Advocacy 101 on
Whole School, Whole Community,
Whole Child Model

American School Health Association

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About the American School Health Association

The American School Health Association (ASHA) seeks to transform all schools into places where every student is healthy and thriving. ASHA works across the nation to lead efforts to prioritize school-based approaches that promote lifelong health, build a community to support the whole child, and activate champions of school health.

ASHA is a multidisciplinary organization made up of health educators, physical educators, teachers, nurses, administrators, public health specialists, mental health professionals, nutritionists, researchers, and parents who work in a variety of settings including schools, school districts, higher education, nonprofit organizations, public health agencies, and state and federal government.

Vision Statement
ASHA envisions healthy students who learn and achieve in safe and healthy environments nurtured by caring adults functioning within coordinated school and community support systems.

Core Beliefs
ASHA's Core Beliefs in Action summarizes the five critical components of a healthy school environment designed to support PreK-12 students. ASHA supports student-centered, integrated, and collaborative approaches that address the needs of the whole child. ASHA believes the Whole School, Whole Community, Whole Child (WSCC) model is the best representation of a truly collaborative approach to health and learning. ASHA's Core Beliefs include:

- Health and learning are directly linked and essential to the development of healthy, resilient citizens.

- Schools are uniquely positioned to help students acquire healthy habits for a lifetime.

- A coordinated school health approach is the most effective and efficient means of promoting healthy citizens.

- School health professionals should be highly qualified and be able to use current theory and research to select and design effective health and education strategies.

- Schools should be safe, nurturing environments that facilitate learning for all.

Introduction to ASHA's Advocacy 101 on Whole School, Whole Community, Whole Child Model

ASHA developed this primer on advocacy so its members can learn strategies to become effective champions for school health at the local, state, or federal level. ASHA focuses on supporting a Whole School, Whole Community, Whole Child (WSCC) informed school, providing important considerations to be made in preparation of taking action. This resource provides ASHA members with examples and resources to support advocacy efforts. Together, ASHA, its members, and all healthy school champions are a strong voice for students, educators, families, and the broader school community.

What is Advocacy?

Advocacy is any action taken to support a cause, person, or proposal. Advocacy is an essential component to raising awareness, educating others, and driving change. For issues related to school health, it is important to promote best practices and the need for a whole school, whole community, and whole child approach to education. School health professionals and champions are the experts in the how and why WSCC can be implemented.

Advocacy is simply a way to educate others about a specific point of view, using facts or data and then encouraging them to support the issue. Many people equate advocacy with lobbying. Lobbying is indeed a form of advocacy, but the strategies of advocacy are much broader. In essence, "All lobbyists are advocates, but not all advocates are lobbyists." Examples of advocacy include, but are not limited to:

> **Contacting an elected official by email, mail, or in person**
> **Speaking at a school board meeting**
> **Meeting with school administrators**
> **Sharing information on social media platforms**
> **Attending a march or protest**
> **Participating in a committee or coalition whose mission is to bring about a specific change**

Some people hesitate to engage in any kind of advocacy due to their employer's policies and regulations. For example, government employees are typically prohibited from lobbying under certain circumstances. While everyone is allowed to engage in such activities *on their own time*, or outside of work, many understandably may feel reluctant to do so. This is where advocacy becomes critically important. School health experts in any setting can and should share research, best practices, and resources, and should serve as content experts. This is not only appropriate but crucial to the field!

Why is it Important to Become an Advocate?

If school health is important to you, then you can and should be an advocate. Students, educators, families, and communities count on ASHA and its members to educate others and make change. Decision makers at the local, state, and federal levels may not know or understand the extent to which students' social, emotional, mental, and physical health impact academic outcomes. Because of school health advocates, decision makers may learn why WSCC policies and practices support both student health and academic achievement. An advocate's passion and knowledge are invaluable.

Local, State, and Federal Advocacy

Important decisions impacting school health are made at the local, state, and federal levels. Advocacy at any level can have a big impact on the health and welfare of students, schools, and communities. It is important to understand the different processes, decision makers, and issues impacting school health at each level.

Local Advocacy: Local advocacy focuses on change at levels as personal as a department or school building, all the way up to city or county governments. Decision makers may include boards of education, administrators, city councils, county commissions, and boards of supervisors. Advocating in this manner is unique, as different stakeholders often live, work, and play in the same community. Local advocacy may start with one person who creates synergy and partnerships to advocate for change. Individuals may be supported in these efforts by local organizations, faith-based communities, parent and student groups, or professional organizations such as the local National Education Association or American Federation of Teachers affiliates. An example of local advocacy might be changes to the menu in a school cafeteria.

Read stories how advocates advanced school health issues at the local level.

State Advocacy: State advocacy efforts aim to change policies, regulations, and laws that impact an entire state. Advocacy at this level focuses on the state's legislature, administration, or agencies. Decision makers include state boards of health, state boards of education, secretaries or commissioners of state agencies, leadership of state assembly and senate, committee chairs in the legislature, and the governor. State advocacy efforts may be spearheaded by efforts at a local school district or be organized by a state-wide organization, coalition, or task force. Changes to health policy and laws may be supported by national organizations who have no direct role, but who guide or assist state-level advocacy efforts. An example of state-level advocacy might be the requirement for schools to train unlicensed delegates to administer certain emergency medications to students in distress.

Read stories how advocates advanced school health issues at the state level.

Federal Advocacy: Federal advocacy seeks to impact legislation, regulations, and programs at the national level. Decision makers include federal agencies' secretaries and administrators as well as their deputies, leaders of federal programs within an agency, leadership of the House of Representatives and Senate, chairs of congressional committees, and the President. Federal advocacy efforts are often conducted by organizations or partnerships focused on specific issues. Federal advocacy initiatives frequently focus on "big picture" issues such as funding for students with special needs or policies that ensure educational equity across states and districts.

Read stories how advocates advanced school health issues at the federal level.

Preparing to Advocate

Whether at the local, state, or federal level, consider the following basic steps.

What is the Goal?

What do you seek to achieve? This goal will likely be formulated by asking questions such as:

- What is the issue?
- Why is it an issue?
- Why is this important to me?
- Who will this impact?

> **An understanding of ASHA's Core Beliefs and the WSCC model (see Section VII) will also help you identify your goal.**

Keep in mind that the issue is distinct from the goal you seek to achieve. The issue is the subject matter you focus education efforts on or the problem or situation that you seek to rectify. The goal is the short term or long term result you seek to achieve on the issue. The goal should be specific, measurable, and realistic.

How Will Advocacy Efforts Achieve the Goal?

Determine the strategies you will utilize to most effectively gauge and gain support for your goal. Advocacy strategies may include participating in public stakeholder meetings, submitting public comment during rulemaking, meeting with school administrators or elected officials, and sharing information about the issue via social media, op-eds, and speaking opportunities.

When deciding how to advocate, consider the following:

- Find other individuals or organizations with whom you can work to achieve your goal. Examples of this include joining your school's parent teacher organization (PTO), finding

related volunteer opportunities, and seeking out or starting a group on social media devoted to your issue.

- Determine the appropriate decision maker, staff member, or governing body for the issue and seek ways to educate them about the importance of the issue. This could mean speaking at a school board meeting, writing your elected officials, or applying to provide testimony to a local council, state board of health, or federal congressional committee.

