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# Michigan School Nurse Task Force Summary Report 2012

# Michigan School Nurse Task Force Summary Report

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According to national statistics, Michigan ranks the very last among states in the ratio of school nurses to students. While the Centers for Disease Control and national organizations recommend a ratio of one school nurse to every 750 well students, Michigan's ratio is 1:4,411. This alarming ratio raises concerns about the health and safety of students. School nurses help to support the physical, mental, emotional, and social health of students. A healthy school nurse-to-student ratio ensures that each student is afforded appropriate preventative, health promotion, early identification and intervention services. There is a critical link between health and wellness and academic success. Improving school nurse-to-student ratios can decrease absenteeism, increase graduation rates, and remove health-related barriers to learning. Research indicates that healthy children learn and succeed better in school.

Parents, teachers, school administrators and, most importantly, our school children deserve access to school nurses. Chronic diseases increase, and risky behaviors and lack of affordable health care are issues impacted by the stress of these economic times.

School administrators, teachers and other school staff who are expected to provide care to students when school nurses are not present need to be supported so they can devote their time to the jobs they have been asked to perform and not filling in for professional registered nurses who are skilled and provide the best care for our children. Our children require and deserve these services. The impact will be felt far beyond this year or next.

Recognizing the vital need to address this issue, the Departments of Education and Community Health formed a statewide School Nurse Task Force inviting key stakeholders, experts and champions of children's health and education to convene to examine the need and gaps in children's health in schools and to offer solutions to raising our ratio of school nurses. The following summary report outlines their six month efforts and provides a blueprint for moving forward to improve Michigan's school nursing services.

A blue ink signature of Olga Dazzo.

Olga Dazzo  
Director  
Michigan Department of Community Health

A blue ink signature of Michael P. Flanagan.

Michael P. Flanagan  
Superintendent of Public Instruction  
Michigan Department of Education

# Michigan School Nurse Task Force Summary Report

## PREFACE

“We know that students need to be healthy to learn. School nurses play a vital role in making sure children are healthy and ready to learn.” Arne Duncan, Secretary, U.S. Department of Education

The number of newly diagnosed cases of diabetes has almost doubled in last 10 years (CDC, 2008).

The prevalence of food allergy among children under the age of 18 increased 18 percent from 1997 to 2007 (Branum & Lukacs, 2008).

In 2008, just over 10 million children in the U.S have asthma (EPA, 2010).

“...students with asthma who were poor or who were African American and in schools with full-time nurses missed significantly fewer days ... than did similar students with asthma in schools with part-time nurses” (Telljohann, Dake, & Price, 2004).

45,000 children under the age of 15 develop epilepsy each year (Epilepsy Foundation, 2010).

Overall, from 15 to 18 percent of children and adolescents have some sort of chronic health condition, nearly half of whom could be considered disabled (Perrin, Bloom & Gortmaker, 2007).

One study of 18 school districts found the intensity of policies and programs in school health services was significantly related to graduation rate (Cook, 2009).

**Children’s health factors combined with low socioeconomic status influences academic achievement** (Case & Paxson, 2006; Crosnoe, 2006; Hass, 2006; Hass & Fosse, 2008; Heckman, 2008; Koivusilta et al., 2003; Palloni, 2006).

Academic achievement can be improved through early detection of mental health problems, timely referral, and access to appropriate services (New Freedom Commission on Mental Health, 2003).

School nurses spend 32 percent of their time providing mental health services (SAMSA, 2005).



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# Michigan School Nurse Task Force Summary Report

## Introduction

According to national statistics, **Michigan ranks last among states in the ratio of school nurses to students.** This alarming ratio raises concerns about the safety of students. School nurses help to support the physical, mental, emotional, and social health of students. A healthy school nurse-to-student ratio ensures that each student is afforded appropriate preventative, health promotion, early identification, and intervention services. **There is a critical link between health and wellness and academic success.** Improving school nurse-to-student ratios can decrease absenteeism, increase graduation rates, and remove health-related barriers to learning.



