funding, access to health services, and student outcomes. Given New Jersey's structure of localized school governance and sharp municipal boundaries, per capita income allows for a more precise examination of how economic inequality intersects with health equity efforts in school settings. Table 8 below was developed through demographic data extracted from the U.S Census Bureau, Population Division, May 2023.

The frequency distribution of per capita income rankings across New Jersey municipalities provides insight into the socioeconomic diversity of school districts. Among the valid cases, the most represented per capita income category was rank 4 ($60,000 to $74,999), which accounted for 28.2% (n = 42) of the valid responses. This category was followed closely by rank 3 ($45,000 to $59,999), comprising 26.8% (n = 40) of respondents. Together, these two categories encompassed more than half (52.3%) of all valid responses, indicating that most school districts fell within a moderate-income range.

In contrast, lower-income districts were less represented, with rank 1 (below $30,000) comprising 8.7% (n = 13) and rank 2 ($30,000 to $44,999) capturing 16.8% (n = 25). Meanwhile, higher-income municipalities, rank 5 ($75,000 to $89,999) and rank 6 ($90,000 and above), were less common, collectively accounting for 19.5% of responses. The smallest proportion of responses came under rank 6 ($90,000 and above), the highest per capita income, representing only 8.1% (n = 12) of cases.

The cumulative percentage column highlights the progressive accumulation of responses, with 80.5% of districts falling at or below rank 4 ($60,000 to $74,999), demonstrating most school districts exist within moderate per capita income levels.

Table 8

Ranking Scale of Per Capita Income for Municipalities in New Jersey

Ranking	Income Group	Per Capita Income Range
6	Very High Income	$90,000 and above
5	High Income	$75,000 – $89,999
4	Upper-Middle Income	$60,000 – $74,999
3	Middle Income	$45,000 – $59,999
2	Lower-Middle Income	$30,000 – $44,999
1	Low Income	Below $30,000

Note. This ranking scale categorizes New Jersey municipalities by per capita income, from low (rank 1) to very high income (rank 6), based on specified income ranges. The classifications were developed for comparative analysis of socioeconomic trends and are not intended to reflect official federal or state poverty thresholds.

Reliability of Scales

A statistical method known as Cronbach's alpha was employed to evaluate the effectiveness of various components of the Improving Health Equity Assessment Tool in measuring their intended constructs. This method examines how closely related groups of questions primarily evaluate the efficacy of collaboration in assessing a specific concept. We elucidate the findings in a manner that does not require a statistical background.

The full version of the "Improving Health Equity Assessment Tool", which includes all 25 questions covering a range of health equity practices, showed particularly strong results. This comprehensive scale covered everything from leadership and staffing to Medicaid access and equity-focused policies. It earned a high reliability score of .928, which is considered excellent. Each question added value, and none weakened the scale. Even with its wide scope, the questions worked well together, showing that this tool can provide a thorough and consistent measure of how districts are working toward health equity.

The initial component designated "Make Health Equity a Strategic Priority," concentrated on the incorporation of health equity into the official objectives and decision-making processes of school districts. This section contained seven inquiries addressing topics such as leadership communication, strategic planning, and recruitment practices. The results indicated a high reliability score of .869, signifying that the questions consistently measured the

same concept. One question, specifically regarding the clarity with which school leaders articulate equity priorities, was notably compelling. All other inquiries also reinforced the scale, rendering this section an effective instrument for assessing the commitment of a school system to equity at the leadership tier.

The second component, “Build Infrastructure to Support Health Equity”, component included five questions that examined the foundational supports schools put in place to advance equity. This section included, for example, having strong leadership, being transparent with data, involving key stakeholders, and training school nurses. The reliability score for this section was .832, which is considered strong. The result means the questions in this group worked well together and consistently measured the same overall idea. Removing any one of them would not have improved the results, showing that this scale is dependable for evaluating how districts support health equity at a structural level.

The third component, “Address the Multiple Determinants of Health”, included six questions focused on how school systems use local data and investments to tackle health disparities. This part earned a reliability score of .687, just under the commonly accepted cutoff of .70. The score suggests the questions mostly held together well. Questions were strongest in the parts about using clinical data and having systems to screen for social needs. Although this section could benefit from some refinement, it still gives a reasonable picture of how schools are identifying and addressing health inequities in their communities.

The fourth component, “Eliminate Racism and Other Forms of Oppression”, component, however, had a reliability score of .545, suggesting that the questions in this section did not work together as well as hoped. This part included four questions about addressing deeper systemic

issues, such as screening for social needs, supporting economic justice, and offering community health programs. Each topic is important, but they may be too different from one another to fit neatly into a single group. Some questions, such as those focused on screening for SDOH, were stronger than others. These results suggest this section may need to be adjusted or expanded in the future to better reflect these important but complex efforts.

The fifth and final component, "Partner with the Community to Improve Health Equity", component included three questions about how school nurses work with local organizations to meet broader community needs. This scale had a reliability score of .821, indicating that the questions were closely related and consistent. Items about forming partnerships and participating in coalitions were particularly well-aligned. Even though removing one question could have slightly improved the score, it was an important item that added value. Overall, this part of the tool is reliable for measuring how school nurses engage with their local communities.

Taken together, these results give a clear sense of how effective the survey is. Most parts of the tool are reliable and can be used with confidence in schools and districts. A few areas may need some fine-tuning to improve clarity or alignment, but overall, the tool offers valuable insights into how school systems, and the nurses working in them, are promoting health equity in meaningful ways.

Table 9

Reliability of Scales from the Improving Health Equity Assessment

Scale Component	Number of Items	Cronbach's Alpha	Interpretation

Make Health Equity a Strategic Priority	7	.869	High internal consistency
Build Infrastructure to Support Health Equity	5	.832	Strong reliability
Address the Multiple Determinants of Health	6	.687	Acceptable, slightly below standard
Eliminate Racism and Other Forms of Oppression	4	.545	Low reliability, potential for refinement
Partner with the Community to Improve Health Equity	3	.821	Strong internal consistency
Full Assessment Tool (All Items Combined)	25	.928	Excellent reliability

Note. Cronbach's alpha values reflect the internal consistency of each scale used in the Improving Health Equity Assessment Tool. Values ≥ .70 are generally considered acceptable; values ≥ .80 indicate strong reliability (George & Mallery, 2019).

Presentation of the Findings

Findings are organized by research questions. For RQ1, descriptive and inferential analyses (ANOVA and *t*-tests) assessed how nurses evaluated health equity initiatives. For RQ2, subgroup comparisons and Likert-scale averages revealed insights into roles and system barriers. For RQ3, Pearson correlations explored leadership engagement and systemic partnerships.

Qualitative findings were presented thematically, aligned with research questions: (1) Leadership in Equity Advocacy, (2) Barriers to Equitable Practice, (3) Professional Development and Capacity Building, and (4) Post-Pandemic Priorities in Student Health. Quotes and illustrative examples captured participant voice.

Integration of the findings revealed convergence across both data sources, particularly around themes of leadership and under-resourced support structures. Divergence was noted between intrinsic commitment of nurses and limited systemic support. These mixed-methods insights reinforced the theoretical framing and pointed to key policy recommendations.

Inferential Statistics

This section presents the inferential statistical analyses conducted to address the three research questions exploring school nurses' perceptions, leadership, and roles in advancing health equity in New Jersey schools. The analyses include simple comparisons, ANOVA, and correlation tests that focus on important areas such as strategic priorities, planning efforts, leadership roles, training, data use, equity-related initiatives, and partnership strategies.

RQ1: Evaluation of Health Equity Efforts

School nurses' opinions on how much their district values health equity were examined using a one-way ANOVA based on the component "make health equity a strategic priority" (M = 11.90, SD = 6.91) to determine how school nurses evaluate health equity programs. Additionally, the respondents evaluated board communication on equity (M = 1.90, SD = 1.28), the use of stratified data (M = 1.80, SD = 1.14), and training opportunities (M = 2.14, SD = 1.24).

Respondents also rated items such as training opportunities (M = 2.14, SD = 1.24), the use of stratified data (M = 1.80, SD = 1.14), and board communication on equity (M = 1.90, SD = 1.28).

Table 10

Descriptive Statistics for Health Equity Assessment Variables (n = 104)

Variable	Mean	SD	Min	Max
Make Health Equity a Strategic Priority	11.9	6.91	0	35
Build Infrastructure to Support Health Equity	8.3	4.92	0	22
District-Level Programs for Health Equity	2.83	1.14	1	5
Training on Equity Practices	2.14	1.24	0	5
Stratified Data Use	1.8	1.14	0	5

Note. This table provides descriptive statistics for five variables assessing health equity efforts across school districts. Values represent participant responses on varying scales. The mean (M), standard deviation (SD), minimum (Min), and maximum (Max) scores are reported for each variable. All data are based on a sample size of 104.

RQ2: Optimizing the Roles and Responsibilities of Nurses

To examine how roles may be optimized, nurses responded to Likert-scale questions about compensation, staffing practices, and awareness. Results indicated relatively low scores in compensation ($M = 0.99$, SD = 1.10) and moderate support for staff awareness efforts ($M = 2.26$, SD = 1.19), suggesting room for improvement in structural support. Table 10 displays the descriptive statistics (mean and standard deviation) for four structural and staffing factors measured across 104 participants. The variables include compensation, hiring practices, staff awareness of equity, and district-level planning. These factors reflect organizational approaches and staff perceptions relevant to equity implementation within the district.

Table 11

Descriptive Statistics for Health Equity for Structure and Staffing Variables (n = 104)

Variable	Mean	SD
Compensation	0.99	1.1
Hiring Practices	1.37	1.4
Staff Awareness of Equity	2.26	1.19
District-Level Planning	1.61	1.26

Note. This table presents mean scores and standard deviations for health equity perceptions related to structural and staffing variables among 104 participants.

RQ3: Leadership Roles in Health Equity

Leadership variables were analyzed to assess how nurses engage in health equity leadership and what supports or hinders them. The study examined items such as “policy review” (M = 1.79, SD = 1.57), “dismantling racism” (M = 2.40, SD = 1.64), and “community partnership” (M = 7.38, SD = 3.17).

A Pearson correlation analysis was conducted to examine the strength and direction of the relationship between key variables. The results indicate how closely changes in one variable were associated with changes in another, helping identify meaningful patterns within the data. A Pearson correlation analysis indicated that when leaders were involved in policy review, it was linked to better communication with important partners (r = .38, p < .01) and a more positive view of board communication (r = .35, p < .01).

Table 12

Correlation Matrix: Leadership and Partnership Engagement

Variable	1	2	3
Policy Review	1.00		
Communication with Partners	.38	1.00	
Board Communication	.35	.42	1.00

Note. All correlations are significant at the p < .01 level, indicating statistically meaningful relationships among these variables in the context of leadership engagement.

Independent Samples *t*-tests

Separate samples *t*-tests based on responses to item Q27 (Do you hold a New Jersey School Nurse Certification?) were conducted to determine whether there were significant differences in school nurses' perceptions of health equity-related practices. This variable split the respondents into two separate groups (coded as 1.0 = Certified, 2.0 = Non-certified), and *t*-tests were used to compare the groups on important factors: district priority documentation, planning efforts, staff awareness, training, and team structure.

As shown in Table 13, no statistically significant differences were found between the two groups for any of the tested variables. This finding suggests that perceptions around health equity strategies were relatively consistent regardless of grouping on Q27.

Table 13

Group Comparison Certified vs Non-certified School Nurses on Health Equity Indicators

Variable	Certified Mean	Non-cert Mean	*T*	*p*	Certified Label	Non-cert Label
District Priority Documentation	2.24	1.71	1.28	0.213	2.0	1.0
Planning Efforts	1.6	1.65	-0.14	0.8914	2.0	1.0
Staff Awareness	2.26	2.18	0.27	0.79	2.0	1.0
Training	2.14	2.18	-0.11	0.9105	2.0	1.0
Team Structure	1.39	1.47	-0.2	0.84	2.0	1.0

Note. Table 13 shows group comparisons based on responses to Q27 regarding health equity indicators. Group 1 "Certified" (coded as 2.0) and Group 2 "Non-certified" (coded as 1.0) were

compared across five variables: priority documentation, planning, staff awareness, training, and team structure. Independent samples *t*-tests revealed no statistically significant differences between groups on any of the indicators ($p > .05$).

Compared to those without certification, school nurses with a New Jersey School Nurse Certification expressed greater levels of involvement in health equity initiatives. In particular, the Make Health Equity Strategy component mean score for certified nurses was higher ($M = 12.15$, SD = 6.64) than for non-certified nurses ($M = 10.65$, SD = 8.25). This finding suggests that certification may be associated with a greater emphasis on implementing strategies to advance health equity in school settings.