- Evaluate various opportunities to engage with local, state, and federal governments on your issue and select the one that would work best in a particular situation. For example, you might submit public comments, participate in public stakeholder meetings, or meet with public officials or their staff.

- Capitalize on opportunities to generate broader interest in your issue through the media. For example, write op-eds or editorials for the local newspaper and post articles and opinion pieces on social media.

What is the Primary Issue Being Addressed Through Advocacy Efforts?

Advocates must be well-versed in the issue, including knowing the history and past attempts to address it. Advocates must be able to provide data and facts about the issue that are relevant to the current context. Establish two or three key **talking points** on the issue and include the specific action you are seeking and the rationale for that action.

Section VII of this primer is on WSCC Resources to Support Advocacy Efforts. This section provides background on the WSCC model and resources to use to develop talking points on issues related to the WSCC model.

When researching the issue, consider the following:

- How do other stakeholders support the issue?

- How is the issue supported by science and research?

- What data supports the issue? Look at local, state, national, and international data. What data does not support the issue? Be prepared to have available other data that may be used to counter your arguments.

- How important is the issue in the context of current events?

CDC provides fact sheets and data tables supporting WSCC. These are valuables resources to identify facts and data for your talking points.

- What laws, regulations, or unwritten rules impact the issue? When and why were those laws or rules adopted? This information will provide important information on the history of the issue and why modification to a law, regulation or policy may be necessary.

- What examples of best practices can you provide? Be prepared to share experiences that clearly illustrate the need for best practices as well as stories of success resulting from adoption of the best practices. Share what other districts, municipalities, or states are doing to address the issue. Be careful—there is a difference between best practice, evidence-based practice, and research-based practice. The opposition may support current practice or traditional approaches that may not be "best" practices.

- Who supports the issue? Share if any leaders in the community, schools, organizations, state level, or federal level support the issue.

- Who opposes the issue? Why do they oppose it?

- How will the issue impact current requirements?

- What is the potential local, state, or federal budgetary impact?

- How does the business community view this issue? Does it have an economic impact?

- What local, county, state or federal news sources have published articles, op-eds, or editorials addressing the issue?

- What other organizations have published their position on the issue? For those where there is alignment on the issue, reach out to the organization and work to build a partnership.

- What other issues are related to this one that may help advance or derail your advocacy efforts? Consider if you need to align or distance the issue from other issues based on decision makers' support or opposition of the various issues.

Are Decisions on the Issue Made at the Local, State, or Federal Level?

Will your goal best be achieved at the local, state, or federal level? This will determine the advocacy strategies you use.

Here are a few examples:
- A curriculum issue may or may not be within a principal's locus of control. If not, you may need to take your advocacy efforts to the school district level. In some states, textbooks and curriculum are mandated by the state.

- A plan for safer streets may be the purview of a city planning commission or a county government.

- A goal to increase funding for mental health services for local school districts may require action by the state legislature.

- The U.S. Congress, the U.S. Department of Education, or a state's Department of Education may be the level of government to ensure local education agencies have flexibility on how they can use certain funding for school health programs.

What is the Process and Timeline Required to Achieve the Goal?

The strategies you use and the time it takes for action depends on your goal. Seeking a new law or state regulation, for example, requires significant time and broad support from a variety of stakeholders and decision makers, while seeking to increase funding for additional school nurses in your district requires a wholly different approach. It is important to understand the process and time required to achieve the end goal and the opportunities provided throughout the process to advocate on your issue. It is also important to remain flexible and consider alternative strategies if you cannot achieve the goal through the initial strategy. Be prepared to compromise, but don't tip your hand at the beginning of the discussion!

> **See Resources to learn more about legislative and regulatory processes.**

You may also seek ways to use the process to your advantage. For example, at the state or federal level, does the issue relate to other legislation being considered? Instead of needing a separate stand-alone bill, you may be able to offer an amendment to existing legislation that will move the issue more quickly. Another example of why it is important to understand the process is to know the best time to send advocacy communications to legislative committee members or legislative leaders, so the letters are timely and influential.

Processes and timelines also vary widely across levels.

Local: The bureaucratic maze is different across local governing bodies. Some of the local authorities and governing bodies include school principals, county offices of education, district administrators, and school boards. Navigating the policy adoption process for an individual school is different from a district, which is different still from a city, township, or county government. Typically, a school district's priorities and budget are decided by a local school board whose members are elected or appointed public officials. Developing and managing a positive relationship with the staff of the school board, even though it may be challenging at times, is vital to understanding and navigating through the policy adoption process.

State*:* Many state legislative websites explain how a bill becomes law. For the regulatory process, it may take a year or longer to approve new regulations. Some states have an elected or appointed board of education or board of governors that oversee the development and approval of regulations for the state education agency. Similarly, the state department of health may be governed by a board of health. In some jurisdictions, new rules must be published, discussed, amended, and discussed again before they can be "codified" or approved. State health and education agencies must make the process transparent and inform the public how to provide oral or written comments. While the individual responsible for the school health program may have some involvement in the development of the regulations, ultimately the approval process rests with the state board of education and/or the state commissioner/secretary of education. If you are unsure how the process works, attend an in-person or online board meeting to get a better sense of protocols and processes. The more you know about the agencies responsible for the issue, the more likely you are to get their attention.

Federal*:* These legislative and regulatory processes are similar in many ways to those at the state level. On the legislative front, identify a champion in the House of Representatives or Senate who is willing to lead the issue. Develop relationships with the staff leading school health issues for a Member of Congress to help advance the issue; the staff will advise the Member of Congress based on the information you provide them. The staff will help draft or advance legislation through the process. If legislation is not required, the staff will assist in other capacities like sending letters on the issue to the relevant federal agencies. A bill goes before a congressional committee that has jurisdiction. Key committees who typically lead the charge for health and education issues are the (1) U.S. Senate Committee on Health, Education, Labor, and Pensions; (2) U.S. House of Representatives Committee on Education and Labor; and (3) U.S. House of Representatives Committee on Energy and Commerce. After the committee approves, a bill will move to consideration and vote on the House or Senate floor. A bill has to pass both chambers before it goes to the President for signature.

On the regulatory front, federal agencies lead the implementation of laws passed by Congress. The agencies that lead on the majority of school health issues include the Department of Education, the Department of Health and Human Services, the Department of Agriculture, and the Environmental Protection Agency. Understand what actions the federal agency must take to implement the law, whether it be starting a program, conducting a study or rulemaking, or establishing a council. Consider what processes will be taken by the federal agency so you can engage with them. For example, during a rulemaking process, stakeholders can submit formal public comments to the agency.

Who are the Decision Makers? Who Influences the Decision Makers?

After identifying the process required to achieve the goal, identify the decision makers throughout the process. Consider how to engage with the decision makers to educate them on the issue, whether it be through an in-person meeting, electronic

Refer to the Local, State, and Federal Advocacy Section for a breakdown of decision makers by local, state, and federal levels.

communications, or drafting a letter to them. Identify who holds influence with the decision makers and consider how to work with them. Understand what the decision makers' priorities are and how the issue aligns with them. Think about what is needed to negotiate to get your issue considered. Understand the politics involved because politics will drive everything regardless of how important the issue may be.

What Partnerships Exist or Can Be Developed to Help Achieve the Goal?

Build a team and partnerships with purpose. Working with others who share the same interests and goals is important to attaining your goal. Coalitions of individuals and organizations are incredibly powerful and offer a strong, unified voice.