The Michigan Departments of Education and Community Health began efforts to address the lack of school nurses and improve children's access to school nursing services by establishing a Statewide School Nurse Task Force, consisting of approximately 40 health and education leaders in our state.

This Statewide School Nurse Task Force convened to develop recommendations to **unite the energy of state and local community partners around a shared agenda to improve children's health and access to school health services in schools.** The recommendations developed were formed with each participant's unique perspectives and with the goal to improve school-aged children's health and support those with health needs to ensure their academic success.

## Participants

A balance of representatives /stakeholders were invited to participate in the School Nurse Task Force, representing geographic areas of the state, agencies and disciplines. Participants who were invited to serve on this task force included:

Health Officer representing Local Public Health;  
Parents of children with special health needs; Public health nurses;  
School administrators;  
School nurse administrators;  
School superintendents;  
Staff school nurses;  
Specialists from Michigan Department of Education and Michigan Department of Community Health

Representatives from:  
American Academy of Pediatrics – Michigan Chapter  
Interagency Community Services, Department of Human Services  
Legislative offices of Representative Bauer and Senator Caswell  
Michigan Association of Public Health and Preventive Medicine  
Michigan Association of School Boards  
Michigan Association of School Nurses  
Michigan Council for Maternal and Child Health  
Michigan Nurses Association  
Michigan Primary Care Association  
Michigan Public Health Committee  
Private Consultant Firms  
School-Community Health Alliance of Michigan  
Universities

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A complete list of the task force membership can be found in Appendix B.

The Task Force was co-chaired by Alethia Carr, Director, Bureau of Family, Maternal & Child Health, Michigan Department of Community Health and Carol Wolenberg, Deputy Superintendent for Administrative and Support Services, Michigan Department of Education.

## Planning Committee

Carrie Tarry, Manager, Adolescent and School Health Unit, MDCH  
Kyle Guerrant, Supervisor, Coordinated School Health and Safety Programs Unit, MDE  
Taggart Doll, CAHC Program Coordinator, Adolescent and School Health Unit, MDCH  
Vicki Taliaferro, School Nurse Consultant

## Process

The Statewide School Nurse Task Force met four times over a five month period from June 2011 to November 2011, in East Lansing as a central location for the state.

The goals of the task force were communicated as:

1. To improve children's health, access to school health services in schools, and support those with health needs to ensure their academic success.
2. To examine the issue of the lack of school nurses in our state, and with task force members' expertise and knowledge, generate conclusions and action steps to move the health and academic success of the children in Michigan forward.

To accomplish this, the following activities took place:

- An overview of school nursing in Michigan was presented by state school nurse leaders. The needs of children in Michigan and the gaps that exist in providing services to them were examined.
- Materials were shared including a superintendent's survey conducted by MASN that attempted to determine where school nurses are located in the state.
- A six-member panel presentation gave the task force members a "School Nurse Snapshot" of school nursing programs across the state, in rural, suburban, urban areas, and managed by a school district, health department, and hospital system.
- Gaps and priorities were identified.
- Cathy Young Jones, State School Nurse Consultant for South Carolina, provided a presentation entitled "Show Me the Money." South Carolina's legislature has passed a law that resulted in annual funds appropriated for elementary school nurses.
- Action items/recommendations were developed to address the gaps identified by this group surrounding school nurses in Michigan.





