From the President

As some of your know, my original nursing education was through a diploma program. I began my career in geriatrics and long term care. After only 9 months of staff nursing, I moved into a leadership role. As I was raising my children, I completed my BSN. When I started the BSN course work, I remember thinking that I was just jumping through a hoop to get where I wanted to go. My next career move was into public health and I found a real passion for my work. I discovered that my favorite part was working with children. I also realized that I was doing my “work” with a different focus or view of the world. I realized that the BSN course work I had completed was not just jumping through a hoop, but had made a change in my world-view! I then started my school nursing career. I found that I needed the collegiality and networking of fellow school nurses. SNOM filled that need for me. Just a few years ago, I made the choice to earn a masters degree in nursing. Last summer, I became a Nationally Certified School Nurse. All of you have similar stories to tell. My point in this story is that if I had not gone beyond my “work” as a school nurse, I would not have become as committed to my profession. SNOM fills many needs for our membership. As the old saying goes-you only get out of the experience what you put into it. Having said that, I want to take this opportunity to thank you for all that you have put much into our profession of school nursing. If you are not currently involved in a project or committee, I would like to encourage you to think about participating in one of SNOM’s projects or committees next year. Please do contact me if you have a desire to become more involved.

School Nurse Day was May 9, 2007. Hope you had a wonderful day and took time to reflect on all the differences you have made in your communities.

As you prepare to go off on summer break think about joining the fun at the National School Nurse conference in Nashville this summer. A number of Minnesota nurses will be attending.

When you return next fall, SNOM will have completely unified with NASN with be a new and different way to register. Watch for the fall SNOMemo or check the website next fall for details.

You will also want to review the revised strategic plan for the next 3 years in the fall. By fall, it will be completed, ready to share, and use as a working action plan. Thank you to the 23 nurses who met and worked on rewriting our plan at the SNOM board meeting on 4/21/07.

Have a great summer break and I look forward to working with all of you next fall!

Children’s Health: Our Primary Investment

NASN Annual Conference

June 27-July 1, 2007    Nashville, Tennessee

Details and registration available at www.nasn.org
S N O M  C o n f e r e n c e  a n d  C o m m i t t e e  R e p o r t s

SAVE THE DATES!   NOVEMBER 2 AND 3, 2007
“ALL IN A DAY’S WORK”
SNOM Annual Fall Conference

Join school nurses from across the state as we discover the most up-to-date practice information on many of the critical issues school nurses face every day. This two-day conference will highlight the Minneapolis Public School Healthy Learner Model for Student Chronic Condition Management. We will delve into the latest on asthma, diabetes and seizures to round out the first day. Day two highlights the renowned legal expert and author Nadine Schwab. She will address a wide range of legal concerns faced by school nurses in day-to-day practice. To end the second conference day, we will have a chance to sit back and share a chuckle with Comedy Sportz, looking at what school nurses experience... “All in a Day’s Work”.

Pre-conference offerings include H.A.N.D.S. Diabetes program, Insulin Pump workshop and Disaster Preparedness course.

Once again the SNOM conference will be at the Sheraton by the Ridgedale Mall.

*The program committee would like your input as to the legal issues you may find of most interest for Nadine Schwab to address. The survey was posted on the listserv on May 9th. Please take the time to complete the survey so the issues you want to hear about can be addressed.

DISASTER PREPAREDNESS
Julia Bennett, RN, LSN, Minneapolis Schools

WHAT IS A DISASTER? Any incident that results in multiple human casualties or disruption of essential public health services or any incident that requires an increased level of response beyond the routine operating procedures, including increased personnel, equipment, or supply requirements. Would you know what to do? The focus of the Disaster Preparedness course is to provide school nurses with knowledge and skills to prepare for and respond to a school disaster. For a complete description, go to the NASN website at http://www.nasn.org/Portals/0/education/flyerdisaster.pdf

DISASTER PREPAREDNESS FOR THE SCHOOL NURSE will be held on THURSDAY, NOVEMBER 1, 2007 as a pre-conference offering before the Annual SNOM conference in November. The registration form for the Disaster Preparedness Course will be on the SNOM website later this summer at www.minnesotaschoolnurses.org/events.html.

If your school district gets disaster grant funding, Ann Lumbar and Julia Bennett are willing to offer the NASN Disaster Preparedness for School Nurses course anywhere in the state.

Please contact me if you have further questions via email at Julia.Bennett@mpls.k12.mn.us or phone 651-468-5020.