Consider these strategies:

- Seek ways to involve students, students' families, teachers, administrators, and/or local organizations.

- Identify local, state, or national organizations with expertise in the issue. Contact them to discuss how you can work together. Look for organizations that have published position papers, led communications on the issue, and conducted outreach with decision makers.

- Join organizations like ASHA who have expertise on the issue and align in your position. Membership in professional associations such as ASHA is a great way to find like-minded allies.

- Attend organizations' meetings and conferences to meet others who may share the same interests and ask to partner with them. Many organizations have a 'Day on the Hill' or advocacy days at the state capitol or in Washington, DC that provide a valuable opportunity to educate policymakers and advocate for the issue.

- Utilize social media to educate the public on the issue, gauge interest in the issue, and recruit people to your cause. When used appropriately, social media can be an effective way to educate and advocate on the issue. Use it is a way that is constructive and productive rather than destructive.

Local Partnerships: Talk to students' families, teachers, and administrators from multiple schools. Attend board and committee meetings to understand fiscal and policy priorities. Talk to local non-profit and government leaders. Consider creating a more formalized coalition and invite a diverse and inclusive group of community members to share their voice. A school health advisory council (sometimes called a school health advocacy coalition) is an effective way to discuss issues, formulate strategies, and garner support at the school building or district level. This approach can focus school improvement efforts on a WSCC-based approach that supports both health and learning.

State Partnerships: Register to attend a state school health conference and, if possible, submit a proposal to present at that conference on WSCC or a component of it. Speaking to a roomful of school and district administrators can go a long way toward identifying allies and learning about challenges to implementation. Similarly, attend coalition meetings and if one does not exist, create one and invite important players to the table. Build interest and support on the issue to help you achieve the goal.

Federal Partnerships: Contact ASHA to learn what it is doing to advocate on your issue. ASHA's Advocacy and Coalitions Committee participates in national coalitions and partnerships to promote WSCC and related issues. Ask if ASHA knows of other individuals or groups working on the same issue and ask to be connected. Volunteer to serve on ASHA's Advocacy and Coalitions Committee.

What Obstacles May Occur to Achieving the Goal?

You may experience resistance from individuals or groups. **Anticipate obstacles** so you can effectively navigate them and potentially build bridges to find common ground. Obstacles may include budgetary challenges, staffing, timing, competing priorities, or competing research. Find out where your opposition is getting their information and data. Try to understand their concerns or arguments so that you can effectively address their concerns and counter their arguments. Be prepared to offer solutions or compromises.

What Messaging is Needed to Support the Issue, Address Obstacles, and Achieve the Goal?

Consider and create a strategy on both *what* you communicate and *how* you communicate it. Your message may be in the form of emails, social media posts, op-eds, letter writing, or even conversation points to be brought up in a meeting. You may consider developing a memo or one-pager that communicates the main points. The message does not have to be perfect but getting people to think about the issue is a positive first step. Whenever possible, keep students front and center. Student voice can be a powerful change agent. Keep students as the "face" of the issue but be sure to follow state or local policies about student involvement.

For all communications, develop two or three **talking points** that identify the issue, why it is important, and why the policymaker or regulator should support it. These talking points will lend support to your argument and will help shape any discussion you have on the issue. Use talking points in any form of communication and in any meeting.

Stories about real people and consequences are powerful ways to promote action. Supply facts and use local case examples to help others better understand and, more importantly, empathize with your issue. Sharing a compelling, real example that articulates why the change is important will create a stronger chance of success.

If you meet with public officials or their staff, utilize a one-page handout to outline the important information and data. You may develop this handout or utilize ones created by partners, coalitions, and professional associations. The handout is a helpful resource to leave behind for public officials or their staff to use for reference. Before the meeting, anticipate what the public official or staffer may ask, so you are prepared when faced with the question. If you do not know the answer, say you will find out the answer and follow up with them within a few days. This is also a good way to stay in touch with them and continue to build the relationship.

If you are working with a group, organization, or coalition, determine the division of labor. Depending on the size and scope of your group, discuss leadership, roles and responsibilities. Potential roles and responsibilities include talking to the media, testifying or speaking on behalf of a group, communicating the message via social media, handling internal communication, identifying and building new partnerships, research, and management.

WSCC Resources to Support Advocacy Efforts

The WSCC model is the recommended framework by ASCD (formerly the Association for Supervision and Curriculum Development) and the Centers for Disease Control and Prevention (CDC) for addressing health in schools. The WSCC model is student-centered and emphasizes the critical role of the community in supporting the school, the connections between health and academic achievement, and the importance of coordinating evidence-based school policies, processes, and practices. ASHA believes the WSCC model is the best representation of a truly collaborative approach to health and learning. The WSCC model is most successful when policy, process, and practice aligns with the model.

Look at the websites of your state education and health agencies to see what Healthy Schools Resources are available.

The WSCC model has 10 components:

1. Physical Education & Physical Activity
2. Nutrition Environment & Services
3. Health Services
4. Counseling, Psychological, & Social Services
5. Social & Emotional Climate
6. Physical Environment
7. Employee Wellness
8. Family Engagement
9. Community Involvement
10. Health Education

Each of these components surround and lift up students so they can be healthy, safe, supported, engaged, and challenged in school. This is the essence of ensuring the needs of the whole child are met, allowing every student to thrive.

Engaging in advocacy does not have to take a lot of time. Check out this example of activities anyone can do to support healthy schools.

ADVOCACY IN ONE HOUR OR LESS: HEALTHY EATING AND PHYSICAL ACTIVITY*	
IN 15 SECONDS	Share an article or blog on social media about the impact of healthy eating and exercise on brain development
IN 30 SECONDS	Sign up for ASHA's School Health Action newsletter
IN ONE MINUTE	Check out CDC's Parents for Healthy Schools Resources
IN THREE MINUTES	Post healthy recipes on your school health website
IN FIVE MINUTES	Invite a nutritionist to speak to a school/parent group about healthy eating and exercise
IN TEN MINUTES	Write a letter or email to an elected official about the importance of regular physical activity for children, explaining why you care about the issue and asking for their support for school-based programs
IN 15 MINUTES	Create a flyer, pamphlet or poster on healthy eating to distribute at Back to-School Night
IN 30 MINUTES	Review the latest issues in child nutrition from reliable sources
IN 45 MINUTES	Meet with elected officials or school administrators about increased funding for school physical education programs
IN ONE HOUR	Write an op-ed or letter to the editor supporting healthy eating in schools and enlisting others to advocate for the issue

*Adapted from https://www.philabundance.org/wp-content/uploads/2018/05/AdvocacyToolkit_TOC_Final.pd

Take Action! Templates for Meetings, Letters, Social Media and Op-Eds

How to Schedule a Meeting

To set up a meeting with an elected official, regulator, or staff, contact their office via e-mail two to three weeks in advance of when you would like to meet. Use the request as a way to briefly introduce what you want to discuss so the office understands the purpose of the meeting but save your key talking points for the meeting. Follow up with a second email and phone call if you do not get a timely response. For a template of a meeting request email, consider the example below:

Subject:	Meeting Request – [Subject of Meeting] and [Name]
Salutation:	Dear [Insert Name of Staffer],
Body:	I hope this finds you well. I am a constituent from your district, and [background on you and role/expertise in school health]. I am writing to request a meeting with [name] on [date(s)] to discuss [issue].
	[Provide a couple sentences on the issue and purpose of the meeting.]
Closing:	Thank you for your consideration,
Signature:	[Your name]

How to Write a Letter to a Public Official

Writing a letter to a public official is an effective way to advocate and educate them about your issue and express why they should care and take action.