Table 14

Group Statistics for Health Equity Strategy Scale by Certification Status

Certification Status	N	Mean	Standard Deviation	Standard Error Mean
No	17	10.65	8.25	2.00
Yes	87	12.15	6.64	0.71

Note. Participants who held a New Jersey School Nurse Certification reported a higher mean score on the "make health equity strategy" component ($M = 12.15$, SD = 6.64) than those without certification ($M = 10.65$, SD = 8.25).

One-Way ANOVA Analyses

A one-way analysis of variance (ANOVA) was conducted to examine differences in perceptions of health equity among school nurses across several demographic variables, including school type, education level, years of experience, and grade levels served. The results indicated no statistically significant differences based on school type, [$F(1, 99) = 0.942$, $p = .423$, $\eta^2 = .018$], or education level, [$F(1, 99) = 1.172$, $p = .316$, $\eta^2 = .022$]. Similarly, no significant differences were found based on years of experience, [$F(1, 99) = 1.539$, $p = .209$, $\eta^2 = .029$].

However, a marginally significant difference was observed across grade levels served, [$F(1, 99) = 3.785$, $p = .026$, $\eta^2 = .071$]. This difference suggests that perceptions of health equity varied moderately depending on the academic level (elementary, middle, or high school) at which the school nurses were employed. The effect size ($\eta^2 = .071$) means that about 7.1% of the differences observed in the outcome can be explained by the variable being studied. According to Cohen's guidelines, a moderate effect on perception is identified, suggesting the relationship is meaningful but not large enough to be practically significant and worth paying attention to (Cohen, 1988). Specifically, nurses serving different grade levels exhibited meaningful differences in their evaluations of how infrastructure supports health equity within their schools, as measured by the "build infrastructure to support health equity" scale. This finding highlights the potential influence of student age groupings on school nurses' perceptions of equity initiatives and systemic support within educational settings.

These results suggest that while many demographic factors did not influence perceptions, the grade level context plays a meaningful role in shaping how school nurses perceive health equity efforts in their districts.

Table 15

One-Way ANOVA Results for Perceptions of Health Equity by Demographic Variables

Variable	F	P	η^2	Significant Difference
School Type	0.942	.423	.018	No
Education Level	1.172	.316	.022	No
Years of Experience	1.539	.209	.029	No
Grade Levels Served	3.785	.026	.071	Marginally

Note. Table 15 presents one-way ANOVA results examining differences in perceptions of health equity across various demographic variables.

Summary of Quantitative Results

Overall, the quantitative findings suggest a broadly shared understanding of health equity among New Jersey school nurses, as most demographic variables, such as school type, level of education, and years of experience, did not significantly influence perceptions. The only exception was grade level served, which showed a notable difference in one scale, indicating that student age groups may shape how equity challenges are experienced in practice. The only variable to show a notable difference across one scale was grade level served, suggesting that student age may shape how school nurses experience and respond to equity challenges. This

marginally significant result likely reflects the developmental needs of different age groups: elementary students often require more basic health support (e.g., immunizations, hygiene, and chronic condition management), while middle and high school students face more complex social and emotional challenges, including mental health, identity development, and access to reproductive health services. These differing needs may influence how school nurses prioritize and perceive equity-related demands in their practice.

At the same time, the data reveal considerable variability in how health equity initiatives are prioritized and supported across districts. While some nurses reported active engagement in strategic equity efforts, others cited barriers such as limited professional training, inadequate compensation, and minimal policy review or administrative backing. These disparities point to an urgent need for consistent statewide standards and formal leadership development programs to better equip school nurses to serve as frontline leaders in advancing health equity across educational settings.

Qualitative Data Analysis

Data Collection

Six school nurses from diverse New Jersey school districts participated in semi-structured interviews. The analysis focused on their leadership, interventions, barriers, and strategies to promote health equity.

Table 16

School Nurse Interview Participants by County

Participant ID	County	Grades Serviced
PK	Bergen County	Elementary
EN	Bergen County	Elementary
KAS	Camden County	Middle School
HC	Essex County	Elementary
SL	Hudson County	High School
KS	Monmouth County	Middle School

Note. County information provides contextual insight into the diverse geographic representation across New Jersey.

Thematic Analysis Approach

The qualitative data were analyzed using thematic analysis, a foundational method for identifying, analyzing, and interpreting patterns of meaning across a qualitative dataset (Braun & Clarke, 2006). The process followed Braun and Clarke's six-phase framework and was conducted manually, without the use of qualitative data analysis software. This approach allowed this researcher to remain closely engaged with the data, ensuring that the emerging themes were grounded in participants' authentic voices and experiences. By conducting each phase of the thematic analysis manually, I maintained continuous immersion in the data. This hands-on

approach enhanced analytical depth, promoted reflexivity, and ensured that the voices of participants remained central throughout the interpretive process

In *Phase 1: Familiarization with the data*, I transcribed all interviews verbatim and engaged in multiple close readings of each transcript. During this process, I recorded reflective notes and initial observations in the margins to develop a deep understanding of participants' narratives and begin recognizing recurring ideas and points of emphasis.

In Phase *2: Generating initial codes*, I manually highlighted significant statements, repeated concepts, and emotionally resonant language. These codes were annotated directly on printed transcripts and summarized in coding tables. An inductive, data-driven approach guided this process, allowing themes to emerge organically rather than being shaped by predefined categories.

Phase 3: Searching for themes involved reviewing the codes across all six participant transcripts and clustering related codes into broader thematic categories. To support this process, I created hand-drawn matrices and thematic charts that helped visually map the relationships and intersections among coded data. This step enabled me to explore cross-case connections and develop an initial thematic structure.

During *Phase 4: Reviewing themes*, I evaluated each provisional theme for internal consistency and clarity, ensuring they were both distinct and adequately supported by the data. Some themes were refined, combined, or expanded to include subthemes where appropriate. I returned to the original transcripts at this stage to confirm that each theme accurately reflected multiple participant perspectives.

In *Phase 5: Defining and naming themes*, I finalized the themes with clear, concise definitions and refined their labels to reflect both the content of the data and the theoretical framing of the study. Theme names were informed by participants' phrasing as well as key concepts from the HEPM and social justice leadership theory to ensure conceptual alignment.

Finally, *Phase 6: Producing the report* involved presenting the themes narratively in Chapter 5, supported by rich, illustrative quotes from participants. These findings were interpreted in light of the study's research questions, highlighting how school nurses perceive and enact leadership roles in advancing health equity within educational settings.

To further illustrate the key findings that emerged from the thematic analysis, Table 17 presents selected supporting quotations from participant interviews. These excerpts are categorized by the five primary themes: Leadership in Promoting Health Equity, Addressing Health Disparities through Targeted Interventions, Challenges in Resource Allocation and Infrastructure, Professional Development and Knowledge Sharing, and Post-Pandemic Shifts and Emerging Challenges. Each quote exemplifies the school nurses' lived experiences and underscores their roles as frontline practitioners and advocates for health equity. The participants' voices provide rich, contextual insight into the challenges and strategies that define school nursing within diverse and often underserved educational environments. The inclusion of these direct quotes serves to enhance the credibility and depth of the qualitative findings while honoring the participants' perspectives.

Table 17
Supporting Quotes from Participants for Key Research Findings

Theme	Participant	Supporting Quote
Leadership in Promoting Health Equity	KS	I implemented the program in our district, and now it's used districtwide. The Lions Club provides vision screenings and vouchers for glasses for families who lack insurance or resources.
Leadership in Promoting Health Equity	KAS	My big project was centered on birthdays. We would hold group birthday celebrations for all students with birthdays that month. The event included wellness activities like yoga, making fruit smoothies.
Leadership in Promoting Health Equity	PK	Collaboration is key, particularly with our guidance counselors and other support staff. We frequently receive "handle with care" notifications from the police department.
Leadership in Promoting Health Equity	SL	I initiated a clothing donation drive twice a year, in the fall and spring, to support students in need.
Leadership in Promoting Health Equity	EN	We invited community hospitals. These fairs provided services such as blood pressure and glucose screenings, vision tests, and more.
Leadership in Promoting Health Equity	HC	Information is disseminated in the home languages spoken by our families, such as materials from New Jersey Human Services.

Addressing Health Disparities	PK	I identified a transcribing error. Correcting this allowed the children to enroll and start school on time. I provided resources for local clinics offering free immunizations.
Addressing Health Disparities	SL	I contacted the parent to ensure re-enrollment and followed up until the issue was resolved.
Addressing Health Disparities	HC	I immediately informed the family of their legal rights regarding the 504 plan and initiated the process to secure a one-to-one nurse for the student.
Resource Allocation Challenges	KS	Our offices often feel like mini-ERs, managing G-tubes, catheters, and high-acuity cases with minimal resources.
Resource Allocation Challenges	EN	Being the only nurse for 532 students restricted EN's ability to implement equity-focused programs at scale.
Resource Allocation Challenges	KAS	We need more funding for school-based health clinics with rotating healthcare providers.
Professional Development	KS	I attend Bergen County School Nurse meetings and use the New Jersey School Nurse Facebook page to network and share resources.
Professional Development	PK	I frequently attend webinars, read updates from NASN, and consult resources from the CDC and AAP (American Academy of Pediatrics).

Professional Development	SL	I attend professional development sessions, including webinars offered by the New Jersey State School Nurse Association.
Professional Development	KAS	After earning my doctorate, I became a Certified Health Education Specialist.
Post-Pandemic Challenges	KS	COVID has shifted parents' attitudes about illness, with many now sending sick kids to school.
Post-Pandemic Challenges	PK	Visits to my office have increased by 30%, and many involve somatic complaints tied to stress or anxiety.
Post-Pandemic Challenges	SL	Balancing both requires triaging daily crises while implementing systems to address recurring issues.
Post-Pandemic Challenges	HC	Since the pandemic, I've emphasized hygiene, ensuring students wash their hands upon entering my office.

Note: This table presents selected verbatim quotes from participants that illustrate and support key research findings. These excerpts were chosen for their relevance and richness in conveying the lived experiences and professional insights of school nurses across the identified themes.

Qualitative Thematic Analysis

A qualitative thematic analysis of the interviews with six school nurses who work in different New Jersey school districts and settings is presented in this chapter. Examining how school nurses can act as leaders in advancing health equity is the aim of this study, especially in

institutions where students may experience socioeconomic difficulties. Four main themes that were in line with the research questions were identified using thematic analysis: (1) Leadership in Promoting Health Equity, (2) Addressing Specific Health Disparities, (3) Professional Development and Best Practices, and (4) Post-Pandemic Challenges and Balancing Priorities. Direct quotes from the interviewees are used to bolster the thorough discussion of these themes in each section.

Leadership in Promoting Health Equity

The first theme explores the proactive measures school nurses take to advocate for and implement health equity initiatives within their school communities. Across all interviews, it was evident that school nurses play a significant leadership role in addressing health disparities and ensuring that all students, regardless of socioeconomic status, have access to necessary healthcare services.

KAS highlighted her leadership through a unique initiative focused on ensuring equitable birthday celebrations in a district where "about 75% of the kids are on free and reduced lunch." She noticed that some families could afford birthday treats while others could not, leading to an inequitable environment. To address this, she partnered with a local company to "hold group birthday celebrations with activities like yoga, making fruit smoothies, and field trips to a local garden." This initiative not only fostered inclusivity but also introduced students to healthier lifestyle choices.

Similarly, HC, a school nurse in Essex County, emphasized the importance of providing families with community resources in their home language to eliminate barriers to access: "We prioritize ensuring families are aware of the available resources in the community. Information is

disseminated in the home languages spoken by our families, including materials from New Jersey Human Services." By doing so, she ensured that immigrant and low-income families were equipped with information on free dental care, vision services, food banks, and transportation options for medical appointments.

SL, who worked in a large high school of over 2,500 students in Hudson County, detailed how she and her team took proactive measures during the pandemic to support students who were struggling with remote learning: "We developed a phone list to check on students who weren't attending virtual classes or were falling behind." Additionally, her team "distributed COVID kits to families in need and provided additional support for students whose parents were frontline healthcare workers or unavailable due to illness." These direct quotes underscore the expanded role of school nurses in mitigating the effects of public health crises on vulnerable student populations.

EN, a school nurse with two decades of experience, shared that in her previous district, over 50% of students qualified for free or reduced lunch, prompting her to "organize annual health fairs with local hospitals and community organizations, offering screenings for vision, dental health, and chronic conditions." These initiatives, she stated, were "entirely school nurse driven," demonstrating the crucial leadership role nurses play in bridging gaps in healthcare access.

PK, who serves in northwest Bergen County, described how she ensures that immigrant students are not unfairly excluded from school due to documentation discrepancies: "A family with three children recently moved back to the US, and their immunization records appeared non-compliant," she explained. Through careful review, she identified a "transcribing error" and

corrected it, allowing the children to enroll on time while also connecting the family to local clinics for missing vaccinations.

