

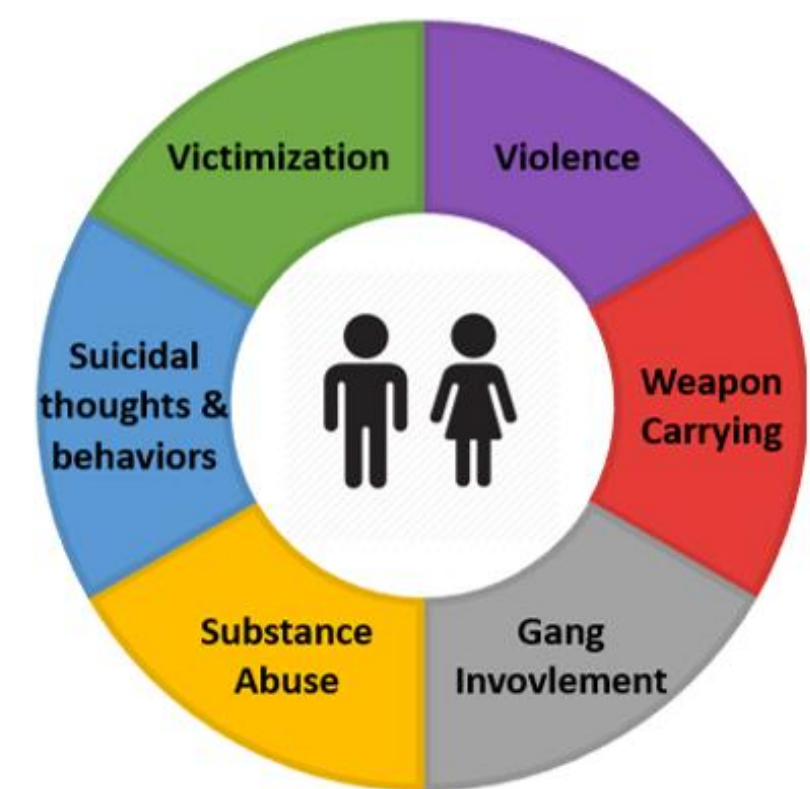
Cultural Competency to Identify Military-Connected Children (MCC)

Konstance C. Mackie, DNP, APRN, CPNP-PC, LCDR, USN

PROBLEM STATEMENT

- Military-connected children (MCC) face physical, psychological, and behavioral health issues secondary to parental military service and these are exacerbated if unrecognized in school settings.^{2,3,4,5}

Health Consequences



- Currently, there are 4 million MCC in the U.S.⁴
- 80% or 3.2 million are educated in public schools.¹

PROJECT PURPOSE

- Increase cultural competence of school nurses to identify and support military families in the school setting.
- Will implementation of *I Serve 2*© initiative increase cultural competency to identify military-connected children by school nurses in one of the largest school districts in West Central Florida?

MODEL/NURSING THEORY

- Translational Research Model used to integrate new knowledge and tools to improve health outcomes.

Donabedian Model



METHODS

- Subjects:** 25 public school nurse volunteer participants.
- Setting:** 30-minute presentation, via YouTube, to school nurses in a Large West Central Florida Independent School District.
- Instruments/Tools:**
 - Seven question pre and post-training surveys via Qualtrics.