Here are a few considerations when writing a letter to public officials:

- Limit the letter to one to two pages in length.

- Be concise and persuasive.

- Use an active voice rather than passive voice.

- Establish your background or expertise on the issue.

- Be clear on what you are asking the public official to do.

- Focus on the issue. Lead with an ask followed by the strongest point on the issue. End with a strong summary of the argument and call to action.

- Use two or three talking points to help the reader understand the issue.

- Provide examples of how your issue applies to administrators, nurses, educators, students, or others.

- Send the letter to decision makers on the issue or your representative who can be a voice for you.

- Send the letter during a time when the issue is being discussed in the government, in the community, or in the media.

- Provide your contact information.

Here is a template of the body of a letter to a public official:

Opening Paragraph – Introduce the purpose for writing the letter, the issue, and the ask of the policymaker or regulator.

In the first or second paragraph – Establish your background and credibility on the issue to demonstrate why you know about the issue and why they should listen to you.

Supporting Paragraphs – Provide two or three supporting points and evidence to support each point. Provide examples that allow the public official to understand how the issue applies to administrators, nurses, educators, students, or others in the school health industry, particularly those who are in the public official's jurisdiction.

Final Paragraph – Summarize your issue and the task. Provide your contact information and thank the public official for their leadership, time, and consideration.

Check out these examples of letters sent to public officials to educate them about school health matters:

- ASHA's Letter to CDC leadership asking for prioritizing vaccine distribution for school personnel
- For more examples of ASHA advocacy visit Sign-Ons and Statements of Support

How to Use Social Media

Social media platforms such as Facebook, Twitter, and LinkedIn give parents, teachers, and school health advocates direct contact with local, state and federal leaders. If used properly, social media can be an effective way to educate and advocate on school health issues. Social media also provides a platform to influence public officials and a network to connect with the community and interested stakeholders.

Rules of Conduct

When using social media, always follow the rules of conduct:

- Be articulate, concise and professional in every social media post.
- Be aware of whether you should use your personal account or professional account to post information and understand the rules when using a professional account.
- Make sure that every post and any information that you share contributes to your overall education and advocacy efforts.
- Before posting information, know that the post may be permanent and may be available for a vast audience to view.

Social Media Platforms

Here is an overview of how you can use some of the top social media platforms.

1) **Facebook:** Facebook is a platform for individuals to connect with friends and followers. Follow ASHA on Facebook here.
   - Organize a group of individuals that support your issue through the "group" platforms that allows that group of individuals to communicate with each other.
   - Follow other people and groups to learn more about an issue or perspective, what others are doing, and to follow breaking news.
   - Post information on a school health issue. Posts may include news articles, blog entries, journal articles, data, announcements, event photos, videos or other information on the issue.
   - Use hashtags (#) on certain subject matters.

American School Health Association
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Erika's Lighthouse recently released a white paper titled "Integrating Mental Health into the Whole School, Whole Community, Whole Child (WSCC) Model for School Health".

"While physical and health education are a primary part of a school's curriculum, the mental health education piece must be addressed with equal importance. By incorporating depression education with suicide prevention and promoting good mental health, school districts are able to center around the whole c... See More

ERIKASLIGHTHOUSE.ORG
White Paper: Integrating Mental Health into the Whole School, Whole Community, Whole Child (WSCC) Model...

2) **Twitter:** Twitter is a platform to educate and advocate in 140 characters or less. Follow ASHA @ASHAnews.

- Tweet at (@) people or groups. The more you tweet, the more you can expand your follower base and expand your influence.
- Retweet others post and comment on their tweets. Use it as an opportunity to respectfully share your position, data and facts on an issue.
- Use hashtags (#) for certain subject matters.
- Follow other people and groups to learn more about an issue or perspective, what others are doing, and to follow breaking news.
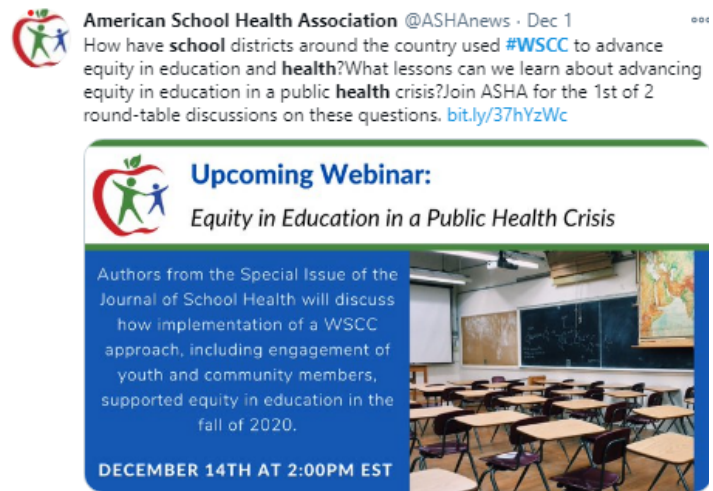
3) **LinkedIn:** LinkedIn is a platform designed for professional networking. Follow ASHA on LinkedIn here.

- Post information on a school health issue. Posts may include news articles, blog entries, journal articles, data, announcements, event photos, videos, or other information on the issue.
- Reference people, companies or groups using @ and their LinkedIn name.
- Follow other people, organizations, companies or groups to learn more about an issue or perspective and what others are doing.
- Use hashtags (#) for certain subject matters.
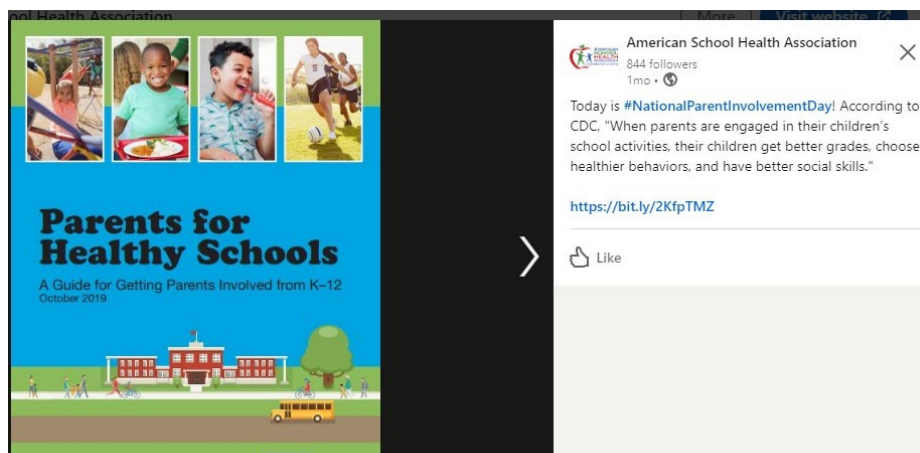
ASHA educates about getting parents engaged in their children's activities in this LinkedIn post on National Parent Involvement Day

Finding Members of Congress on Social Media

Visit the Senate website or House of Representatives website.

- Conduct a search using the Find Your Senators/Representative pull-down menu in the upper right corner (select your state and click Go).
- On the results page is a link to the Senators'/Representatives' website and contact information.
- Navigate to the Congress members' personal website to find links to their social media accounts, *usually indicated by the icon of the social media platform and often located in the upper or lower left or right corners of the website homepage.*

If you have a Twitter account and would like to communicate directly with members of Congress, CSPAN maintains an up-to-date list of members of Congress here.