KS, who works in a special education setting in lower Bergen County, introduced a districtwide vision screening program through the Lions Club to ensure that students with cognitive impairments and nonverbal disabilities had access to vision care: “The traditional Snellen chart doesn’t work for our students,” she explained, “The Lions Club uses a vision screener that captures the pupil within seconds, and we discovered that 33% of students required follow-up care.” Her advocacy resulted in permanent implementation of this screening across the district, ensuring that students with disabilities receive appropriate care.

Addressing Specific Health Disparities

The second theme centers on how school nurses proactively identify and intervene in specific health disparities affecting their student populations. Their interventions range from securing insurance for families to ensuring legal protections for children with chronic conditions.

HC shared a poignant example of how she identified a health disparity and immediately acted to address it: “On my very first day, I learned about a kindergarten student with diabetes who had been in preschool the previous year. His doctor had recommended a 504 accommodation, but it was never implemented.” Recognizing the urgency of the situation, she informed the family of their legal rights and successfully initiated the 504 Plan to secure a one-on-one nurse for the student. HC stated, “By addressing this need on the first day of school, we ensured the student’s safety and provided the family with a clearer understanding of their rights,” HC stated. SL also described an instance in which she assisted a student whose “insurance had lapsed, preventing them from getting necessary care.” She personally contacted the parent and

followed up until the issue was resolved, ensuring the student could receive essential medical treatment without interruption. KS reinforced the importance of targeted interventions, noting that "students with cognitive deficits or who are nonverbal often cannot articulate their health needs." Her work implementing vision screenings has "led to dozens of students receiving corrective lenses who otherwise wouldn't have been identified."

Professional Development and Best Practices

The third theme addresses how school nurses engage in ongoing education and apply new knowledge to enhance health equity initiatives. Many participants indicated that while formal professional development opportunities are limited, they actively seek out resources on their own. KAS noted that after earning her doctorate, she became a Certified Health Education Specialist and frequently "attends webinars and workshops related to public health, nursing, and school health." She stated, "I actively share what I learn with teachers, parents, and students," ensuring that evidence-based practices reach the broader school community. EN, currently pursuing a Masters on the Science of Nursing with a focus on school nursing, shared that she "subscribes to the NASN Journal of School Nursing and utilizes resources from the CDC and New Jersey Department of Health" to remain informed on best practices. PK highlighted the importance of collaboration, explaining that "our county meetings and online nurse networks have been critical for exchanging ideas and learning about available community resources." KS added that networking through "Bergen County School Nurse meetings and social media groups" has allowed her to implement new programs, such as the district-wide vision screening.

Post-Pandemic Challenges and Balancing Priorities

The fourth theme examines how school nurses have adapted their roles following the COVID-19 pandemic, balancing immediate healthcare needs with long-term health equity goals. KAS described how her team adjusted dental education programs by "transitioning them to virtual formats" during the pandemic to ensure continuity. HC emphasized that "handwashing and sanitation protocols have become routine," significantly reducing the spread of illnesses. SL detailed how she established a "CPR-certified Code Blue team" to enhance emergency preparedness, while EN shared that pandemic-driven partnerships with health departments have resulted in "ongoing collaborations that provide free health services to uninsured families." PK noted that "since the pandemic, visits to my office have increased by 30%, and many involve somatic complaints tied to stress or anxiety." Similarly, KS observed that "parents, exhausted by COVID-related quarantines, are now sending sick children to school more often," making it more challenging to contain illnesses.

Thematic Analysis and the Research Questions

Theme 1 aligns with RQ3 (In what ways do school nurses in New Jersey demonstrate leadership in advancing health equity, and what contextual factors support or constrain their efforts to address student health disparities?): Participants emphasized their role as advocates and change agents, often navigating institutional constraints to elevate student needs. Several nurses discussed initiating collaborations with local clinics, integrating SDOH into their case management, and challenging inequitable disciplinary practices affecting marginalized students.

Theme 2 aligns with RQ2 (In what ways can the roles and responsibilities of school nurses be leveraged to address health disparities among students and underscore nurses 'capacity as leaders in school-based social justice and health equity?): This theme reflects systemic and institutional obstacles, such as high student-to-nurse ratios, inadequate administrative support,

and fragmented communication with families. Nurses reported being overwhelmed by caseloads that limited their ability to provide preventive and equity-centered care. Participants also noted the lack of structured pathways for policy involvement, which hindered their ability to impact systemic inequities. The data highlights the need for structural reforms, including role clarity, better staffing, and integration into decision-making teams.

Theme 3 aligns with RQ1(In what ways do New Jersey school nurses assess current health equity initiatives within their districts, and what successes, challenges, and strategic approaches do they identify to advance dialogue and inform the development of a comprehensive school-based health equity framework?): Nurses consistently reported that limited training in cultural competence and health equity frameworks constrained their ability to enact meaningful change. Participants called for more robust professional development opportunities, including training in trauma-informed care, anti-racist education, and community partnership models. While participants recognized scattered successes within their districts, they expressed a desire for systematic and ongoing capacity building that would better align with the realities of diverse student needs.

Theme 4 is a cross-cutting theme that supports all research questions. The COVID-19 pandemic was identified as a catalyst for both increased visibility and unprecedented strain. Nurses described how the crisis amplified disparities, particularly in mental health and food insecurity, and forced innovation in telehealth and community outreach. Participants highlighted a shift in priorities post-pandemic, with a renewed focus on holistic and equity-oriented approaches to care. This theme intersects all three research questions by underscoring the changing nature of school health leadership amid ongoing public health challenges.

Together, these four themes form a cohesive narrative that underscores the complexity of the school nurse's role in advancing health equity. Each theme not only reinforces the mixed-methods findings but also highlights actionable areas for improvement in policy, training, and institutional support, aligning directly with the theoretical frameworks guiding this study.

The findings of this study illustrate the critical role of school nurses in promoting health equity. Their leadership extends beyond routine medical care to advocacy, professional development, and systemic change. Through proactive interventions, targeted resource allocation, and strategic community partnerships, school nurses address health disparities and ensure that students receive equitable healthcare access.

Chapter Summary

This chapter presented the results of a mixed-methods study examining how school nurses in New Jersey perceive and lead health equity efforts within educational settings. The findings combined quantitative survey data with qualitative interview insights, offering a comprehensive and layered understanding of equity-oriented school nursing practice. Statistical analyses revealed consistent patterns in how equity is prioritized and supported across districts, while thematic coding uncovered rich narratives of advocacy, barriers, and leadership strategies. Together, these results align with the School Nursing Practice Framework™, the HEPM, and social justice leadership theory. This qualitative analysis underscores the critical role of school nurses in advancing health equity within educational settings. The following themes that emerged from the interviews: leadership in promoting health equity, targeted interventions for health disparities, challenges in resource allocation, gaps in professional development, and the post-pandemic landscape, highlight both the strengths and limitations of current school health

systems. Addressing these challenges requires a multi-pronged approach, incorporating increased funding, policy reforms, interdisciplinary collaboration, and enhanced professional development. As the landscape of school health continues to evolve, it is imperative that policymakers and educational leaders recognize and support the indispensable contributions of school nurses in fostering equitable health outcomes for all students. The integrated analysis highlights how school nurses serve not only as frontline healthcare providers but also as systems-level change agents advancing equitable outcomes for students.

CHAPTER 5

DISCUSSION and CONCLUSION

Introduction

This chapter discusses the findings from the qualitative thematic analysis presented in Chapter 4, examining how school nurses in New Jersey serve as leaders in promoting health equity. The discussion is framed within existing empirical literature, highlighting how the study's findings align with, extend, or challenge prior research. The four main themes identified in the study (1) leadership in promoting health equity, (2) addressing specific health disparities, (3) professional development and best practices, and (4) post-pandemic challenges and balancing priorities, serve as the foundation for this discussion. The implications for policy, practice, and future research are also explored. The qualitative data analysis reveals that school nurses are essential stakeholders in promoting health equity, yet they face systemic barriers that hinder their capacity to address disparities effectively. The leadership strategies employed by participants, ranging from vision and dental screenings to mental health referrals and social services coordination, demonstrate the multifaceted role school nurses play in ensuring equitable healthcare access. However, these efforts are often constrained by resource limitations, staffing shortages, and inadequate professional development opportunities. The impact of the COVID-19 pandemic further underscores the need for systemic change, as school nurses navigate increased student needs with minimal institutional support.

This chapter also synthesizes the key results and findings of the mixed-methods study on school nurses' perceptions and practices regarding health equity in educational settings. It connects the results to the study's research questions and theoretical frameworks, explores

practical implications for nursing practice and policy, offers recommendations, and identifies areas for future research. The integration of quantitative trends and qualitative narratives provides a rich understanding of both systemic barriers and grassroots advocacy among school nurses.

The findings reinforce the nurses' role as frontline advocates, especially in addressing disparities faced by students from low-income, immigrant, and chronically ill populations. The nurses' actions, ranging from multilingual outreach to systems-level preparedness, extend the literature by showcasing them as proactive change agents. Quantitative data revealed consistencies in perceptions across settings, with one significant difference noted in infrastructure support by grade level.

These results align with existing literature emphasizing the school nurse's central role in equity (Dreibelbis et al., 2021). However, they extend this scholarship by portraying school nurses as community health strategists, capable of innovating within and beyond the clinical setting. Barriers such as insufficient administrative backing and fragmented professional development systems mirror prior research, yet this study uniquely highlights the self-directed, equity-driven leadership.

The conceptual model introduced here positions school nurses as agents who bridge clinical care, systemic advocacy, and culturally responsive practice. This model deepens current understanding of school nurses' transformative leadership, showing how they operationalize equity within complex educational ecosystems.

Quantitative Findings

Quantitative data revealed consistencies in perceptions across settings, with one marginally significant difference noted in infrastructure support by grade level. Grade level may have had a slight but meaningful impact on how school nurses addressed SDOH, particularly at the elementary level, due to the predominance of basic physiological and developmental needs among younger students (Best et al., 2020; Lineberry & Ickes, 2015a). Elementary-aged children are more dependent on adults for meeting essential needs such as nutrition, hygiene, immunizations, and routine healthcare. As a result, school nurses working with this age group are more likely to focus on interventions that address food insecurity, access to primary care, vaccination compliance, and basic hygiene education (Protheroe et al., 2018). In contrast, school nurses at the middle and high school levels are increasingly confronted with the social and emotional consequences of unmet SDOH, including mental health issues such as anxiety, depression, peer conflict, and academic stress (Stevens et al., 2020; Willgerodt et al., 2018). Adolescents also face more complex barriers related to identity development, social stigma, and risk behaviors, often requiring nurses to collaborate more intensively with mental health professionals and school counselors (Bergren et al., 2022). Therefore, the grade level may influence the nurse's approach: elementary nurses may operate as gatekeepers of foundational care and access, while those in higher grade levels function more as mental health triage responders and coordinators of support services (National Association of School Nurses [NASN], 2016). This developmental distinction likely explains why the impact of SDOH interventions may manifest differently across grade spans, with elementary settings emphasizing tangible basic needs and older grade levels requiring more nuanced socioemotional and psychological engagement (Shriberg et al., 2016).

Qualitative Findings

The qualitative findings illustrate that school nurses are at the forefront of health equity initiatives, taking proactive steps to mitigate disparities among socioeconomically disadvantaged students. Prior research underscores the role of school nurses as advocates for vulnerable populations (Maughan et al., 2017). The actions of the school nurses in this study align with the American Academy of Pediatrics (2021) guidelines, which emphasize the need for school-based interventions to reduce health disparities.

KAS's initiative in eliminating disparities in birthday celebrations by implementing monthly, health-focused group celebrations not only ensured inclusivity but also promoted healthy lifestyle choices. This initiative aligns with the research of Bradley and Green (2020), who argue that school-based health promotion interventions must address both physical health and social-emotional wellbeing. Additionally, HC's work in offering health resources in multiple languages backs up Flores' (2018) findings, which highlight the importance of culturally sensitive healthcare efforts to boost parental involvement and access to healthcare for minority groups.

Additionally, SL's role in supporting students during the COVID-19 pandemic, including distributing COVID-19 kits and checking on students at risk of academic disengagement, aligns with findings from Dreibelbis et al. (2021), which highlight how school nurses played a critical role in ensuring continuity of care and addressing SDOH during the pandemic. The evidence presented in this study reinforces the growing recognition of school nurses as primary health advocates who operate at the intersection of healthcare and education.

Addressing Specific Health Disparities

The study findings reveal that school nurses identify and intervene in specific health inequities that disproportionately affect students from low-income families, immigrant populations, and students with chronic health conditions. The role of school nurses as first-line responders in advocating for marginalized students aligns with research by Pufpaff et al. (2020), who found that school nurses often fill critical gaps in pediatric healthcare by facilitating early intervention and referral services.