AWARDS COMMITTEE
Wendy S. Sandstrom, RN, LSN, Committee Chairperson.

Award nominations have closed and individuals were invited to submit a brief application to the committee by April 30 for the fall 2007 SNOM Awards. The Executive Committee and Awards committee chairperson review all applications to ensure that award criteria are complete.

Selected nominee applications are reviewed and voted on by the SNOM Board of Directors in August. Candidates selected to receive awards are notified by telephone and sent a letter from the SNOM President, Cindy Hiltz and the Committee Chairperson. One Nominee is selected in each category to receive the awards.

This year we have 2 nominees for School Nurse Administrator of the Year and Four Licensed School Nurses are nominated for School Nurse of the Year!

This group of nurses represents some of our best and brightest stars in school nursing!

Nominations were not received for other award or recognition categories.

Thank you to all members that submitted nominations this year!

If you were unable to meet the submission deadline in March, please keep your nominee in mind for next year. The nomination form is available all year on the SNOM website in our membership area. Download and store your nomination on your hard drive, update and submit it during the next call for nomination period in 2008. Look in the SNOM Memo and SNOM Website for an ongoing schedule of awards events.
On March 27th at the MNA Day on the Hill, 17 of your colleagues met with legislators face to face to talk about the issues important to SNOM. Picture in your mind a huge ballroom filled with chairs for 1,000 nurses. A cluster of school nurses huddles in the corner getting briefed on the issues by our seasoned lobbyist as the crowd gathers. The energy in the room is tremendous. The audience cheers for a panel of nurses turned legislators talking about how and why they got involved in politics and the impact nurses can have on policy issues. Armed with fact sheets-priority lists and lobbying tips, nurses spread out all over the capitol to meet with their legislators. First timers settle their nerves by tagging along with others until they get the hang of it.

The capitol is abuzz with activity as several large groups are lobbying that day. Outside the door where the House is debating and voting on bills, there is petite Susanna Bertelsen holding her own in an animated conversation with a senator who towers over her (he must have played football in school). In the gallery, nurses are listening as the Senators vote to ban smoking state-wide. There goes Deb Landin on her way to an hour long visit with Senator Leroy Stumpf, Chair of the E-12 Education Finance Division. It means a lot when constituents come from afar to visit in St. Paul. And look at Sue Nokleby posing for pictures on the floor of the House with 2 representatives from her area. Here and there representatives and senators step out of floor sessions to catch a quick visit with constituents in the hallway. Bobbi Pointer is chatting comfortably with her representative and senator, both of whom are parents of students at her school. A chorus of thank yous goes out from a group of SNOM members when Mindy Greiling appears. She is a long time friend of school nursing, chairs the House K-12 Finance committee and sits on most of committees that hear our bills.

As the day winds down, the faces around me look energized at seeing the lawmaking process up close and reflect an inner satisfaction at being a part of it all.

The favorite handout of the day was this tip sheet from MNA on meeting with your legislators (in 6 easy steps).

1. **Always introduce yourself.** Let them know who you are and why you care about the issue. Remember you are the expert. Legislators want to hear from you and your knowledge of nursing and the health care system (and children and schools).

2. **Get down to business quickly.** State the issue, your position, and what you want him/her to do.

3. **Be specific, clear and simple.** Provide information about how this issue impacts his/her constituency and people throughout the state. Use fact sheets and statistics, etc.

4. **Handling objections.** This is a key aspect of lobbying. If the legislator doesn’t agree with your view point, use the nursing process to find out his/her views. Problem solve together. You might suggest: “While I understand your concerns, in my experience this happens…” OR “I see your point, but how do you see that changing with (a particular piece of legislation).”

5. **Use personal stories.** Remember, your job is to persuade. Tie your personal experience with the policy issue you are discussing. A personal story will leave an image that the legislator will remember when he/she votes on the issues.

6. **Ask their support and thank him/her.** Remember to always be polite even if they disagree with you. Thank them and follow-up with a letter or email.

Next year, we hope you will join us for Nurses’ Day on the Hill to represent School Nurses and kids!
Shriners Hospital: Free Health Care for Children with Special Health Care Needs

Mary E. Kautto, RN, Outreach Manager for Shriners Hospital

Shriners Hospitals for children is an internationally renowned healthcare system specializing in the diagnosis and treatment of children with orthopaedic conditions, severe burns and spinal cord injuries. As one of the network’s 18 orthopaedic facilities, the Twin Cities Hospital provides comprehensive and coordinated care for children with conditions of the bones, muscles, and joints.