How to Write an Op-Ed

Writing an op-ed or a letter to the editor is a strong way to educate the community and public officials. It can create or further a discussion about the issue and help increase support. It is a way to express the importance of the issue in a structured and well-thought-out manner.

Here are a few key considerations when writing an op-ed:

- Know the publication's requirements for op-eds.

- Determine if op-eds in support or opposition to the issue were previously published in the same publication.

- Limit the article to 500 - 800 words.

- Be concise and be persuasive, using short sentences and paragraphs.

- Use an active voice rather than passive voice.

- Focus on the issue. Use two or three talking points to help the reader understand the issue.

- Lead with the strongest point on the issue and end the op-ed with a strong summary of the argument.

- Tell the readers *why* they should care about your issue. Consider what you want the reader to think, feel, or do.

- Acknowledge those who may not agree with the issue or position.

- Timing of the op-ed is critical, so understand the timeline for publication. Try to link the issue to something that is happening in the news, in the government, or in the community.

Here is the structure of a typical op-ed:

Opening Paragraph – Establish the issue, your position, and why the reader should care.

Supporting Paragraphs – Provide two or three supporting points and evidence to support each point.

Qualifier Paragraph – Acknowledge the position of those who may not agree with you.

Final/Take-Away Paragraph – In a couple sentences, end the op-ed with a strong summary of the issue and why the reader should care and act.

Below is an example of an op-ed on school nurses' pivotal role in fighting childhood obesity:

School Nurses Serve a Pivotal Role in Fighting Childhood Obesity
By: Tonna J. Sotolongo

We have a childhood obesity problem. In our rural county, 21% of middle school children are obese versus 13% statewide. Our community would benefit from school nurses to help prevent and reduce the number of children who are overweight and obese. Currently, the Gilchrist county school system does not employ any school nurses.

Childhood obesity has reached epidemic proportions. Sadly, 19% of U.S. school aged children are obese, 15% are overweight and 7.7% are severely obese. It is even worse for children who live in rural communities. They are 26% more likely to be overweight than children who live in cities. Nutritious meals and regular exercise are important for children to grow and develop properly. There has been a national shift to eating foods which are high in sugar and calories. Regrettably, most of these foods are low in quality and do not provide many if any nutrients. Most children eat poorly, and few meet the 60 minutes of recommended daily exercise.

Obesity takes a toll on children's mental well-being. A study revealed that overweight children report they do not like themselves or their bodies, more often than normal weight children. Overweight children also report feeling down or depressed more often and may be victims of bullying and teasing. These mental challenges may make it difficult for children to focus while in school. Research has shown obese students are more likely to have lower grades and more school absences.

Overweight and obese children may develop health problems which last into adulthood and may lead to death at an earlier age. Some of these health problems include high blood pressure, high blood sugar, breathing problems, and high cholesterol. This cluster of problems along with obesity increases the risk of heart disease, heart attack, and stroke.

School nurses are well positioned to fight childhood obesity. They develop lasting relationships with students and families and are an ever-present cost-free resource which provide education and assistance for chronic health issues such as obesity. A recent study found that school nurses were effective in promoting healthy habits and preventing obesity. Prevention and treatment of obesity in childhood has long lasting health benefits for children throughout their lives.

As a nurse practitioner working with adults, I have witnessed first-hand the devastating consequences of obesity in adults. More patients than I care to remember have developed difficulties related to many years of high blood sugar. These difficulties include nerve damage, amputations of legs, blindness, and kidney failure. The continued worsening of high blood sugar caused some to have heart attacks and go on to develop heart failure which sadly cut their lives short. Prevention of such tragedy for our children is of utmost importance. Hiring school nurses would be one giant step toward ending this health crisis for our children.

Examples of Local, State and Federal Advocacy

Advocacy efforts at the local, state, and federal levels may involve the use of different strategies to attain success. Simply put, the closer the advocates are to the issue, the easier it is to gather information and support for an intended goal. At each level, advocates must navigate the various levels up the ladder in order to reach decision makers. In addition, bringing together partners to support an advocacy effort is more difficult when there may be competing interests involved.

The following three "stories" illustrate how advocacy strategies were used to implement changes at the local, state, and federal level. In some cases, the names of the individuals or school districts have been changed to ensure privacy, but each story is true and a reflection of advocacy efforts for one or more aspects of school health. Background information is included to provide a context for each scenario.

Local Advocacy: "Getting Johnny's Asthma Back on Track" and "Local and State Advocacy Supporting Physical Education Standards and Physical Educators"

Getting Johnny's Asthma Back on Track

Background: In this scenario, school health staffing decisions are made by the local board of education based on need and available resources. The local school district budget must

be approved by the state education department. The district must employ one or more certified school nurses (as defined by state education regulations) to deliver specific services required by statute and regulation. The state also requires local school districts to develop an annual plan for the delivery of those services based on the health needs of students in each school. The following scenario represents how ineffective planning on the part of the school district resulted in an incident that compromised a student's health and subsequently showcased the need for an additional school nurse in the district. It shows how parents and community members can successfully partner to improve the health and safety of students.

Johnny was a seven-year-old first grade student at Maple Elementary School in Trainville who loved baseball and puppies. He struggled to control his asthma, which had gotten worse this year despite changes to his medication. When the family moved to Trainville, Johnny's mother was glad that Maple Elementary School had a full-time school nurse, Ms. Jones, to help Johnny manage his asthma attacks. However, due to budget cuts, a school nurse position in the district was eliminated and Ms. Jones was assigned to provide care to students in a second school on the other side of town.

When Johnny had an asthma attack, Ms. Jones was often in the other building. When Ms. Jones couldn't come to Maple to care for Johnny right away, the school secretary called Johnny's mother and asked her to come to the school right away to administer his medication. The school secretary was not licensed or trained to administer the medication Johnny needs. Unfortunately, Johnny's mother worked more than an hour from the school and Johnny needed his emergency medication right away.

So, Ms. Jones hopped in her car and headed towards Maple. Large freight trains, sometimes carrying hazardous chemicals, traveled through Trainville, dividing the town in half. One of these trains might take an hour or more to go through the town. On this day, one of those very long trains stopped Ms. Jones from getting to Maple in a timely manner. When the school secretary could not reach Johnny's mother, she called the EMTs to transport Johnny to the local emergency room. After a short stay, Johnny returned home but his mother was frightened to send him back to school because she knew Ms. Jones would not always be there if Johnny needed care.

After the incident, Johnny's mother met with the principal who simply told her he could not hire a full-time nurse. He told her to speak with the district superintendent.   As often happens in small towns, word got out about the incident and when other parents in Trainville heard about the school nurse situation, they too were concerned for the health and safety of their children. Many parents attended a local board of education meeting where Johnny's mother spoke of the incident and her concerns. She told the board members that 1 in 12 children under the age of 18 have asthma. Other parents related how the school nurse had helped their children with other medical conditions such as diabetes. At the board meeting, the superintendent publicly offered to meet with the parents to discuss the situation.