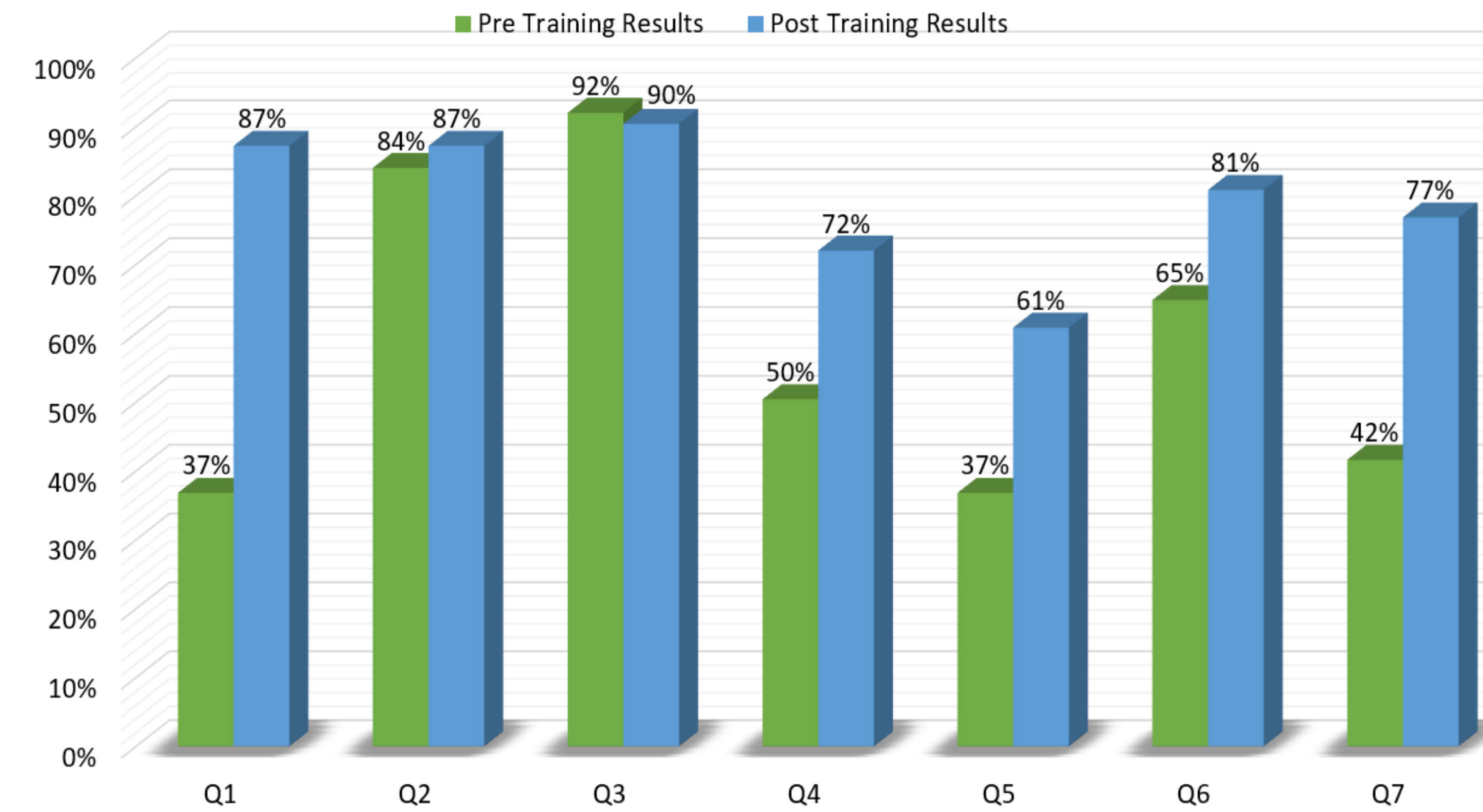
- Intervention and Data Collection**
- Participants were provided the link to pre-training survey, presentation, and post-training survey and were given approximately 2 weeks to complete all 3 steps.

RESULTS

Participant Demographics

Education:	School nurse experience:	Primarily work with:	Ever NASN member?	Veteran or close relative a veteran?
Associate degree: n=5 (20%)	0-2 years: n=7 (28%)	Elementary students: n=11 (40%)	No: n=18 (72%)	No: n=13 (52%)
Bachelor's degree: n=18 (72%)	3-5 years: n=5 (20%)	Middle school students: n=6 (24%)	Yes: n=7 (28%)	Yes: n=12 (42%)
Master's degree: n=2 (8%)	6-10 years: n=6 (24%)	High school students: n=8 (32%)		
	11+ years: n=7 (28%)			