High quality patient care is at the heart of our Mission – and it shows. More than 96 percent of our annual operating budget is spent on direct patient care and research. With a state-of-the-art facility and expert, friendly medical staff, Shriners Hospitals for Children-Twin Cities provides the best in orthopaedic care to children from throughout the upper Midwest and Canada.

All services at Shriners Hospitals for Children are provided without charge to patients and their families. Shriners Hospitals for Children does not accept payment from families, federal or state funds or third party payers such as insurance companies. The only eligibility requirement is medical need. Youth under age 18 are accepted as patients regardless of family income, race, gender, religion, national origin or relationship to a Shriner.

Assessment clinic dates include June 29, August 31, November 30, 2007. Clinics are from 2-5pm. For more information, contact Mary E. Kautto, RN, at mkautto@shrinenet.org. Phone is 612.596.6104.

Johnson & Johnson School Nurse Fellowship Program

Ann Lumbar, RN, LSN, Minneapolis Public Schools

Last summer, I had the incredible opportunity to attend the Johnson & Johnson School Nurse Fellowship Program at Rutgers University in New Jersey. It was an amazing week shared with 30 other school nurses from around the US with some from around the world who focused on chemical health, substance use & abuse and general wellness. The fellowship program was sponsored by the Rutgers University Center for Alcohol and Tobacco Studies, one of the leading centers on these topics in the country.

As part of the experience, an administrator from the school of the school nurse also attended. This provided administrators with the opportunity to learn more about school nursing and the many “hats” we wear during any given day. Collaboration between the administrator and school nurse was encouraged to develop program and apply for a mini grant to implement that program for their school.

The program that we developed with the $1,500 grant from Johnson & Johnson is titled “Assets in Action.” It targets the whole school population from ECSE students to our 5th graders. The goal of the program is to increase awareness of chemical health, sexuality, wellness and mental health in the context of an asset-building framework. While we are still in the implementation phase and won’t know our outcomes for awhile, some of the exciting things that we are doing is educating staff regarding the asset model, sending monthly asset newsletters to parents, identifying and providing classroom curriculum/activities for teachers to implement as time allows in their classroom, publishing a “health topic tidbit” in our weekly bulletins to families, and holding two informational evenings for parents focusing on related topics.

All of this was made possible through the generosity of Johnson & Johnson. Sue Will also attended a reception at their world headquarters. Thanks to Sue and her ongoing connections with those outside of Minnesota, I was able to attend this program and network with other amazing, outstanding and dynamite school nurses. I am so grateful for the opportunity!
The Alliance for a Healthier Generation, a joint initiative between the American Heart Association and the William J Clinton Foundation, is working across the United States to stop the nationwide increase in childhood obesity to help all children live longer and healthier lives.

Our campaign goal is to create a nationwide program to engage kids in a movement that will empower them to eat better and exercise more. We invite Minnesota school nurses to become Go Healthy Champions by joining us in this effort. As a Go Healthy Champion, you can develop fun events in conjunction with themes created by the American Heart Association, or you can weave Go Healthy messages developed by leading health experts into existing, upcoming outreach efforts or activities you may be hosting.

The American Heart Association will send a free of charge starter kit to any school nurse who would like to incorporate the program into their school. Please contact Barbara Ducharme at 952-278-7910 or barbara.ducharme@heart.org.

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**People First Language**

By Matthew Bogenschutz, MSW, Institute on Community Integration, University of Minnesota
Mary Bielski Heiman, MS, LSN, Minneapolis Public Schools

As school health professionals who are committed to building inclusive schools and communities, the language we use takes on great importance. As author George Orwell said, “If thought corrupts language, language can also corrupt thought.” The use of people first language is a vital component in promoting the worth of people with disabilities as we seek to build schools and communities that are built on the strengths of all of their members. In this article, the terms *people* and *student* are used interchangeably.

People first language comes out of the social view of disability, which holds that abilities and disabilities are constructed by society. Disability, then, comes from the inability of society to create an open environment (via environmental adaptations, for instance), rather than from the perceived deficits of the individual. Just as the Civil Rights and Women’s Movements have changed perceptions of the abilities and traits of many Americans through advocacy and changes in thought, portrayal and language, the Disability Movement seeks to do likewise.