During this time, many parents sent letters to Board of Education members, called them, or spoke with them at church and other community events. It became clear to the school district that it must hire a nurse to cover each building, especially due to the uncertain schedule of trains traveling through the town. In the end, the district found the money in its budget to hire a full-time school nurse for each building for the rest of the school year. Johnny's mother publicly thanked the district and the school board for their commitment to Johnny and other students with health conditions in the school.

Local and State Advocacy Supporting Physical Education Standards and Physical Educators

Background: In early 2009, the Indiana Department of Education issued Credit Flexibility for students. This allowed for a student to receive Physical Education (PE) credit for participating in athletics. The Illinois Association for Health, Physical Education, Recreation and Dance (IAHPERD) developed and implemented an advocacy strategy to ensure that PE standards were developed and adopted. Without such action at the state and local level, physical educators' jobs would be at stake.

In February, IAHPERD leadership met to discuss what action items individuals and the organization as a whole could do to assure the PE standards got taught. The next month, a group of IAHPERD members spoke at the Indiana State Board of Education, pointing out the damage that Credit Flexibility would do to physical education programming, and how it would be a disservice to Hoosier students especially in a state with high obesity rates. Once it was evident that the Indiana Board of Education was looking the other way and allowing one sport to count as a PE credit for graduation, IAHPERD began to develop a plan to help high school PE departments advocate with their principals and superintendents, as Indiana is a local choice state when it comes to decisions such as this. That group came together to develop a toolkit for PE departments to use in meetings at the district level to keep this from happening. The group also created best practices to consider as requirements for districts that decided they would allow for credit flexibility. This included requirements of the sports program to fully meet physical education standards, and other components to build a robustness, so a coach couldn't just sign off.

After these resources and guidance were created, IAHPERD hosted regional conferences where this session was included to educate and empower its members about the issue at hand, and how to work best within its constraints. The word got out and teachers started calling and emailing for one-on-one technical assistance throughout this process. While this was happening, IAHPERD also formed a subcommittee to write an end-of-course assessment that matched current PE standards. This ensured that if a student was participating in athletics as a replacement to physical education, they would still have to pass a written/skills test assessing physical education knowledge by the end of the semester. The group was able to work with and get approval from IDOE to post this exam on the website as a resource that would be available to all physical education teachers to access and use.

One of the active IAHPERD members throughout this process was able to take lessons learned and put them into action in her building/district. The district's superintendent wanted to follow the state's new credit flexibility but empowered a district committee to set up a program that was more rigorous than just completing one sport season. This teacher was proactive and with the support of her building principal informed her district of the importance and need for quality physical education. This action ensured all seven physical educators within her department kept their positions, as many other districts across the state were cutting staff as a result of this change.

Timeline

Date	Action/Event
Feb 2009	IDOE issued Credit Flexibility for students IAHPERD leadership gathered to discuss action items
March 2009	Group spoke at the Indiana State Board of Education
Spring 2009-Fall 2011	IAHPERD hosted regional workshops to assist schools across the state
Summer 2009	PE Credit Flexibility Course Assessment created and posted to IDOE
Fall 2009-Jan. 2010	Success: Credit Flexibility in the district was more robust and required all PE standards to be mastered. Success: Saving all high school PE positions at local district

State Advocacy: "Responding to a Pandemic" and "Advancing LGBTQ Policy in Michigan Schools"

Responding to a Pandemic

Background: In this scenario, a state organization identified an urgent need and successfully recruited the assistance of a legislator to address this need, creating a new school health champion and developing strong relationships with key officials and stakeholders. This is a good example of using a "tipping point" to move advocacy efforts quickly. In this case, the tipping point was the COVID pandemic and its impact on New Jersey's school districts.   At one time, the New Jersey Department of Education (NJDOE) employed a state school nurse consultant. The position lapsed due to funding and budget cuts, staffing changes, and attrition. The state school nursing consultant served as a bridge between health and education and provided information and services to the state's

584 school districts containing more than 2500 public schools. In the absence of a position at the NJDOE, the New Jersey State School Nurses Association (NJSSNA) attempted to meet the needs of its members by developing "Promoting Health and Learning: School Nursing Practice in New Jersey's Public Schools'' an electronic practice guide that addresses many of the state's statutory and regulatory school health requirements. However, when COVID-19 emerged, the NJDOE did not have the ready expertise of a school nursing consultant and thus called upon the NJSSNA to provide consultation. The association saw this as an opportunity to make the case for a permanent position at NJDOE. The following scenario was submitted by Eileen Gavin, MSN, FNP-BC, NCSN and Robin Cogan, MEd, RN, NCSN, NJSSNA Legislative Chairs and tells the story of NJSSNA's most recent advocacy efforts.

The challenges of COVID-19 are immeasurable but amid the uncertainty, there have been some absolute shining moments. The importance of school nursing has certainly been highlighted through this global pandemic. School nurses have stepped into the center of the chaos, canvassing their local and state decision-makers to include the voice of school nurses in developing policies and practices that support the safe reopening of schools. New Jersey is no exception.

Influencing public policy change can be difficult and complex, particularly for associations with limited recognized power and financial resources such as the volunteer-based New Jersey State School Nurses Association (NJSSNA). It took a global pandemic unlike anything seen in the past 100 years for NJSSNA to be tapped for its expertise by New Jersey's government officials. Since the virus turned the world upside down, NJSSNA was included in committee meetings lead by members of the New Jersey Legislature and the NJDOE. These meetings focused on the impact of COVID-19 on schools and planning for the return to classrooms across the state. The Senate Education Recovery Task Force, led by Senator Teresa Ruiz, was formed to address the barriers COVID-19 created for school districts across the state. The NJSSNA was asked to designate representatives to sit on this important workgroup.

Forty-four states have a school nursing leadership position at their respective Departments of Education (DOE) or Departments of Health (DOH). New Jersey was not one of them. For the past six years, school nursing was not represented at the NJDOE. While NJSSNA has been honored to fill the void in leadership, with the onset of this pandemic, New Jersey could no longer afford a decentralized approach to school health. The NJSSNA seized this opportunity to inform legislators and other stakeholders of this data and the significance of centralized school health leadership during the pandemic.

As a result, we were invited to present the most pressing health concerns to the task force. NJSSNA's comprehensive presentation concluded with the need for a State School Nurse Consultant employed by the NJDOE. Senator Ruiz not only took notice, she took action to fill a gap in school nurse leadership at the state level. Within a very brief period of time, Senator Ruiz crafted legislation to create the position of a State School Nurse Consultant at the NJDOE and secured more than ten sponsors for the

bill. It was supported in both the NJ State Senate and NJ State Assembly and passed with little opposition. Governor Phil Murphy signed the bill into law on September 14, 2020. Senator Ruiz's comments after the signing are representative of her role as a champion for school nursing and student health.

"I am grateful the Governor saw the value in this legislation. When the Education Recovery Taskforce met to discuss health and safety, the school nurses were clear about the need for a statewide school nurse consultant to streamline protocols and ensure uniformity around the state," said Senator Ruiz (D-Essex). "As schools reopen, our school nurses are more important than ever before in ensuring the health and wellbeing of our students. Strong lines of communication between the Department of Education, the Department of Health and our nurses on the ground is crucial. Beyond the COVID-19 pandemic, the consultant will help to strengthen our health programs and ensure all districts are meeting high-quality standards." (https://www.insidernj.com/press-release/ruiz-codey-bill-appoint-school-nurse-consultantbecomes-law/, September 14, 2020)

Even though the pandemic has wreaked havoc on New Jersey's communities, it created opportunities for the NJSSNA Legislative Committee to be recognized as advocates for school nursing and student health and enabled us to create new and powerful legislative partnerships. While the association has advocated for numerous bills in the past that address specific health needs, this broader outreach has enabled strong and ongoing working relationships with state policy makers. NJSSNA will continue to advocate for effective school nursing practices that support safe and healthy schools for every student and will create a strong relationship with the NJDOE's new state school nursing consultant.