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## Results

### The examination of the issue found the following needs/gaps:

- Student health needs are increasingly complex.
- Michigan ranks last in the nation for ratio of school nurse to students.
- There is a lack of awareness of the comprehensive role of the school nurse and services school nurses can provide and the advantages of school nursing (cost and time savings for school staff, cost per pupil, the role of prevention education and the long term savings that can be realized by having school nurses).
- School nursing is not clearly understood to be a separate entity from School Based HealthCenters by some policy makers, parents, schools and communities.
- Public/stakeholders don't recognize a need for school nurses.
- School nursing lacks policy maker champions.
- Ratios of school nurse to students vary across the state. Some school districts have no school nurse coverage. Formulas for staffing differ – some use acuity of students' health needs, others use Free and Reduced Meals (FRM).
- Not all schools are receiving services in districts where a school nurse is present.
- While some states require school nurse services, Michigan does not, which leads to inconsistent coverage of school nurse services.
- Data are lacking. It is difficult to quantify services and programs.
- School code and public health code conflict and need to be coordinated.
- The lack of school nursing services may put school districts in potentially liable situation as they attempt to meet the health needs of students using unlicensed staff, e.g. secretaries.
- Delegation in schools is not clearly defined (who has authority, role clarification of UAP (i.e. medical assistants, health assistants/techs).
- School Nurse certification needs to be revised and include all who are serving as school nurses regardless of employer.
- Need for standardized record keeping and documentation. HIPAA/FERPA is not clearly defined for school nurse programs. Funding for school nurse positions are lacking.
- Schools are under pressure to do more with less.
- Economy is tight.



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**Based on the needs/gaps identified, the Task Force set the following priority issue areas:**

1. Increase awareness of student health needs and the role of the school nurse.
2. All students should have access to a school nurse.
3. Create a support system for school nurses to allow them to safely practice and provide care to students. This would include clarifying the responsibilities/role of school districts and public health concerning school health services.
4. Find funding for school nurse programs.

**To meet these priorities, the following recommendations were developed:**

1. Identify stakeholders and champions willing to be actively involved in moving school nursing forward in Michigan.
2. Provide education for teachers, staff, administrators, parents, health care providers, and public policy decision makers to increase awareness of student health needs and the legal obligations required of schools to provide health services. Explain the school nurse's ability to respond to those needs.
3. Develop and implement a school nursing public awareness campaign.
4. Develop a strategic plan to provide access to school nurses for all children in the state with the ultimate goal of a ratio of 1 school nurse to 750 well students.
5. Provide recommendations and guidance on systematic data collection statewide in order to obtain an accurate count of school nurses in the state and to determine the geographic distribution of SNs.
6. Analyze and prepare administrative models—school district led, health department led, hospital led, etc. that can be shared with school districts based on the school-communities identified needs.
7. Explore technology solutions (telemedicine) to assist school nurses covering multiple sites.
8. Secure a State School Nurse Consultant to provide direction and support to school nursing programs, schools, legislators and families.
9. Provide state-level direction and resources to support school nursing practice that would include the development of guidelines.
10. Coordinate Public Health and School Codes. Ask for litigation review and attorney general clarification of school and public health code. Include in that review, clarification of Michigan Attorney General Opinions (6476 and 5679 from the 1980's).
11. Require state certification of all school nurses regardless of employer and update school nurse certification process/rules.
12. Clarify HIPAA/FERPA rules as they pertain to student health records and whether they are part of the child's education records regardless of who provides school health services.
13. Develop a strategic plan to secure funding for school nurses that includes:
  - a. Engaging public policy decision makers
  - b. Identifying local partnerships
  - c. Securing state allocation for school nurses
  - d. Exploring additional funding mechanisms



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The Task Force additionally developed strategies/actions that could be used to realize the recommendations (see Appendix A).

## Early Successes

**One of the key recommendations of the task force was to secure a state school nurse consultant** position and that recommendation was realized before the conclusion of the task force meetings. The Michigan Department of Community Health (MDCH) and Michigan Department of Education (MDE) hired Michigan's first State School Nurse Consultant. This is a joint position housed between the Adolescent & School Health Unit at MDCH and the Coordinated School Health and Safety Program's Unit at MDE. Hiring a State School Nurse Consultant has been a long held goal of the two Departments. Michigan is one of just a few states that did not have a State School Nurse Consultant, and with the establishment and filling of this position, Michigan has closed one gap.



## Next Steps

The work outlined by the School Nurse Task Force is comprehensive and multi-faceted. It will require the work of all stakeholders over an extended period of time. Therefore, in order to see the work of the task force continue, it is recommended that an ongoing work group/council with four subcommittees be established to oversee the accomplishment of the recommendations set forth by the School Nurse Task Force.