Mean Percentages of Survey Scores



Survey Questions and Statistical Results

Question	Pre Training n=25	Post Training n=25	Two-tailed p value	Paired t-test
Q1-Pre: Before today, I have had formal training on providing culturally competent care to military members, veterans, and their families.	Mean: 1.84 Mean %: 37% SD: 1.05	Mean: 4.36 Mean %: 87% SD: 1.13	p < 0.0001 Statistically sig.	t = 11.2250
Q1-Post: Today's training has been useful with understanding culturally competent care for military members, veterans, and their families?				
Q2: It is important to identify military-connected children in the school clinic?	Mean: 4.2 Mean %: 84% SD: 0.69	Mean: 4.36 Mean %: 87% SD: 0.89	p = 0.2124 Not statistically sig.	t = 1.2810
Q3: Nurses should be aware of the healthcare needs of military-connected children?	Mean: 4.6 Mean %: 92% SD: 0.58	Mean: 4.52 Mean %: 90% SD: 0.87	p = 0.3273 Not statistically sig.	t = 1.000
Q4: I am confident identifying military-connected children in my schools?	Mean: 2.52 Mean %: 50% SD: 0.87	Mean: 3.60 Mean %: 72% SD: 0.87	p < 0.0001 Statistically sig.	t = 19.5025
Q5: I have a method to track military-connected children in my schools?	Mean: 1.84 Mean %: 37% SD: 0.85	Mean: 3.04 Mean %: 61% SD: 1.06	p < 0.0001 Statistically sig.	t = 14.6969
Q6: I am confident providing culturally competent care to military-connected children in the school clinic?	Mean: 3.24 Mean %: 65% SD: 1.05	Mean: 4.04 Mean %: 81% SD: 0.84	p < 0.0001 Statistically sig.	t = 9.7980
Q7: I am likely to ask – "Do you have a parent, sibling, or other family member who has ever served in the military?" during assessment?	Mean: 2.08 Mean %: 42% SD: 0.86	Mean: 3.84 Mean %: 77% SD: 0.94	p < 0.0001 Statistically sig.	t = 16.8320

DISCUSSION

- Clear statistically significant increase in scores in 5 out of 7 questions.
- Q2 & Q3: did not show increase in scores; addressed perceived importance with identification in school clinic and if nurses should be aware of the risks to MCC.
- Responses to Q2 & Q3 on both pre and post surveys= 84%-92% that it was important and nurses should be aware of the risks.

IMPLICATIONS FOR ADVANCED PRACTICE NURSING

- Cultural competence with MCC should be prioritized by schools and health care organizations to mitigate long-term health consequences.



SUSTAINABILITY

- Each participant was given electronic and hard copies of the *I Serve 2 Pocketcard*© and local resource handout for continued use.
- The presentation remains open on YouTube indefinitely for the district to continue training new employees.
- Plan to submit to National Association of School Nurses (NASN) for publication to encourage more wide-spread use of the *I Serve 2 Pocketcard*©.

REFERENCES

- American Association of School Administrators (n.d.) Fact sheet on the military child. Retrieved from <https://www.aasa.org/content.aspx?id=8998>
- Bello-Utu, C.F., & DeSocio, J.E. (2015). Military deployment & reintegration: A systematic review of child coping. *Journal of Child and Adolescent Psychiatric Nursing, 28*, 23-24. doi:10.1111/jcap.12099
- Estrada, J.N., Gilreath, T.D., Sanchez, C.Y., & Astor, R.A. (2017). Associations between school violence, military connection, & gang membership in California secondary schools. *American Journal of Orthopsychiatry, 87*, 443-451. doi: 10.1037/ort0000181.
- Huebner, C. R. (2019). Health and mental health needs of children in US military families. *Pediatrics, 143* (1), 1-15. <http://dx.doi.org.ezproxy.hsc.usf.edu/10.1542/peds.2018-3258>
- Rositer, A. G., Patrician, P. A., Banton, D. B., Dumas, M. A., Ling, C. G., Johnson, H. L., & Wilmoth, M.C. (2018). *I Serve 2: Identifying and caring for military children in civilian primary care settings. Journal of American Association of Nurse Practitioners, 30*, 614-618. doi:10.1097/jnx.0000000000000084

Cultural competence training is beneficial in aiding civilian public school nurses to identify military-connected children to mitigate long-term health risks.