HC's endeavors to obtain a 504 plan for a diabetic kindergarten student reflect the conclusions of Thornton et al. (2018), which highlight the importance of school nurses in safeguarding legal protections for children with chronic illnesses. SL's proactive follow-up to reinstate a student's lapsed health insurance underscores a prevalent structural barrier identified by Halfon and Hochstein (2018), wherein systemic delays in public health insurance disproportionately impact children from low-income families.

Additionally, KS's district-wide vision screening initiative tackles a significant health disparity for students with cognitive impairments who may lack the ability to self-report vision issues. This initiative corresponds with the Healthy People 2030 objective of enhancing vision screening accessibility for school-aged children (U.S. Department of Health and Human Services [HHS], 2021).

Although prior studies have examined health disparities related to chronic conditions, mental health, and nutrition, this study expands the scope by highlighting documentation-related barriers to school enrollment and underdiagnosed health conditions among students with disabilities. PK's experience in correcting immunization record discrepancies and providing

access to free immunization clinics underscores a critical yet underexplored barrier to school-based health equity.

Professional Development and Best Practices

A major theme in this study is the self-directed nature of school nurses' professional development. Despite the importance of ongoing training in school-based health interventions, the nurses in this study reported limited formal opportunities for professional development in health equity. This finding aligns with the NASN (2020) own advocacy for expanded training programs to help school nurses integrate evidence-based practices into their work. The nurses in this study all expressed interest in getting the professional development needed to help them be proactive health equity leaders.

Some participants sought this development out on their own, demonstrating their understanding of the need to continue their training. KAS's participation in Certified Health Education Specialist certification and public health webinars reinforces research by Green et al. (2019), which emphasizes the value of continuing education in population health. Similarly, EN's MSN coursework in school nursing and KS's peer networking strategies reflect findings from Johnson and Bergren (2021), who argue that school nurses must actively seek professional learning communities to stay current in their practice.

While previous literature supports continued training for school nurses, this study highlights systemic barriers to access. Many participants noted that district-sponsored training is scarce, requiring them to rely on external organizations and self-directed learning. This finding is consistent with Maughan et al. (2017), who found that school nurses face significant institutional barriers in securing professional development funding and administrative support. To better

serve their school communities, it is imperative that school nurses engage in regular professional development, especially programs focused on health equity.

Post-Pandemic Challenges

The study's findings reveal significant shifts in school nursing practices due to the COVID-19 pandemic. The increased focus on infection control, mental health, and absenteeism management aligns with research by Cooper et al. (2022), which discusses the expanded post-pandemic responsibilities of school nurses.

PK noticed that student visits went up by 30% because of stress-related issues, which backs up research by Ghandour et al. (2021) showing that kids in school are feeling more anxious, depressed, and having physical complaints after the pandemic. Similarly, KS's concerns about parental attitudes toward illness, specifically parents sending sick children to school due to economic constraints, echo findings from Anderson (2022), who emphasize the worsening intersection between economic insecurity and child health outcomes.

Existing research has traditionally positioned school nurses as supportive healthcare providers, but this study underscores their role as public health strategists in shaping post-pandemic school policies. SL's creation of a CPR-certified Code Blue team demonstrates a systems-level approach to ensuring emergency preparedness, aligning with the recommendations of the CDC (2021).

The findings of this study illustrate the critical role of school nurses in promoting health equity. Their leadership extends beyond routine medical care to advocacy, professional development, and systemic change. Through proactive interventions, targeted resource

allocation, and strategic community partnerships, school nurses address health disparities and ensure that students receive equitable healthcare access. These insights contribute to the growing discourse on optimizing the role of school nurses in addressing health disparities in diverse educational settings.

Addressing Research Questions

This mixed-methods study was designed to address three research questions centered on the role of school nurses in promoting health equity. The integration of quantitative trends and qualitative narratives yielded important insights that respond directly to each question.

Research Question 1

Research Question 1 asked, "In what ways do New Jersey school nurses assess current health equity initiatives within their districts, and what successes, challenges, and strategic approaches do they identify to advance dialogue and inform the development of a comprehensive school-based health equity framework?" The quantitative findings revealed that while perceptions of health equity were largely consistent across education levels, school types, and years of experience, a marginal difference emerged on the Build Infrastructure to Support Health Equity scale based on grade level served. This finding suggests that student age shapes how nurses experience equity challenges. Elementary nurses tend to address basic health needs, where equity efforts often focus on access to essential resources. In contrast, middle and high school nurses manage more complex social and emotional issues, such as mental health and identity development, which demand stronger infrastructure and administrative support. These distinctions help explain the observed variation and underscore the need to align equity strategies with the unique developmental needs of each educational level.

The qualitative findings revealed that school nurses employed creative, grassroots strategies to address health inequities within their school communities. These included inclusive celebrations to foster belonging among students from diverse backgrounds and the use of multilingual communication tools to bridge language barriers with families. Such approaches reflect nurses' capacity to respond adaptively to systemic gaps. Importantly, these actions highlight school nurses' awareness of institutional limitations while also demonstrating their ability to exercise localized, equity-driven leadership in the absence of formal support structures.

Research Question 2

Research Question 2 asked, "In what ways can the roles and responsibilities of school nurses be leveraged to address health disparities among students and underscore nurses' capacity as leaders in school-based social justice and health equity?". The quantitative findings identified areas needing support, particularly compensation, team structure, and leadership training. Interview data showed nurses were often self-directed in pursuing best practices, professional development, and community partnerships, despite facing structural barriers. These findings suggest that optimizing the role of the school nurse requires institutional recognition, dedicated funding, and ongoing professional development rooted in equity principles.

Research Question 3

Research Question 3 asked, "In what ways do school nurses in New Jersey demonstrate leadership in advancing health equity, and what contextual factors support or constrain their efforts to address student health disparities?". These findings reveal that school nurses often lead with creativity and persistence, launching district-wide vision screenings, establishing emergency teams, and navigating systemic healthcare access challenges. However, they face

barriers such as limited administrative buy-in and fragmented training opportunities. These findings reflect a high degree of personal commitment but insufficient systemic support, underscoring the need for structural policy and leadership changes. Overall, the study demonstrates that while school nurses possess the expertise and motivation to champion health equity, optimizing their impact requires sustained investment in policy, training, and collaborative infrastructure.

Interpretation of Findings Through Theoretical Frameworks

The study's findings are well aligned with the School Nursing Practice Framework™, which emphasizes holistic care, population health, and evidence-based practice. The HEPM underscores the role of structural and social determinants, factors consistently cited in both strands of data. Additionally, social justice leadership theory supports the view that nurses are engaging in transformative work despite lacking systemic support or policy empowerment. These frameworks collectively highlight that while personal commitment among nurses is high, institutional backing is still inadequate.

School Nursing Practice Framework™

The study's results strongly align with the School Nursing Practice Framework™, emphasizing holistic, student-centered care and the importance of addressing SDOH through evidence-based practice. School nurses consistently demonstrated their commitment to promoting equitable health outcomes despite systemic constraints, reflecting the framework's call for leadership in population health and collaborative engagement. Their ability to adapt and advocate for marginalized students highlights the framework's practical relevance in supporting school nurses' multifaceted roles in addressing disparities.

HEPM and Social Justice Leadership Theory

The findings also support the HEPM and social justice leadership theory, which emphasize addressing structural determinants and advocating for transformative change. Nurses cited barriers such as high student-to-nurse ratios, limited administrative support, and lack of policy influence, challenges directly linked to systemic inequities. Despite these obstacles, their leadership in equity-focused initiatives illustrates the enactment of social justice leadership, positioning nurses as change agents working beyond clinical care to dismantle structural barriers and advance health justice within schools.

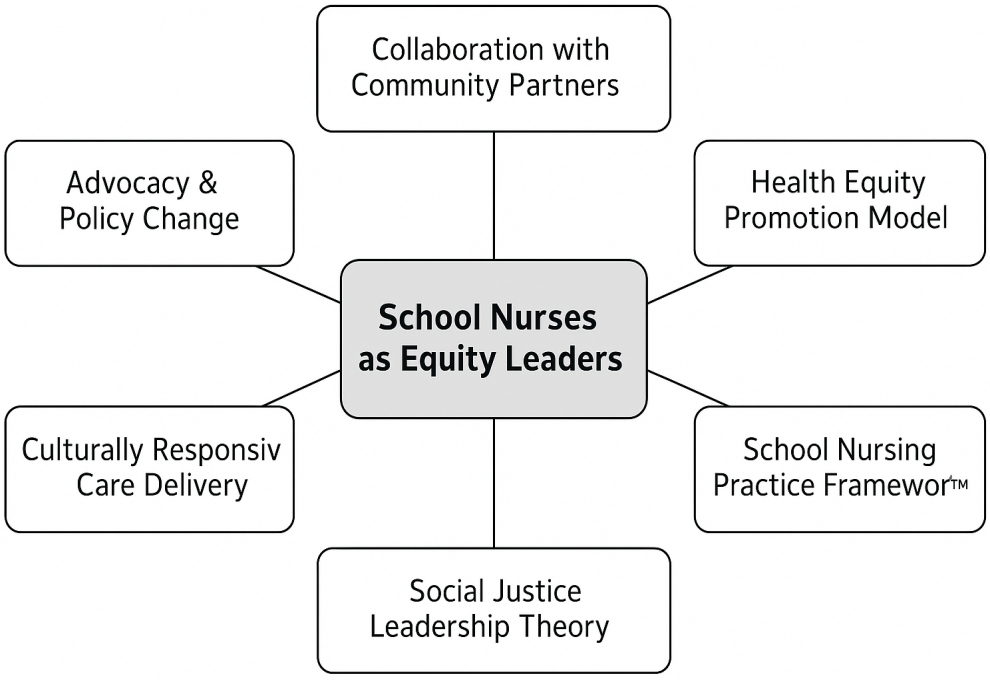
Preliminary Conceptual Model: School Nurses as Equity Leaders

The findings from this study lend themselves to the development of a preliminary conceptual model, "school nurses as health equity leaders," which illustrates the evolving and multifaceted role of school nurses as equity champions within educational settings. This model integrates three foundational theories: the School Nursing Practice Framework™, the HEPM, and social justice leadership theory, positioning school nurses as central figures in advancing health justice for students. At the heart of the model is the assertion school nurses operate at the intersection of clinical care, public health advocacy, and systemic reform. School nurses' leadership extends beyond direct service delivery to include culturally responsive care, inter-professional collaboration, and community engagement, positioning them as pivotal agents in advancing health equity within educational settings. This equity-centered leadership approach is grounded in evidence-based practice and informed by the lived realities of marginalized student populations. The model's structure emphasizes the interplay between individual nurse competencies, such as advocacy, assessment, and communication and institutional conditions,

including administrative support, policy access, and interagency partnerships. These elements converge to shape the school nurse's capacity to dismantle systemic barriers and promote inclusive, just educational health outcomes.

Figure 2

Preliminary Conceptual Model: School Nurses as Equity Leaders



Preliminary Conceptual Model: **Theoretical Implications**

This preliminary conceptual model illustrates the integrated leadership role of school nurses in promoting equity within educational and healthcare contexts. The central position of school nurses as equity leaders is supported by foundational frameworks including the HEPM,

School Nursing Practice Framework™, and social justice leadership theory. Additionally, practical leadership domains, such as culturally responsive care, advocacy, and community collaboration, demonstrate how school nurses operationalize these frameworks to address systemic health disparities.

The preliminary conceptual model integrates multiple theoretical constructs to position school nurses as critical agents of change in advancing health equity within educational settings. This model forms a comprehensive structure that frames school nurses not only as care providers but also as advocates and leaders addressing systemic inequities. At its core, the model emphasizes the interplay between direct care, public health advocacy, and systemic reform, highlighting the leadership role nurses play in navigating the SDOH that influence student outcomes.

By placing school nurses at the intersection of healthcare delivery and social justice, the preliminary conceptual model reflects a transformative vision where nurses utilize evidence-based practice, culturally responsive care, and community partnerships to reduce health disparities. Within this model, school nurses are empowered to assess inequities, build alliances, and initiate strategic actions to dismantle barriers such as inadequate access to care, institutional biases, and socio-economic constraints. This equity-centered approach aligns with broader public health goals and underscores the importance of interdisciplinary collaboration, policy advocacy, and leadership development in equipping school nurses to lead health equity efforts effectively in diverse and often under-resourced school communities.

The school nurses as equity leaders conceptual model provides a practical guide for integrating health equity, leadership, and systemic advocacy into school nursing practice. Its

applicability lies in helping nurses assess and respond to disparities through evidence-based care and collaborative strategies. The model is transferable across diverse educational settings, as its core elements, social justice leadership, culturally responsive practice, and interdisciplinary collaboration, address common equity challenges. For practice and policy, it offers a foundation for developing training, shaping school health protocols, and informing equity-centered reforms. It also presents opportunities for future research to explore its impact on school health outcomes and leadership effectiveness across varying contexts.