Those four subcommittees would be:

- Public Awareness Committee
- Data/Staffing Committee
- School Nurse Practice Committee
- School Nurse Funding Committee

Task Force members were asked to volunteer to continue the work they have begun. Staff from Michigan Department of Education and Michigan Department of Community Health will expand the members of the subcommittees as necessary.

## Michigan School Nurse Task Force Summary Report

### Conclusion

A student who comes to school well-fed, rested, not worried, and in good health is more ready to learn. Those students having chronic illnesses such as asthma, diabetes, or have other health concerns can be more readily available to learn if they are supported and their health issues addressed. School nurses are the professionals who can provide that support, but Michigan is faced with an impending crisis concerning the lack of school nursing services available to our children.

The Michigan Department of Education and the Michigan Department of Community Health convened the Michigan School Nurse Task Force with the intention of better understanding school nursing in Michigan and how to improve nursing services to address the needs of students. That task has been accomplished, yet there is still more work needed. Through the efforts of the task force members and their commitment of time, knowledge and expertise, the state and stakeholders have a clear direction to begin to address the health of Michigan's children and the lack of school nurses.

The Michigan State School Nurse Task Force applauds the interest and commitment of both the Michigan Departments of Education and Community Health in taking steps to address the lack of school nurses in Michigan. This partnership is essential as this initiative moves forward. **The task force sets as the initial goal for the state of Michigan to improve its ranking of last in the nation in ratio of school nurses to students.**



## APPENDIX A

# MICHIGAN SCHOOL NURSE TASK FORCE PRIORITIES AND RECOMMENDATIONS

March  
2012

Task Force Priorities	Recommendations	Strategies/Actions
<b>Issue: Awareness of student health needs, role of school nurse to meet those needs</b> Responsibility: SNTF Public Awareness Subcommittee		
<p>Increase awareness of student health needs and the role of the school nurse.</p> <p>To address the following identified gaps/issues:</p> <ul style="list-style-type: none"> <li>Student health needs are increasingly complex.</li> <li>Michigan ranks last in the nation for ratio of school nurse to students.</li> <li>There is a lack of awareness of the comprehensive role of the school nurse and services school nurses can provide and the advantages of school nursing (cost and time savings for school staff, cost per pupil, the role of prevention education and the long term savings that can be realized by having school nurses).</li> <li>School nursing is not clearly understood to be a separate entity from School Based Health Centers by some policy makers, parents, schools and communities.</li> <li>Public/stakeholders don't recognize a need for school nurses.</li> <li>School nursing lacks policy maker champions.</li> </ul>	<p>1. Identify stakeholders and champions willing to be actively involved in moving school nursing forward in Michigan.</p> <p>2. Provide education for teachers, staff, administrators, parents, health care providers, and public policy decision makers to increase awareness of student health needs and the legal obligations required of schools to provide health services. Explain the school nurse's ability to respond to those needs.</p> <p>3. Develop and implement a school nursing public awareness campaign.</p>	<p>Identify champions (including legislative champions).</p> <p>Convene interested legislators to review the School Nurse Task Force Report.</p> <p>Actively engage public policy decision makers and other key stakeholders.</p> <p>Stakeholders to consider: Health care leaders, Health Departments, Physicians, Disability Networks, Parents, Schools, Principals, Hospitals, School Boards, Nursing Students, MALPH, Nursing Directors, and Universities.</p> <p>Distribute final School Nurse Task Force Report strategically and widely.</p> <p>Present final recommendations to State School Board of Education, Department of Community Health, Superintendents, Boards of Educations, Statewide Task Force on Nursing Practice, Hospitals, and Legislators.</p> <p>Develop and disseminate annual reports on the progress of the SNTF recommendations to interested stakeholders and policymakers.</p> <p>Provide parent awareness of the role of the school nurses through presentations at parent meetings, (i.e., CSHCS, Great Start, PTA).</p> <p>Provide physicians with information and education.</p> <p>Provide health management workshop for school administrators.</p> <p>Present at stakeholder conferences (school boards, administrators, physicians, hospitals, and other health providers). Provide displays that educate about students' health needs and school nurses' role in meeting them. Involve a champion (member of the stakeholder group to speak).</p> <p>Present to school wellness committees.</p> <p>Present to school boards.</p> <p>Consider private and MI Assn of Broadcasters to assist with funding the media awareness campaign.</p> <p>Develop strategic messaging and identify appropriate messengers (find peers when possible). Match message to appropriate audience. Collect outcome stories.</p> <p>Utilize MASN video as a part of the media campaign.</p> <p>Link issues to Governor's priorities (obesity, infant mortality and access to care).</p> <p>Be sensitive to the timing of the campaign in relation to other initiatives.</p>