Advancing LGBTQ Policy in Michigan Schools

Background: The Michigan State Board of Education (SBE) is an elected body that provides leadership and general supervision over all public education in the state. The SBE serves as the general planning and coordinating body for all public education. Over the years, the SBE has adopted model policies on a variety of health-related issues including but not limited to, coordinated school health, health education, bullying, and physical education. These policies do not have the "teeth" of law but provide best practice guidance to school districts.

To provide more context, Michigan's Elliott-Larsen Civil Rights Act does not provide protections for people based on sexual orientation, gender identity, and gender expression. As a result, residents can be fired or denied housing for being gay or transgender. With the enactment of state-level education policy, Michigan would be the first state to enact guidance when those same protections were not supported in the state's civil rights law.

This scenario illustrates how strong partnerships and the voice of a champion can support change. Laurie Bechhofer, Michigan's HIV/STD education consultant who shared this example, calls this scenario "When the door is closed, find a window."

It was December 2016 when John Austin, President of the Michigan State Board of Education (SBE), decided that the Board should develop a model policy to support LGBTQ students in schools. The policy would include recommendations for supporting LGBTQ students as well as specific guidance to support transgender and gender non-conforming students. Many states and local school districts were beginning to develop policy to address these issues.

It was critical that strong partnerships be developed to educate school and community leaders, educators, parents, and students about this issue. Because of the nature of this issue, buy-in from state level organizations was extremely important. Ultimately the following groups supported the guidance:

American Federation of Teachers Michigan
Michigan Association of School Administrators
Michigan Association of School Boards
Michigan Association of School Nurses
Michigan Association of School Psychologists
Michigan Association of School Social Workers
Michigan Association of Secondary School Principals
Michigan Coalition to End Domestic & Sexual Violence
Michigan Department of Civil Rights
Michigan Education Association
Michigan Elementary and Middle School Principals Association
Michigan High School Athletic Association
Michigan Parent Teacher Association
Michigan School Counselor Association
Michigan School Health Coordinators Association
Society of Health and Physical Educators (Michigan)

Others supporting the initiative included representatives from higher education, mental health providers, pediatricians, and various community organizations. Support was garnered from Title IX coordinators, special education, McKinney-Vento homeless education programs, early childhood educators, and even legal counsel and policy firms that support local school districts.

As with any policy issue, there were opponents including the Daily Caller, a conservative news and opinion website, and other similar media outlets. Some members of the Michigan Legislature opposed the policy while the SBE received thousands of comments, some opposing the policy from parents and religious groups.

Developing state-level policy and related guidance takes time, and in this case, it took nine months from inception to adoption by the SBE. During the nine-month period, it was vitally important to reach out to various statewide organizations, networks and key stakeholders to educate them about the need for the guidance and to gain their support. Two state-level meetings were held with three opportunities for public comment at SBE meetings and the public could comment on the MDE website. Many discussions were held with key stakeholder groups, especially as part of meetings held in January and June. Others (e.g., law firms) had even greater involvement, reviewing drafts to ensure they were legally sound. All comments and feedback were documented with a final presentation to the SBE in September 2017. Critical to this process, the SBE president worked behind the scenes with critical lobbies to develop support and ensure the votes necessary for final passage of the policy.

Below is a timeline of the events and activities leading up to the SBE's adoption of the policy.

Date	Action/Event
January 28, 2016	First stakeholder review meeting
March 8, 2016	LGBTQ Guidance Presentation to State Board of Education
March 9, 2016	Public comment officially begins (online, email, phone, fax, mail)
April 12, 2016	Public comment at State Board of Education meeting
May 10, 2016	Public comment at State Board of Education meeting
May 11, 2016	Public comment officially ends
June 2016	Review and coding of public comment
June 30, 2016	Second stakeholder review meeting
July & August 2016	Final updates to guidance based on public comment, stakeholder review, US Departments of Education & Justice, Federal Court rulings
September 14, 2016	Updated LGBTQ Guidance Presentation to State Board of Education

Adoption of the policy was not without controversy. On March 21, 2016, The Daily Caller published an article, Michigan Schools to Let Students Choose Their Gender, Name and Bathroom, which got widespread attention and spread quickly through social media platforms and among conservative media.

After a first introduction of the policy at the March SBE meeting with two public comments (supportive) on the issue, opponents were encouraged to speak out at the April meeting and send communications to SBE members and through online public comment. Groups were extremely well organized and packed the room at the April SBE meeting. They also encouraged their base to file public comment via the Michigan Department of Education's website.

Opponents were concerned that the policy usurped parental control and that minors should not get to decide "the responsibility for determining a student's gender identity rests with the student." They were also concerned that the policy focused on a small number of people rather than the majority. Finally, they had concerns about the restroom and that the safety, privacy, and comfort of other students (bathrooms/locker rooms) would be compromised if students could use the restroom in accordance with their gender identity. The concerns were addressed through small changes in language in the document, testimony from key stakeholders (e.g., the statewide sexual assault and domestic violence experts as well as the state PTA). The final result may not have appeased those who were most ardently against the model policy, but it satisfied the concerns of the "moveable middle" that could keep the policy from passing.

Obstacles were overcome by: 1) getting key stakeholders who supported the guidance to testify in public meetings and voice their support through various mainstream media outlets; 2) talking with all of the key organizations behind the scenes to gain their report; 3) providing a transparent process that allowed numerous opportunities for public comment and input; and 4) making some concessions in the final revisions of the document.

Advocacy efforts are often complicated, drawn out, and messy but there were numerous "takeaways" from this process:
- Build relationships with key stakeholders. It was important to have support from all the key educational organizations.
- Frame the messages so they can be heard. We had to consider language to use in the guidance that was less polarizing. For example, we removed the words "power and privilege" in the final version of the document and talked about the concepts without using those specific words. Mobilize parent and youth voices. It is difficult to argue with the people who are most affected by the policy—parents and students. Opponents of the policy tried to claim that parents would oppose the model policy, but many testified to the contrary by sharing emotional and powerful stories.
- Know how and when to compromise. It is important to know what you are willing to give up and what must stay so know your bottom line. In this case, it was critical to keep language in the document that students could use restrooms in accordance with their gender identity. It was not enough to encourage schools to provide gender neutral restrooms. However, we were willing to eliminate the word "curriculum" in the document and talk about the concept without using that word (e.g. "incorporating LGBTQ topics throughout the educational culture of the school")

- Present data strategically. For example, when talking about the 13,000 comments, we summarized who were the stakeholders that provided feedback and then listed the top three reasons why people supported the guidance and the top three reasons why people were against the guidance. The comments needed to be read and heard. But at the end of the day, it was feedback from subject matter experts, the state-level workgroup, researchers, legal counsel, and key organizations that most shaped the final document.
- Do not rush the process. People needed time to read what is being presented, to provide public comments, and to see their comments are taken into consideration. In Michigan we received 13,000 public comments, and a process was established to read all those comments, code them, and summarize the results. It was time consuming, but important to the passage of the policy.
- Emphasize local district control. In the final version of the guidance, it was emphasized upfront that these guidelines are voluntary and should not be considered mandates or requirements. Decisions by districts to utilize this guidance should be made at the local level employing the normal community input process.