At the core of this model is the assertion that school nurses serve as frontline public health practitioners who operate at the nexus of education and healthcare. According to Maughan, Bobo, Butler, and Schantz (2016) school nurses are essential for identifying and addressing SDOH, including poverty, access to healthcare, and housing instability, which affect student wellbeing. By adopting an equity-oriented leadership approach, school nurses are empowered not only to provide clinical care but also to advocate for systemic change (Gratz et al., 2023).

Integration of Literature: School Nurses as Health Equity Leaders

The conceptual model developed in this study, School Nurses as Health Equity Leaders, draws directly on the theoretical and empirical literature reviewed in Chapter 2 to illustrate how school nurses serve as pivotal agents of change within educational health systems. As outlined in the literature, achieving health equity entails the removal of systemic barriers such as poverty and racism, and a lack of access to healthcare, education, and safe living conditions.

In Chapter 2 is was established that school nurses are uniquely situated within schools to observe, address, and act upon inequities that impact student health and learning. Maughan et al.

(2017) emphasized that school nurses both provide clinical care and act as frontline advocates who address broader social conditions influencing health. Their ability to identify disparities, particularly among marginalized groups, and respond with culturally competent, evidence-based interventions positions them as natural health equity leaders.

Willgerodt et al. (2018) and Best et al. (2018) further support this framework by emphasizing the school nurse's capacity to reduce disparities through chronic care management, resource navigation, and partnerships with families and communities. The preliminary conceptual model also incorporates the population health model (Kindig & Stoddart, 2003), acknowledging that school nurses work beyond individual care to influence systemic conditions by promoting prevention, education, and community health engagement.

Importantly, the preliminary model acknowledges the leadership competencies required to advance equity in complex school systems. As discussed in Cowell (2018), systems-thinking is essential to understanding how various institutional, policy, and social forces interact. Nurses, operating with both clinical and organizational insight, are increasingly expected to navigate and influence these systems. Thus, the preliminary conceptual model not only reflects existing literature but extends it by offering a structure for how school nurses operationalize equity through practice, integrating advocacy, culturally responsive care, inter-professional collaboration, and data-informed decision-making.

This preliminary conceptual model serves as a guide for identifying leverage points within school systems where nurse leaders can intervene to address inequities and build sustainable, equity-driven health initiatives. By integrating these sources into a unified framework, this model offers a practical and theoretical contribution that deepens the

understanding of school nurse leadership in health equity, a theme thoroughly supported by the literature reviewed in Chapter 2.

Preliminary Model Theoretical Frameworks

Health Equity Promotion Model (HEPM)

The HEPM (Bauer, 2014) underpins the model's emphasis on addressing both individual health behaviors and structural determinants. This model helps school nurses design interventions that consider environmental factors, such as racism, poverty, and housing, alongside individual behaviors, such as nutrition and exercise. Research shows that school nurses applying HEPM principles more effectively reduce disparities through upstream interventions (Maughan et al., 2017).

School Nursing Practice Framework™

Provided by the NASN (2020), this framework guides evidence-based, student-centered care that aligns with community needs. It promotes care coordination, health education, and leadership in health policy. Nurses who implement this framework are better positioned to collaborate across sectors and advocate for health equity (NASN, 2020).

Social Justice Leadership Theory

Theoharis (2007) posits that educational leaders must confront systemic inequities. In the nursing context, this theory supports school nurses in leading reforms, challenging discriminatory practices, and ensuring resource equity. Research indicates that nurses trained in

social justice leadership can influence policies that address disparities (Johnson & Maughan, 2018).

Integrating Qualitative Findings with the Preliminary Conceptual Model

The model, which blends the School Nursing Practice Framework™, the HEPM, and social justice leadership theory, asserts that school nurses are pivotal health equity leaders at the intersection of clinical care, public health advocacy, and systemic reform. The qualitative findings derived from the interviews affirm the model's theoretical propositions by linking lived nurse experiences with leadership, cultural competence, collaboration, and policy engagement in school settings.

School nurses exemplify culturally responsive clinical care aligned with the School Nursing Practice Framework™. Interviewees such as PK and SL actively advocated for underserved families, rectifying immunization errors and securing healthcare access. HC's multilingual outreach further underscores the model's emphasis on justice-oriented, culturally responsive care rooted in lived student realities.

Interprofessional collaboration emerged as a leadership strategy consistent with social justice leadership theory. PK's coordination with police and counselors, and EN's health fairs with hospitals, highlight the systems-level orientation of school nurse leadership in addressing SDOH and building community trust. Systemic reform advocacy aligns closely with the HEPM framework. Participants cited critical resource constraints, staffing shortages, and infrastructural inadequacies. KS's "mini-emergency room" anecdote and KAS's calls for rotating school-based clinics illustrate the institutional barriers and the policy-oriented responses required to overcome them. Professional development was identified as a gap area, reinforcing the need for structured,

equity-specific training. Despite their commitment, nurses reported relying on informal networks due to a lack of mandated continuing education units on equity, trauma-informed care, and cultural competence. This need directly informs the model's foundation in lifelong learning.

The COVID-19 pandemic introduced new challenges and opportunities, affirming the HEPM's emphasis on context-responsive health leadership. From stress-related illnesses and parental behavior shifts to new public health collaborations, participants demonstrated adaptive leadership vital for health equity in evolving school environments.

Table 18: *Synthesized Mapping of Qualitative Themes to the Preliminary Conceptual Model's Theoretical Domains.*

Qualitative Theme	Conceptual Domain	Theory Linkage
Clinical Care & Responsive Practice	Individual Competencies: Advocacy, Communication	School Nursing Practice Framework™
Interprofessional & Community Collaboration	Institutional Conditions: Interagency Partnerships	Social Justice Leadership Theory
Systemic Reform & Infrastructure Advocacy	Policy, Systems, and Equity-Centered Leadership	HEPM
Self-Directed Professional Development	Knowledge Systems & Lifelong Learning	All three frameworks
COVID-19-Informed Practice Shifts	Responsive, Adaptive, Equity Leadership	HEPM and Social Justice Leadership Theory

Note. This table maps emergent qualitative themes to the theoretical domains outlined in the preliminary conceptual model.

Culturally Responsive Care Delivery

Effective equity leadership demands cultural responsiveness in health services. Providing care that reflects the cultural, linguistic and social realities of diverse student populations reduces barriers to access and builds trust. As R. S. Valdez et al. (2020) argue, culturally tailored interventions result in more meaningful health outcomes for marginalized communities. The qualitative findings from this study reveal that school nurses are actively engaged in practices that reflect both culturally responsive care and a commitment to health equity, even when not explicitly labeled as such. Participants described numerous strategies, ranging from multilingual outreach and targeted screenings to collaborative interventions for immigrant families and students with chronic conditions, that demonstrate an awareness of and responsiveness to the unique sociocultural contexts of their student populations. These actions align closely with the dissertation's operational definition of culturally responsive care, which emphasizes affirming cultural identities, adapting communication strategies, and integrating students' lived experiences into health service delivery (Campinha-Bacote, 2011; NASN, 2020). Moreover, these interventions collectively advance health equity by mitigating the effects of SDOH and ensuring that all students, regardless of socioeconomic status, language, or background, have equitable access to care. By tailoring their approach to meet the cultural and structural needs of marginalized communities, school nurses emerge not only as healthcare providers but also as equity advocates, playing a critical role in dismantling barriers to educational and health-related opportunity (Anderson, L. J. W., Schaffer, M. A., Hiltz, C., Koru-Sengul, T., McDevitt, J., & Maughan, E. D., 2018). This dual role underscores the transformative potential of school nursing as a conduit for structural change, where culturally responsive practice becomes a lever for advancing both public health and social justice.

Advocacy and Policy Change

School nurses are increasingly recognized as key stakeholders in shaping school health policies. Their close, consistent contact with students positions them as firsthand observers of the physical, emotional, and social challenges that affect learning and development. This unique vantage point allows them to contribute critical insights that inform policy decisions at both the district and state levels (Schminkey et al., 2019). Beyond clinical duties, school nurses actively engage in advocacy efforts that address structural inequities in education and healthcare. For example, they lobby for equitable nurse-to-student staffing ratios that ensure adequate care for all students, advocate for the expansion of school-based mental health services, and call for the integration of the SDOH into health education curricula. Through partnerships with educators, public health officials, and policymakers, school nurses help design and implement policies that promote a more just and inclusive school environment. Their advocacy not only enhances individual student outcomes but also strengthens the broader systems that support youth health and wellbeing.

Collaboration with Community Partners

Partnerships with healthcare providers, nonprofits, and local agencies enhance the reach and impact of school-based health initiatives. These collaborations are crucial for addressing gaps in care, especially in under-resourced schools (Campbell et al., 2020). Such networks support wraparound services that extend beyond the school setting.

This preliminary conceptual model offers a holistic view of how school nurses enact leadership in equity. It synthesizes theoretical frameworks and practical strategies, highlighting

the nurse's role as an advocate, clinician, educator, and change agent. Grounded in research and policy guidance, the model reflects the growing expectation that school nurses not only care for students but also lead efforts to dismantle structural barriers to health equity.

This framework contributes new theoretical and practical insights to the field of school health by providing a visual and narrative structure that can be used to guide professional development, organizational planning, and future research. It also fills a gap in the literature by articulating how nurses translate abstract equity principles into concrete leadership practices within schools. As school systems face mounting challenges in health equity and student wellness, this conceptual model offers a timely and actionable guide for positioning school nurses as indispensable leaders in equity-driven reform.

Preliminary Conceptual Model Integration and Theoretical Advancement

The school nurses as health equity leaders preliminary conceptual model advances the literature by operationalizing school nursing as a leadership practice grounded in health equity, systemic advocacy, and culturally responsive care. It synthesizes key frameworks to define a comprehensive role for school nurses that extends beyond traditional clinical care into public health leadership.

Building on Bauer's (2014) HEPM, the model contextualizes health behaviors within broader structural factors such as poverty, racism, and housing. School nurses, as shown in Maughan, Bobo, Butler, and Schantz (2016) effectively apply these principles through upstream interventions that target SDOH. The preliminary model complements NASN's framework by emphasizing how care coordination must include cross-sector collaboration and policy advocacy,

enabling nurses to address both clinical needs and systemic inequities (NASN, 2020; Schminkey et al., 2019).

By integrating social justice leadership theory, the preliminary model affirms the capacity of school nurses to lead reforms and disrupt discriminatory practices (Theoharis, 2007; Johnson & Maughan, 2018). It also prioritizes culturally responsive care as a core equity strategy, echoing R. S. Valdez et al. (2020), who argue that tailored interventions improve trust and access in marginalized communities. Unlike existing models that treat equity as a supporting principle, this framework centers equity as both a goal and method of practice. It reinforces school nurses' role as system navigators, coalition builders, and equity advocates at both the school and policy level, building on but extending current theory to include dynamic, practice-based pathways to reform.

Recommendations for Future Research

To empirically substantiate the preliminary conceptual model, "school nurses as health equity leaders", future research should adopt methodologically rigorous approaches that explore the model's validity, transferability, and practical application across diverse educational settings. Given the multifaceted nature of the model, which integrates clinical, systemic, and leadership dimensions rooted in health equity and social justice, a combination of qualitative and mixed-methods designs is recommended.

One vital direction involves conducting multiple embedded case studies across demographically and geographically diverse school districts. These studies would provide contextual depth by examining how school nurses operationalize equity-centered leadership in environments with varying levels of institutional support, socioeconomic challenges, and

community partnerships. Using a multiple-case design would allow for cross-case analysis to assess how consistently the model's components manifest across settings and identify any divergent patterns.

Additionally, future research should include semi-structured interviews and focus groups with school nurses, administrators, students, and community partners. These qualitative methods would provide rich, nuanced data to explore how stakeholders perceive and experience the school nurse's leadership role in advancing health equity. Data collected through interviews could be thematically coded and then mapped onto the preliminary conceptual model to evaluate alignment with the model's constructs, namely advocacy, culturally responsive care, inter-professional collaboration, and systemic leadership.

To enhance generalizability, researchers might consider developing and piloting a survey instrument based on the preliminary conceptual model's key domains. This instrument could quantify school nurses' engagement in equity-related competencies and institutional conditions, providing a foundation for correlational or regression analyses across larger populations.

Longitudinal studies could also be valuable to assess how school nurses' roles evolve over time, particularly in response to policy reforms, professional development interventions, or public health crises. These studies would contribute to understanding the dynamic nature of equity leadership within schools and the sustainability of model-based practices. Finally, future inquiry should explore how the model informs outcomes not only in health equity but also in student academic success, school climate, and community trust. Integrating health data with educational metrics could yield comprehensive insight into how nurse-led equity strategies contribute to whole-child and whole-school outcomes.