What is people first language and how can school nurses model its use? Quite simply, the central idea of people first language is that we are all people, first and foremost. By placing a label before a student, we can stigmatize the student by identifying him or her by their health condition label, rather than as a person. All people have unique strengths and personal attributes, just as we all have imperfections. By using a label first, such as “ADHD student”, or “asthmatic student”, the student is defined by only one facet of his or her self, which minimizes his or her full personhood. When we use person first language, such as “student with ADHD” or “student with asthma” we validate the child or adolescent’s right to be seen completely. In this way, their physical or mental health concern like ADHD, for example, is but one component of their whole being. Such a small change in language can have a major impact on how teachers or other students may view a student with a disability or health concern, and how students may view themselves.

What are the basics of using people first language? The overall idea is to always put the person before his or her disability or health concern. Thus, “deaf child” becomes “child with a hearing impairment” and “mentally ill student” becomes “student with a mental health condition.” Avoid using generic labels, as in “the mentally retarded”. Rather, put the person first, as in “student with developmental disabilities.” Use language to indicate adaptations instead of deficits. For instance, “he is physically disabled” may be replaced by, “he uses a wheelchair.” Finally, and perhaps most importantly, focus on abilities, rather than limitations. To illustrate this point, consider using, “she communicates using a keyboard” instead of “she can’t hold a pencil.”

As school nurses, our daily practice involves working with adults and students with and without disabilities and health concerns. Person first (or student first) language should be modeled at all times and be incorporated into our daily practice. This includes being aware of our language during one-on-one encounters with students, classroom staff and families. Even our nursing language included in special education evaluations and IEP’s should be assessed for person first language.

For more information on people first language, and how to incorporate it into your work, you may wish to visit these websites:

- “People First Language” from *Disability is Natural*: [http://www.disabilityisnatural.com/peoplefirstlanguage.htm](http://www.disabilityisnatural.com/peoplefirstlanguage.htm)
- “Guidelines for Reporting and Writing about People with Disabilities” from *The Life Span Institute*: [http://www.lsi.ku.edu/lsi/internal/guidelines.html](http://www.lsi.ku.edu/lsi/internal/guidelines.html)
Cornelia de Lange Syndrome
Cindy Hiltz, RN, LSN, Anoka-Hennepin Schools

Genetic syndrome goes undiagnosed in thousands of children

Cornelia de Lange Syndrome (CdLS) is a little-known genetic disorder that occurs in about 1 in 10,000 births. An estimated 20,000 people in the United States have CdLS but remain undiagnosed or without the services and support they need.

Many individuals with CdLS remain undiagnosed because the medical community is not aware of the syndrome. While severely affected children are typically diagnosed at birth or within a few months, mildly affected individuals often slip through the cracks. The diagnosis of CdLS is delayed into early childhood or later, with a trail of symptoms—such as speech, growth and developmental delays, and medical complications, like GERD and seizures—and no one able to put a finger on the underlying cause.

Many times children with CdLS go for years without the benefit of medical expertise and therapies that could improve their lives. Their families also miss out on connections with others who share similar experiences.

By raising syndrome awareness among professionals—like school nurses—who are on the front lines each day, the CdLS Foundation aims to reach the thousands of children in need of diagnosis and medical care.

Please take the time to educate yourself about CdLS. Contact Marie Malloy at 800-753-2357 or outreach@CdLSusa.org to request a professional packet or visit the CdLS Foundation web site, www.CdLSusa.org.

CdLS Facts

- It is estimated that at least one child with CdLS is born each day in the U.S.
- Although children with CdLS range from mildly to severely affected, most have similar physical characteristics: small hands, feet and head; thin eyebrows that meet; long eyelashes; upturned nose; and thin, downturned lips.
- About 25 percent of individuals with CdLS have limb differences or missing limbs.
- The first CdLS gene was discovered in 2004 by researchers at the Children’s Hospital of Philadelphia. NIPBL on chromosome 5 is found in the affected individual about half of the time. Another gene—SMC1L1 on the X chromosome—was discovered this year by Italian scientists and is seen less frequently.

CdLS Foundation Facts

- The CdLS Foundation is a family support organization that works to ensure early and accurate diagnosis of CdLS; promote research into the causes and manifestations of the syndrome; and help people with a diagnosis of CdLS make informed decisions throughout their lifetime.
- The Foundation was founded in 1981 by parents of children with CdLS and professionals.
- Currently, the Foundation actively serves more than 2,200 people with CdLS, 10,000 family members and caregivers, and 2,500 interested professionals.

SNOM: Promoting Student Health for Student Success

SAVE THE DATE

The annual SNOM fall conference will be November 2nd and 3rd. The conference will be at the Sheraton Minneapolis West in Minnetonka.