The Michigan State Board of Education Statement and Guidance on Safe and Supportive Learning Environments for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Students passed on September 14, 2017, by a vote of 6-2. To this day, it remains one of the single most important tools to guide local policies and practices supporting LGBTQ students. In February 2017, when the federal government rescinded the protections for transgender students, the policy became even more important. Having a statement of beliefs and guidance from the Michigan State Board of Education became a powerful lever to support equity and equality in Michigan's public schools.

Federal Advocacy: Ensuring a Place at the Table for School Nurses

Ensuring a Place at the Table for School Nurses

Background: The Elementary and Secondary Education Act (ESEA) was signed into law in 1965 by President Lyndon Baines Johnson, who believed that "full educational opportunity" should be "our first national goal." From its inception, ESEA was a civil rights law. ESEA offered new grants to districts serving low-income students, federal grants for textbooks and library books, funding for special education centers, and scholarships for low-income college students. Additionally, the law provided federal grants to state educational agencies to improve the quality of elementary and secondary education.

In 2002, the No Child Left Behind (NCLB) Act was enacted. This version of the ESEA focused on where students were making progress and where they needed additional support, regardless of race, income, zip code, disability, home language, or background. NCLB was replaced by the Every Student Succeeds Act (ESSA) on December 10, 2015. The bipartisan measure reauthorized the 50-year-old ESEA and built on key areas of progress in recent years.

Local and state advocacy efforts are often organized by individuals or small state-centered organizations. However, at the national level, larger organizations may employ or contract with legislative liaisons who assist the association's leadership and advocacy committee with identifying critical changes to existing legislation and drafting advocacy priorities. In addition, these individuals may represent the association at stakeholder meetings, develop partnerships, and convene educational "briefings" for legislative personnel. Their work is governed by advocacy agendas and priorities formally adopted by the board of directors or governing body of the association.

The National Association of School Nurses (NASN) represents over 16,000 school nurses employed in public and private schools. NASN employs a Director of Government Affairs who works with NASN staff and leadership to ensure that the organization plays a critical role in advancing the role of school nurses. National efforts are often difficult simply because every state has specific certification and employment requirements as well as varying statutes and regulations regarding school health and nursing services. In general, NASN's advocacy efforts focus on ensuring that federal legislation addresses the contributions of school nurses to health and academic achievement and attempts to ensure that school nurses are "at the table." One way NASN does that is to provide comments on proposed federal legislation such as the ESSA. NASN also encourages its members to share important information about proposed laws with their own Congressional representatives.

For example, the last version of ESSA introduced the term "Specialized Instructional Support Personnel (SISP). SISPs include school nurses, school counselors, school social workers, school psychologists, speech language pathologists, and others involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services as part of a comprehensive program to help student success. This definition is critical as some states consider support personnel to be non-degree holding individuals such as paraprofessionals or aides. The key to this definition is that these individuals provide specific "professional" services.

The introduction of this "blanket" term for numerous education and health professionals required a conversation among the professional associations that represent the SISPs. Clearly, this was a difficult undertaking. NASN made a decision to focus on the Whole Child approach, clearly evident in its comments to the legislation (NASN Comments ESSA May 25, 2016).

In those comments, NASN President Beth Mattey expressed concern that the many components of the law might create fragmentation and confusion, particularly concerning the SISPs. President Mattey proposed that the USDOE recommend that states and local education agencies (LEAs) adopt the Whole School, Whole Community, Whole Child Model, (WSCC) developed by ASCD and the CDC. In this way, NASN not only advocated for the inclusion of school nurses in federal education law, it promoted the child-affirming WSCC approach. In addition, NASN recommended that schools conduct a needs assessment and recommended the ASCD School Improvement Tool and CDC's School Health Index.

Due to the pandemic, NASN's 2020 advocacy efforts included a Virtual Hill Day where members were encouraged to Tweet and email their Congressional representatives. NASN encourages school nurses to develop a school health website for students and parents. From the steps of Capitol Hill to Board of Education meetings at the local level, NASN's goal is to develop school nurse advocates who focus on the whole child and the connection between health and learning.

Resources

Federal

- Identify Your Member of Congress: https://www.house.gov/representatives/find-your-representative
- How Laws are Made: https://www.usa.gov/how-laws-are-made
- Federal Legislative Process: https://www.congress.gov/legislative-process
- Past and Current Legislation: https://www.congress.gov
- United States Code: https://www.govinfo.gov/app/collection/uscode/
    - *i.* The United States Code is the codification by subject matter of the general and permanent laws of the United States.
- Code of Federal Regulations: https://www.govinfo.gov/app/collection/cfr
    - *i.* The Code of Federal Regulations is the official record of all regulations created by the federal government.
- Federal Register: https://www.federalregister.gov
    - *i.* The Federal Register is the official daily publication for rules, proposed rules, and notices of Federal agencies and organizations, as well as executive orders and other presidential documents.
- The Basics on Rules and Regulations: https://www.epa.gov/laws-regulations/basics-regulatory-process
- Guide to the Rulemaking Process: https://www.federalregister.gov/uploads/2011/01/the_rulemaking_process.pdf
- Tips for Submitted Effective Public Comments to Agency Rulemakings: https://publiccommentproject.org/how-to

State

- State Legislature Websites: https://www.congress.gov/state-legislaturewebsites
- State Laws and Regulations on Law Library of Congress' Guide: https://www.loc.gov/law/help/guide/states.php
- National Conference of State Legislatures: https://www.ncsl.org
- National Governors Association: https://www.nga.org
- Council of Chief State School Officers: https://ccsso.org/
- Directory of State Education Agencies: https://www2.ed.gov/about/contacts/state/index.html
- Association of State and Territorial Health Officials: https://www.astho.org/

Local

- Local Government Database: https://www.usa.gov/local-governments
- Search for Public School Districts: https://nces.ed.gov/ccd/districtsearch/

Tribal

○ Federally Recognized Indian Tribes and Resources for Native Americans:
https://www.usa.gov/tribes

○ National Congress of American Indians' (NCAI) Education, Health & Human Services
Policy:https://www.ncai.org/policy-issues/education-health-humanservices/education

○ NCAI Tribal Leaders Toolkit: Education Choice for Indian Country (2018):
https://www.ncai.org/NCAI_Tribal_Leader_Toolkit_Education_Choice_2018.pdf

CDC

○ CDC Resources and Fact Sheets
https://www.cdc.gov/chronicdisease/resources/publications/aag.htm

○ CDC Healthy Schools https://www.cdc.gov/healthyschools/index.htm

○ CDC's State Success Stories https://www.cdc.gov/healthyschools/stateprograms.htm

○ CDC's Healthy Youth https://www.cdc.gov/healthyyouth/

○ CDC's Program Tools https://www.cdc.gov/healthyyouth/tools/index.htm

○ Writing a Success Story
https://www.cdc.gov/healthyyouth/fundedprograms/1807/resources/DASH_PS1 8-
1807_success_story_guidance.pdf

○ Resources and Strategies for Preventing Sexual Risk Behaviors Among Youth
https://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm

○ Health Disparities Among Youth
https://www.cdc.gov/healthyyouth/disparities/index.htm