Implications

The findings from this study have several important implications for policy, practice, and future research. From a policy perspective, state education departments should mandate professional development in health equity for school nurses to ensure they are equipped with the necessary knowledge and skills to address disparities. Additionally, policies should focus on expanding funding for school-based health clinics to mitigate chronic health disparities among students. In terms of practical applications, school districts should establish interdisciplinary teams that integrate social workers, public health specialists, and school nurses to provide comprehensive support for student health and wellbeing. Furthermore, the implementation of standardized protocols for health equity screening should be prioritized to ensure early identification and intervention for students experiencing health inequities.

Future research should explore the long-term impact of school nurse-led health initiatives on student health outcomes through longitudinal studies. Additionally, further research is needed to examine the role of school nurses in policy advocacy and system-level health equity interventions, highlighting their potential contributions to broader public health initiatives. This study reinforces the critical leadership role of school nurses in promoting health equity. The findings highlight the importance of proactive leadership, strategic interventions, and expanded professional development to optimize the impact of school nurses in addressing health disparities in diverse educational settings.

A key implication of these findings is the urgent need for increased investment in school nursing infrastructure. Expanding budgets, hiring additional nursing staff, and reinstating school-based health clinics would significantly enhance the ability of school nurses to provide

comprehensive, equity-centered care. Furthermore, the implementation of mandatory professional development programs on health equity and cultural competence would better equip school nurses to address the diverse needs of their student populations. Finally, policy reforms, such as expanding paid parental leave and enhancing interdisciplinary collaboration between school nurses, social workers, and mental health professionals, would help mitigate the socioeconomic barriers that contribute to health disparities.

Implications for Practice

The findings of this study illuminate significant opportunities to reframe the role of school nurses as equity-oriented public health leaders, necessitating shifts in both training and systemic collaboration at the school, district, and state levels. First, the data affirm the need for formalized, ongoing professional development programs for school nurses with a focus on health equity, policy advocacy, and culturally responsive care. Research has consistently shown that targeted training in these areas not only improves nurses' confidence in addressing structural health disparities but also enhances student health outcomes (Johnson & Maughan, 2018; Schminkey et al., 2019). Professional development efforts must extend beyond one-time workshops, incorporating sustained, reflective learning tied to credentialing or continuing education credits.

Second, practice frameworks should be expanded to include collaborative health equity teams within school systems. District leadership should institutionalize interdisciplinary teams that include school nurses, counselors, social workers, and community stakeholders. These teams would facilitate the coordination of wraparound services, improve early intervention strategies, and ensure that health equity is integrated into broader school reform initiatives (Campbell et al.,

2020). Importantly, school nurses must be granted dedicated planning time within their contractual responsibilities to participate meaningfully in these teams, reflecting a systemic investment in equity leadership capacity.

Third, the findings underscore the importance of elevating school nurses' voices in policy design. Given their unique frontline insights into students' physical and socio-emotional needs, school nurses are well positioned to inform district and state-level public health strategies. As demonstrated by Gratz et al. (2023), when school nurses are engaged in policymaking processes, schools adopt more comprehensive health equity approaches, including revised staffing ratios, targeted funding allocations, and culturally inclusive health curricula. State departments of education and public health should create advisory panels or fellowships that formally include school nurses in agenda-setting and policy evaluation efforts.

Collectively, these implications suggest a paradigm shift in which school nurses are not only seen as clinicians, but also as essential actors in educational equity systems. By embedding nurses into strategic planning and decision-making structures and equipping them with the requisite training, districts can leverage their expertise to more effectively address the root causes of health disparities within school communities.

Implications for Equity Policy at State and District Levels

Policymakers must prioritize the integration of health equity frameworks into state education and public health departments. This includes reducing student-to-nurse ratios, mandating health equity continuing education, and providing dedicated funding for school-based

public health initiatives. Legislation should also require transparent equity assessments and empower nurses to be part of compliance and oversight bodies.

This section provides an in-depth treatment of the implications for equity policy at both the state and district levels, grounded in the mixed-methods findings of the study titled *School Nurses as Social Justice Leaders: Advancing Health Equity in New Jersey Schools*. Drawing on the convergence of quantitative and qualitative results, the analysis underscores how school nurses can serve as transformative agents in systemic equity reform. These findings warrant a critical examination of current educational and public health policy, identifying pathways for effective policy alignment, resource distribution, and leadership development across administrative levels.

The data reveal a need for formal policy recognition of the role of school nurses as equity leaders. State departments of education and health must collaborate to institutionalize health equity responsibilities within school nurse job descriptions. Policies should mandate that school health services integrate equity-focused objectives, including the monitoring of SDOH, culturally competent care practices, and equity impact assessments for new initiatives. Over 60% of surveyed school nurses reported limited training in equity-related competencies. In response, the state should develop comprehensive, equity-centered professional development standards. Districts must implement recurring training sessions on implicit bias, trauma-informed care, and structural determinants of health, with certification or continuing education credits tied to participation. Districts should establish health equity dashboards to monitor progress in addressing disparities. These should include data on chronic illness prevalence, absenteeism rates by demographic groups, student referrals for mental health, and nurse-to-student ratios. Such transparency promotes community trust and fosters informed advocacy.

The mixed-methods findings revealed substantial disparities in funding and student access to care across New Jersey municipalities. These inequities underscore the urgent need for state policies that implement weighted funding formulas, considering both socioeconomic indicators and community health burdens. Districts with high poverty levels should be prioritized for targeted equity grants designed to support essential services such as school nurse staffing, telehealth implementation, and wraparound social support programs.

A recurring theme in participant responses was the need for updated state mandates concerning nurse-to-student ratios. Many advocated for alignment with the NASN recommendation of one nurse per 750 students (or lower in schools serving high-need populations). To ensure compliance, participants emphasized the importance of tying funding eligibility to adherence with such mandates.

Furthermore, the findings point to a broader need for systemic integration. Policies should not only mandate appropriate staffing levels but also promote cross-sector collaboration among school nurses, counselors, social workers, and external community partners. By incentivizing the formation of interdisciplinary service teams, state guidelines can help ensure more coordinated care through joint case reviews, comprehensive care planning, and shared accountability for student wellbeing outcomes. The study underscores the imperative to intentionally develop leadership capacity among school nurses who are committed to advancing health equity. Rather than viewing leadership as an incidental outcome of experience, the findings suggest that it must be actively cultivated through deliberate investment in professional growth. To this end, state agencies and academic institutions should collaborate to design robust initiatives that equip school nurses for broader influence. These may include competitive leadership fellowships that offer immersive learning experiences, structured mentorship

networks that foster peer-to-peer guidance and sustained professional support, and policy externships that expose nurses to the intricacies of education and public health policymaking. Such initiatives would not only enhance nurses' capacity to lead equity driven change but also position them as influential voices in shaping the future of school health at both the administrative and legislative levels.

Personal Implications

As a New Jersey Certified School Nurse, the findings of this study resonate deeply with my professional experiences, beliefs, and advocacy efforts. Engaging in this research was both an academic endeavor and a personal journey, affirming what I have long observed in practice: that school nurses are not simply providers of care but frontline leaders capable of advancing health equity within school systems.

The narratives shared by participants reflected the same systemic barriers, frustrations, and triumphs I have encountered throughout my career. Their voices echoed familiar tensions, between the call to lead and the lack of institutional recognition or structural support to do so. This research has deepened my understanding of how school nurses translate professional values into action and has sharpened my awareness of the invisible leadership roles we often assume in silence. In listening to their stories, I was reminded of my own: the late-night policy reviews, the battles for student access, and the relentless pursuit of equity despite limited resources.

Conducting this study has strengthened my resolve to advocate not only for the students serve, but also for the elevation of school nursing as a critical, equity-focused profession. It has also provided me with a language and framework, grounded in scholarship and data, to articulate the leadership potential embedded in our role. Moving forward, I intend to share these findings

with colleagues, administrators, and policy stakeholders to inform professional development, influence practice standards, and inspire other school nurses to embrace their identity as social justice leaders. In essence, this research has reaffirmed that school nurses in New Jersey and beyond deserve to be seen not only as caregivers but also as equity architects within our educational and public health ecosystems.

Limitations of the Mixed-Methods Research Study

This mixed-methods study exploring the role of New Jersey school nurses in promoting health equity is robust in its design, yet it is not without limitations. A primary limitation lies in its cross-sectional design. As highlighted by Johnson et al. (2020) and McCarthy et al. (2020), cross-sectional studies offer a snapshot of practices and perceptions at a single point in time, limiting the ability to assess how school nursing interventions influence long-term health or educational outcomes. The absence of longitudinal data restricts the ability to understand sustained impacts, making it difficult to track systemic change over time (Zhang et al., 2019).

Additionally, while the study utilizes a mixed-methods approach to capture both statistical trends and rich qualitative experiences, it remains limited in its generalizability. The sample, although diverse in geography and school setting, is confined to New Jersey. Geographic and demographic bias is a recurring limitation in school nursing research, with a tendency to overrepresent urban populations while neglecting rural and underserved areas (Jones & Johnson, 2018; Skelton & Jacobs, 2021). These biases may affect the applicability of the findings to broader national or international contexts.

Another limitation is the absence of a multidisciplinary framework within the study. Although the findings underscore the importance of cross-sector collaboration in promoting

health equity, the study does not incorporate the perspectives of other key stakeholders such as social workers, educators, or public health officials. Research by Bergren (2017a) and McClanahan et al. (2016) emphasizes that interdisciplinary models can enhance student outcomes, particularly in addressing complex mental health issues and systemic barriers. Without these perspectives, the study offers a nurse-centered view that, while critical, may miss opportunities for collaborative intervention.

Moreover, the study's reliance on self-reported survey data introduces the potential for response bias. Participants may have been more engaged or equity-minded than the general school nurse population, as noted in the reflexivity section. This self-selection bias could skew the findings toward more favorable assessments of equity practices. The evaluation of health equity interventions also presents a challenge. As Duran, Pérez-Stable, and Nápoles (2019) and Woolf et al. (2015) assert, many equity-focused interventions report overall health improvements without adequately determining whether disparities have actually narrowed. This study's tool, while reliable, does not explicitly evaluate disparity reduction as a distinct outcome.

Furthermore, while the qualitative data offer meaningful insights, the sample size of six interviews, although adequate for thematic saturation, limits the breadth of perspectives. Greater variation in professional roles and lived experiences might have uncovered additional themes or nuances in how school nurses engage with health equity.

To put it briefly, this study contributes important findings on school nurses' equity leadership but would benefit from longitudinal design, interdisciplinary integration, and expansion beyond a single state. These limitations inform future research directions and

underscore the complexity of operationalizing and evaluating equity within school health systems.

One notable limitation of this study stems from the dual positionality of the researcher as both a practicing school nurse and academic investigator. This insider role provided valuable contextual understanding and helped establish rapport with participants during qualitative interviews. However, such closeness to the subject matter also introduces the possibility of researcher bias, particularly confirmation bias, where interpretations might align with preexisting beliefs or professional commitments to health equity.

The risk of bias was mitigated through several strategies, including maintaining a reflexive journal to document assumptions and emotional responses, consulting peer debriefers for external validation, and grounding all analytic conclusions in the verbatim words of participants. Nevertheless, the dual insider-outsider stance required ongoing self-awareness and methodological vigilance to ensure credibility and transparency. While the researcher's experience enriched the interpretation of themes, it may also have limited the scope of perspectives considered, particularly if participant responses aligned with shared values or language. Readers should interpret the findings with this dual perspective in mind, acknowledging both the insights and potential partialities it may have introduced.

Recommendations

Based on the study's findings, several key recommendations are proposed: 1) develop standardized professional development modules on health equity for school nurses; 2) embed equity-focused leadership training in school nurse certification; 3) create school- and district-level equity teams including nurse leaders; 4) strengthen partnerships between schools and

community health providers to extend care reach; and 5) launch statewide policy campaigns highlighting the impact of nurse-led equity interventions.

This study affirms that school nurses are vital, yet underutilized, leaders in the pursuit of health equity in education. Their roles encompass much more than clinical care, they are advocates, strategists, and front-line responders to complex social determinants. By aligning systemic supports, policies, and training with their leadership potential, school nurses can advance a more just and health-literate generation of students.

Recommended Policy Changes

Policy development must prioritize the integration of health equity training and systemic support structures within both education and public health institutions. State-level mandates should require continuing education in equity-focused nursing, particularly in trauma-informed care, anti-racist practices, and culturally responsive pedagogy. Reducing student-to-nurse ratios is critical for ensuring that school nurses can offer more personalized care and assume leadership roles in equity advocacy. Moreover, dedicated funding should be allocated to establish and maintain SBHCs, especially in underserved districts, to ensure continuity of care and address SDOH at the school level.

Legislation must also require transparent and ongoing equity assessments at both the district and state levels. These assessments should include nurse participation in oversight and compliance processes to ensure that on-the-ground insights inform policy decisions. Districts should formalize the inclusion of school nurses in interdisciplinary health equity teams, giving them not just voice but also decision-making authority in shaping student wellness initiatives.

Equipping school nurses with structural support enhances their ability to serve as frontline advocates while institutionalizing health equity within school governance structures.

Recommended Future Research

Future research should examine the longitudinal impact of school nurse led equity initiatives on student health outcomes. Studies should incorporate both quantitative metrics, such as changes in chronic absenteeism, vaccination rates, or incident reports, and qualitative indicators such as student narratives or caregiver perceptions of care quality. A mixed-methods approach is particularly suited to capture the nuanced, community-embedded role of school nurses, as highlighted in this study. Long-term analyses can further validate the value of nurse-driven interventions and determine whether these efforts sustain positive effects across diverse educational contexts. Additionally, the interplay between district-level resources and nurse autonomy warrants further investigation to evaluate which structural conditions most effectively support nurse-led equity efforts.

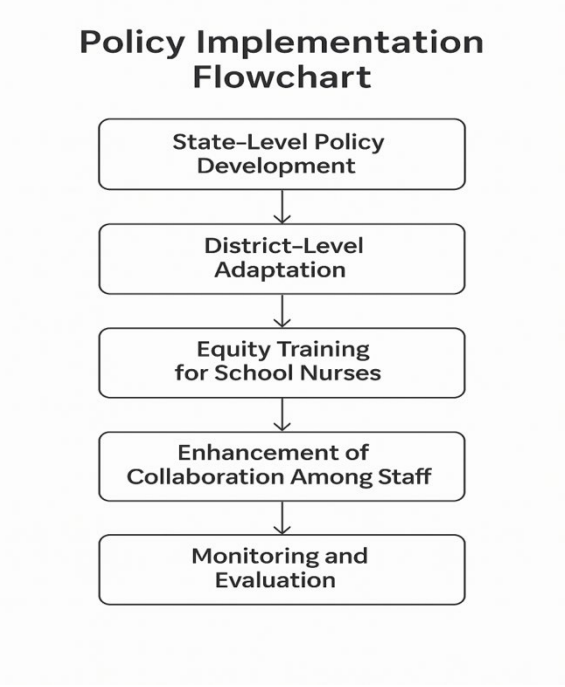
Future research employing a larger and more diverse sample size holds the potential to yield greater variability in quantitative outcomes, thereby enhancing the generalizability and robustness of findings. A broader participant pool would allow for a more nuanced exploration of patterns and differences across demographic variables such as geographic region, school district type (urban, suburban, and rural), years of nursing experience, and grade level assignment. Increased sample diversity could also illuminate underrepresented perspectives and subtle trends that may not emerge in smaller, homogenous samples. Furthermore, a larger dataset would improve the statistical power of analyses, allowing researchers to detect smaller effect sizes and interactions that may be obscured by limited sample variability. Such an expansion

could contribute to a more comprehensive understanding of how contextual, institutional, and individual-level factors influence school nurses' roles in addressing SDOH, ultimately guiding more tailored and equitable policy and practice recommendations.

Another area for exploration involves the role of school nurses in broader policy advocacy. While the present study documented strong grassroots leadership among nurses, few described formal avenues for influencing health or education policy. Research should investigate how nurses can be positioned as policy influencers, through school boards, public health coalitions, or legislative advisory panels. Studies should also assess the outcomes of interdisciplinary collaboration, particularly when school nurses are embedded in equity-focused teams involving social workers, educators, and community health agents. Evaluating the effect of these collaborations on student wellness, disciplinary rates, and school climate could illuminate new best practices for systems-level equity reform.

Figure 3

Policy Implementation Flowchart



Concluding Remarks and Reflections

As this study concludes, the story of Erica, a committed school nurse confronting systemic barriers while advocating for students such as David, continues to symbolize the lived reality of many school nurses across New Jersey. Erica's experience is emblematic of a broader struggle: the tension between unwavering commitment to student well-being and the structural inequities that constrain that commitment.

This research reveals that school nurses are not only ancillary health providers but also equity-oriented leaders embedded within educational ecosystems. Their capacity to identify health disparities, mobilize community resources, and advocate for vulnerable populations makes them indispensable agents of social justice, yet their potential remains underutilized due to insufficient training, limited administrative support, and policy fragmentation. To realize the promise of health equity, educational leaders, policymakers, and public health stakeholders must take decisive action: integrate health equity training into licensure requirements, ensure equitable nurse-to-student ratios, and embed nurses in policy development processes at the district and state levels. This research demonstrates that school nurses are already engaging in equity-focused leadership roles, yet face systemic barriers such as inconsistent training, limited influence in decision making, and understaffing.

The study's findings highlight strong professional commitment among nurses to address health disparities but also reveal a need for formal structural support. Therefore, integrating health equity training into licensure, improving nurse-to-student ratios, and involving nurses in policy development are evidence-based strategies to strengthen their capacity to lead systemic change and fulfill the broader goal of health equity in schools. It is time to move beyond rhetoric.

School nurses such as Erica are ready to lead. The question is whether systems will rise to meet them, or continue to leave them to lead alone.

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APPENDICIES

Appendix A: Passive Informed Consent for Surveys and Other Minimal Risk Studies

William Paterson University

Project Title: School Nursing Health Equity Survey

Principal Investigator: Dana Marie DeTrizio

Other Investigators:

Faculty Sponsor: Dr. Danielle Wallace

Faculty Sponsor Phone Number:

Department: Educational Leadership

Course Name and Number:

Protocol Approval Date:

IRB Contact Phone Number: 973-720-2852

This survey concerns school nurses perceptions on health equity. This doctoral research is being conducted to complete the investigator's dissertation. I understand that my participation is voluntary and I may stop completing the survey at any time and I do not have to answer any question(s) I choose not to answer.

The risks associated with my completing this survey are minimal and I accept them. Benefits of my participation in this study are supporting school nursing research on promoting health equity, a research priority of the National Association of School Nurses, and I accept them.

I understand that any data collected as part of this study will be stored in a safe and secure location, and that this data will be destroyed when this research is completed or when the data is no longer needed by the investigator.

I understand that I will be an anonymous participant in this study, that no one, including the investigators, will be able to connect my responses to me. I understand that my identity will not be revealed in any way through the way that data and findings are reported. To protect my identity, I will not include my name in any of my responses.

I understand that by providing consent for this study I am also providing consent for my anonymized responses to be included in datasets that may be used in the future the investigator of this study or other investigators for research related to the purpose of this research study.

By providing consent for this study I am confirming that I am at least 18 years old.

Consent:

If I do not want to complete this survey I will click “no” or click continue to complete another action that will take the subject out of the survey.

If I want to participate, I will click “yes” and clicks continue or to complete another action that will take the subject into the survey.

Appendix B: Active Informed Consent for Interviews and Other Minimal Risk Studies

William Paterson University

Project Title: School Nursing Health Equity Survey

Principal Investigator: Dana Marie DeTrizio

Other Investigators:

Faculty Sponsor: Dr. Danielle Wallace

Faculty Sponsor Phone Number:

Department: Educational Leadership

Course Name and Number:

Protocol Approval Date:

IRB Contact Phone Number: 973-720-2852

I have been asked to participate in a research study on school nurses impact on health equity. The purpose of this study will be to determine the perceived impact school nurses have on promoting health equity in schools within the sate of New Jersey. I understand that I will be asked to participate in a recorded zoom interview. I understand that my participation is entirely voluntary and I may end my participation in this research at any time.

Risks associated with my completing this interview are minimal and I accept them. Benefits of my participation in this study are supporting school nursing research on promoting health equity, a research priority of the National Association of School Nurses, and I accept them.

I understand that any data and recordings collected as part of this study will be stored in a safe and secure location, and that this data will be destroyed, when this research is completed. I understand that I will be audio-recorded and/or video-recorded and that these recordings will be destroyed when the research is completed. I understand that I will be photographed and that these images will be destroyed when the research is completed.

I understand that, as a participant in a focus group, I will not reveal what any of the other members of the group said or did during the focus group session.

I understand that my identity will be protected at all times and that my name will not be used without my separate written permission. I understand that the results of this study will not be reported in a way that would identify individual participants.

I understand that by providing consent for this study I am also providing consent for my anonymized responses to be included in datasets that may be used in the future the investigator of this study or other investigators for research related to the purpose of this research study.

If I have questions about this study, I may call the investigators Dana Marie DeTrizio or the other individuals listed in the heading of this document. If I have any questions or concerns about this research, my participation, the conduct of the investigators, or my rights as a research subject, I may contact the Institutional Review Board (IRB) at 973-720-2852 or by email to IRBAdministrator@wpunj.edu.

By signing this consent form, I am agreeing to participate in this research study.

Name of Subject Signature of Subject

Date:

Name of Investigator Signature of Investigator

Date:

Name of Witness Signature of Witness

Date:

Appendix C: Consent to Participate in a Qualitative Research Study

Study Title: *School Nurse Perspectives on Health Equity: A Qualitative Exploration*
Principal Investigator: Dana Marie DeTrizio
Institution: William Paterson University
Contact Information: detriziod@student.wpunj.edu

Dear Participant,

I invite you to participate in a research study that explores the experiences and perspectives of school nurses in promoting health equity in New Jersey schools. This study is part of my doctoral dissertation at William Paterson University. The information gathered will contribute to a more profound understanding of the challenges and strategies involved in fostering equitable health outcomes in school settings.

Purpose of the Study

This study aims to explore how school nurses address health equity, including their roles, experiences, and strategies to improve access and outcomes for all students.

What Participation Involves

Your participation will involve a semi-structured interview conducted via Zoom, lasting approximately 30 minutes. The interview will include open-ended questions about your professional lived experiences related to health equity. With your permission, the interview will be audio-recorded to ensure accurate analysis.

Voluntary Participation and Confidentiality

Participation is entirely voluntary, and you may withdraw at any time without penalty. All information you provide will be kept confidential and used solely for academic purposes. Identifiable details will be anonymized, and pseudonyms will be used to protect your identity. Recordings will be securely stored and destroyed upon study completion.

Potential Risks and Benefits

There are no anticipated risks associated with your participation. Your insights will contribute to research that may inform policies and practices aimed at improving health equity in schools.

Your Rights as a Participant

- You may decline to respond to any inquiry.
- You may exit the study at any moment.
- You will have the opportunity to assess and confirm your responses if necessary.

For inquiries regarding this study or your involvement, please reach out to me at detriziod@student.wpunj.edu or xxx-xxx-xxxx.

Informed Consent Document

Please indicate your agreement to participate in this study by replying to this email with the statement:

"I have read and understood the information provided about the study titled *School Nurse Perspectives on Health Equity: A Qualitative Examination.* I consent to participate in the study and agree to have the interview audio-recorded."

Thank you for your valuable contribution to this research.

Sincerely,

Dana Marie DeTrizio, Ed.D-C, RN, NCSN

Doctoral Candidate

William Paterson University

Appendix D: Recruitment for Research and Consent Letter

Research Study Recruitment Letter

Dear School Nurse,

My name is Dana Marie DeTrizio. I am a Nationally Board Certified and New Jersey State Certified School Nurse and a doctoral candidate at William Paterson University conducting my own doctoral research about school nursing interventions and strategies for health equity. I am seeking School Nurses working in New Jersey in both public and non-public schools (K-12) to participate in answering an online survey and participate in an interview on Zoom. You are invited to participate in this research study which entails your survey responses taking approximately 10 minutes to complete.

Please email me at detriziod@student.wpunj.edu with any inquiries. Thank you kindly for participating in our study.

Best regards,

Dana Marie DeTrizio, Ed.D-C, RN, NCSN (Principal Investigator)

Appendix E: Request for Permission to Adapt Health Equity Assessment Tool for New Jersey School Nurses Health Equity Research for Doctoral Study.

Dear IHI,

I am writing to request permission to adapt the enclosed Health Equity Assessment Tool for use in my doctoral research on health equity within New Jersey school districts, specifically as it applies to the roles and responsibilities of school nurses. The proposed modifications would focus on collecting individual responses from New Jersey State School Nurses in reference to their respective school districts, rather than from a group of senior health system leaders.

We would modify the original tool's instructions as follows to suit the specific school-based context:

Participants: Rather than a group of 3 to 8 senior leaders, this adapted version would engage potentially 1500 individual school nurses who hold comprehensive responsibility for health equity initiatives within their school communities. Each school nurse would complete the assessment independently, reflecting on their district's efforts to promote health equity.

Assessment Ratings: School nurses would rate each element within the five framework components on a 1-to-5 scale, indicating their district’s progress toward health equity. A “Do not know” option would remain to identify areas needing further information.

In this study, we will remove the comment section from the survey tool to facilitate the collection of quantitative data and streamline the analysis process. As part of an exploratory sequential mixed-methods design, the study will first implement a widespread electronic survey to collect quantitative data on health equity initiatives across New Jersey school districts.

Following this initial phase, six in-depth qualitative interviews will be conducted with school nurses who volunteer to provide a nuanced understanding of the survey findings. These interviews will enable volunteer participants to share specific examples, achievements, challenges, and insights on health equity initiatives within their districts, allowing the study to explore how these components are operationalized in the school environment in greater depth. This approach ensures that quantitative data can be efficiently analyzed and then enriched through qualitative inquiry, offering a comprehensive view of health equity practices in New Jersey school nursing.

Reflections on Results: In this collaborative assessment, the researcher will reflect on and identify shared areas of progress and opportunities for improvement across all participating New Jersey school nurses. By analyzing trends and common challenges in promoting health equity, the researcher will gain insight into the collective impact of school nursing on health equity throughout New Jersey. This reflection will aim to illuminate systemic strengths and highlight potential areas for statewide improvement.

Formulating Next Steps: The researcher will analyze the collective results from all participating nurses to support ongoing development in health equity efforts across New Jersey school districts. This analysis will focus on identifying common areas of variation or challenge, particularly in components showing little or no progress (ratings of 2 or 1). The study will also consider what steps may be required to achieve the highest level of progress (a rating of "5") in these key areas and identify any additional support, resources, or information needed to advance health equity initiatives effectively across districts. By examining these collective findings, the study aims to outline strategic next steps that can inform statewide efforts to strengthen health equity practices in school nursing.

Resource Review: The researcher will review the IHI guides associated with each framework component to identify potential next steps that align with the collective needs and priorities of New Jersey school communities. This review will help inform recommendations tailored to address the unique challenges and opportunities identified through the assessment, guiding strategic actions to support health equity initiatives within school nursing statewide.

The intention behind this adaptation is to inform the researcher about how school nurses understand and advance health equity within their local contexts, ultimately contributing to a more comprehensive analysis in the dissertation research.

Thank you for considering this request. Please tell me if any further information or clarification is needed.

Sincerely,

Dana Marie DeTrizio, Ed.D.-C, RN, NCSN

William Paterson University

detriziod@students.wpunj.edu

Appendix F: Improving Health Equity: Assessment Tool for Health Care Organizations
Source: Institute for Healthcare Improvement • ihi.org

IHI Framework Component: Make Health Equity a Strategic Priority
Assessment scale:
1 = No work in this element.
5 = The organization consistently executes on this element.

Health equity is articulated explicitly as a priority in key strategy documents (e.g., organizational strategic plan, fiscal plan, annual plan) and there is a clear case for how equity relates to the organization's mission, vision, and values.

1 2 3 4 5 Do not know

The organization has a plan for operationalizing the health equity strategy, tracking progress over time, and reviewing health equity data at the board, leadership, and team levels.

1 2 3 4 5 Do not know

The organization builds staff awareness, will, and skills to improve health equity.

1 2 3 4 5 Do not know

Senior leaders and the board regularly communicate the importance of health equity as a strategic priority to staff and empower staff at all levels to act on the vision.

1 2 3 4 5 Do not know

Executive compensation is tied to improving health equity processes and outcomes.

1 2 3 4 5 Do not know

Equity is a consideration in hiring decisions and improving health equity is part of senior leader job descriptions and responsibilities.

1 2 3 4 5 Do not know

Health equity is articulated as an explicit priority across business units.

1 2 3 4 5 Do not know

Comments (note examples, achievements, challenges, questions, next steps, key supporting documents, etc.)

IHI Framework Component: Build Infrastructure to Support Health Equity
Assessment scale:
1 = No work in this element.
5 = The organization consistently executes on this element.

The organization stratifies workforce data and patient data for key outcome measures by REaL (race, ethnicity, and language) factors to identify potential inequities.

1 2 3 4 5 Do not know

Data demonstrating health equity gaps (i.e., REaL-stratified workforce, patient experience, outcomes, and quality data) are shared transparently using data dashboards and communicated broadly to key audiences.

1 2 3 4 5 Do not know

People impacted by inequities are directly engaged as key partners in work to improve equity.

1 2 3 4 5 Do not know

Staff are trained to build their capability to improve health equity and to advance equity improvement work for which they are responsible.

1 2 3 4 5 Do not know

There is a clear institutional department/office with reliable funding that is responsible for improving health equity (beyond internal diversity and inclusion of our staff).

1 2 3 4 5 Do not know

IHI Framework Component: Address the Multiple Determinants of Health

Assessment scale:
1 = No work in this element.
5 = The organization consistently executes on this element.

The organization uses stratified data to identify clinical areas where inequities exist, has set aims to address major gaps, and is implementing efforts to close those gaps.

1 2 3 4 5 Do not know

The organization has a system in place to screen for social determinants of health and connect patients to services to support their social needs.

1 2 3 4 5 Do not know

The organization uses its economic power as a large employer in the community to pay employees a living wage.

1 2 3 4 5 Do not know

The organization uses its purchasing power to buy locally and procure supplies and services from women- and minority-owned businesses to promote economic development in the community.

1 2 3 4 5 Do not know

The organization creates programs for its employees and the community to promote health and healthy behavior changes.

1 2 3 4 5 Do not know

The organization makes financial investments in the community and sponsors improvements in surrounding neighborhoods by creating parks, walking trails, and community spaces.

1 2 3 4 5 Do not know

IHI Framework Component: Eliminate Racism and Other Forms of Oppression

Assessment scale:
1 = No work in this element.
5 = The organization consistently executes on this element.

The organization's leaders articulate the importance of addressing the health system's role in dismantling racism and other forms of oppression.

1 2 3 4 5 Do not know

Leadership provides formal opportunities for staff to engage in conversations about how racism and other forms of oppression impact their services, their lives, and their patients' lives.

1 2 3 4 5 Do not know

The organization reviews policies, practices, and norms in human resources, business units, clinical care, and other organizational areas to assess for potential inequitable impact on communities of color and other marginalized populations, and to redesign where needed.

1 2 3 4 5 Do not know

The organization accepts Medicaid and other health insurance that serve predominantly marginalized populations as it would other types of insurance.

1 2 3 4 5 Do not know

IHI Framework Component: Partner with the Community to Improve Health Equity

Assessment scale:
1 = No work in this element.
5 = The organization consistently executes on this element.

The organization partners with community-based organizations to address the social needs of patients and families.

1 2 3 4 5 Do not know

The organization works with its community partners to identify and invest in community development.

1 2 3 4 5 Do not know

The organization participates in community-based coalitions and has established reliable governance and systems for improving health equity, including shared decision making.

1 2 3 4 5 Do not know

Appendix G: School Nurse Health Equity Interview Questions

Question 1 Introduction: "As part of this qualitative exploration, we are interested in understanding how school nurses serve as leaders in promoting health equity, particularly in schools with students who may face socio-economic challenges. Your experiences in identifying and addressing health disparities within your school community provide valuable insights into the proactive role school nurses play in health leadership."

Question 1:

- "Can you share specific examples of how you, as a school nurse, have demonstrated leadership in promoting health equity within the school community, particularly for students facing socio-economic challenges? Can you describe a specific instance where you identified a health disparity within the student population and took proactive steps as a leader to address it, highlighting the outcomes of your intervention?"

Question 2 Introduction: "Another focus of this study is to understand how school nurses continually advance their knowledge and apply best practices to strengthen health equity initiatives. This question aims to explore your ongoing professional development and how you integrate updated research findings into your role as a leader in school health."

Question 2:

- "How do you stay informed about the latest research and best practices in addressing health disparities, and how do you integrate this knowledge into your leadership role to

continually enhance the health equity initiatives within the school setting? Can you share any professional development courses or training you have taken that specifically addressed health equity? How have those experiences influenced your approach to promoting health equity in your role?"

Question 3 Introduction: "The next set of questions is aimed at understanding your perspective on how the role of school nurses in New Jersey can be optimized to better address health disparities among students. This includes assessing how existing policies, resources, and school environments support or challenge your efforts in promoting health equity, as well as identifying potential areas for improvement."

Question 3:

- "How can the roles and responsibilities of New Jersey school nurses be optimized to address the specific health disparities faced by students and communities, particularly those from underserved or marginalized populations? In what ways do current resources, policies, and school environments either support or hinder your ability to effectively promote health equity? Additionally, what changes or additional support systems do you believe are necessary to enhance the capacity of school nurses to address these disparities comprehensively?"

Question 4 Introduction: "As we look at the evolving role of school nurses in a post-pandemic context, it's essential to understand the challenges and successes experienced by school nurses in balancing immediate healthcare needs with long-term health equity goals. This question focuses

on your strategies for managing these dual responsibilities and your perspective on any new challenges or opportunities that have emerged."

Question 4:

"How do you balance the immediate healthcare needs of students with your longer-term goals of promoting health equity within the school community? Have new challenges or opportunities emerged since the COVID-19 pandemic that has influenced your approach to balancing these priorities, and, if so, how have you adapted your leadership strategies in response?"

VITA

DANA MARIE DE TRIZIO

EDUCATION

August 2025 – Ed.D., Educational Leadership, School Nursing, William Paterson University

May 2020 – M.Ed., Educational Leadership, School Nursing, William Paterson University

May 2019 – Graduate Certificate, NJ School Nurse, William Paterson University

May 2003 – Nursing Diploma, Christ Hospital School of Nursing

May 2000 – BA, Art Therapy, New Jersey City University

PROFESSIONAL EXPERIENCE

Hoboken University Medical Center | Behavioral Health Nurse

Pediatric Psychiatric Unit (Feb 2022 – Present)

- Provided acute psychiatric care using trauma-informed approaches, resulting in improved patient outcomes and enhanced patient trust.
- Collaborated with multidisciplinary teams to create treatment plans, leading to more comprehensive and effective patient care.

South End Elementary School, Cedar Grove | NJ Certified School Nurse (Aug 2020– Present)

- Coordinated school-wide health services and safety protocols, ensuring a safe environment for students and staff.
- Managed communicable disease prevention and compliance, reducing the risk of outbreaks within the school community.

 Supervised student nurses and interns in school health rotations, enhancing their practical skills and knowledge.

Ramapo University School of Nursing | Nursing Clinical Partner (2022 – Present)

 Guided students in clinical rotations across community health settings.

 Created case simulations supporting clinical reasoning and care planning.

 Evaluated competencies using structured assessments and feedback.

Rutgers School of Nursing | School Nursing Preceptor (2021 – Present)

 Mentored graduate students in real-world school nursing practice.

 Developed modules on chronic disease and policy application.

Cedar Grove Public Schools | SEL Committee Member (2020 – Present)

 Contributed to SEL curriculum integration and wellness initiatives.

 Facilitated trauma-informed mental health training for educators.

Girl Scouts of Northern NJ, Lake Rickabear Camp Nurse (Jun 2018 – Jun 2021)

 Delivered health care and first aid in a day camp setting, ensuring campers well-being.

 Conducted screenings and ensured medication safety.

Butterflies Pediatric Hospice, Valley HealthCare | Pediatric Hospice RN (Jul 2017-Jul 2020)

 Delivered palliative care to enhance patient comfort and family support.

 Educated caregivers on home-based symptom management, reducing hospital visits.

Hoboken Catholic Academy | School Nurse & Health Educator (Aug 2016 – Jun 2020)

 Developed and implemented a school-based health curriculum using online platforms.

 Led wellness and safety initiatives to support students and families.

Rutgers School of Nursing -Child Health Unit | Clinical Nurse Coordinator (Dec 2010 – Jun 2016)

- Coordinated pediatric care for children in foster care with DCP&P.
- Trained DCP&P staff in trauma-informed pediatric protocols.

St. Joseph's Children's Hospital | Pediatric Staff Nurse (May 2004 – Jan 2013)

- Administered treatments, improving patient outcomes.
- Collaborated with families for compassionate, holistic care delivery.

CERTIFICATIONS & HONORS

- National Board Certification in School Nursing (2019)
- Social Emotional Learning Facilitator – NJDOE (2021)
- BLS Instructor – American Heart Association
- "Stop the Bleed" Instructor – NJ Homeland Security
- Kappa Delta Pi – Zeta Alpha Chapter (Int'l Honor Society in Education)

PROFESSIONAL MEMBERSHIPS

- National Association of School Nurses (NASN)
- American Nurses Association (ANA)
- New Jersey State School Nurses Association (NJSSNA)
- Bergen County School Nurses Association (BCSNA)