Task Force Priorities	Recommendations	Strategies/Actions
<b>Issue: Equitable school nurse services available to all students</b> Responsibility: SNTF Data/Staffing Subcommittee		
<p>All students should have access to a school nurse.</p> <p>To address the following identified gaps/issues:</p> <p>Ratios of school nurse to students vary across the state.</p> <p>Some school districts have no school nurse coverage.</p> <p>Formulas for staffing differ – some use acuity of students' health needs, others use Free and Reduced Meals (FRM).</p> <p>Not all schools are receiving services in districts where a school nurse is present.</p> <p>Some states require school nurse services.</p> <p>Data is lacking. It is difficult to quantify services and programs.</p>	<p>1. Develop a strategic plan to provide access to school nurses for all children in the state with the ultimate goal of a ratio of 1 school nurse to 750 well students.</p>	<p>Develop a master plan to staff schools with school nurses that may include a graduated implementation. Evaluate the following possible approaches:</p> <ul style="list-style-type: none"> <li>Should the plan focus on elementary setting (K-5) as starting point (biggest need typically)? This could partner/tie in early childhood as an advocate. Message would be to sustain gains in Early Childhood.</li> <li>Are interim measures such as staffing one nurse (RN) per district, focusing on elementary schools first, then secondary schools and including school nurses in charter schools preferable over a plan that staffs at a ratio of 1:750 based on acuity of need, cost and geographic needs?</li> </ul>
	<p>2. Provide recommendations and guidance on systematic data collection statewide in order to obtain an accurate count of school nurses in the state and to determine the geographic distribution of SNs.</p>	<p>Pursue private \$\$ to support the collection of data.</p> <p>Coordinate efforts statewide by using ISDs as "access" points.</p> <p>Include graduation rates, costs, preparedness, days missed.</p> <p>Approach foundations for funding related to data.</p> <p>Identification of data elements that are needed and are being collected.</p> <p>Obtain a clear and accurate number of school nurses (possibly through ISDs).</p> <p>Map the number of school nurses.</p> <p>Share data with SNTF Education/Funding Committees.</p> <p>Examine test scores with school nurse vs. without, evaluate results link with attendance.</p> <p>Use data to make a link with academic success.</p>
	<p>3. Analyze and prepare administrative models—school district led, health department led, hospital led, etc. that can be shared with school districts based on the school-communities identified needs.</p>	<p>As schools are 'right sizing,' ask what their plans are for School Nursing.</p> <p>Share school nursing models.</p> <p>Share vital components of a school nurse program.</p>
	<p>4. Explore technology solutions (telemedicine) to assist school nurses covering multiple sites.</p>	<p>Explore grant opportunities.</p> <p>Establish a pilot.</p> <p>Investigate professional development online.</p>

Task Force Priorities	Recommendations	Strategies/Actions
	Issue: Support for quality school nurse services Responsibility: SNTF School Nurse Practice Subcommittee	
<p>Create a support system for school nurses to allow them to safely practice and provide safe care to students. This would include clarifying responsibilities/role of school districts and public health concerning school health services.</p> <p>To address the following identified gaps/issues:</p> <ul style="list-style-type: none"> <li>School code, public health code conflict and need to be coordinated.</li> <li>Delegation in schools is not clearly defined (who has authority, role clarification of UAP i.e. medical assistants, health assistants/techs).</li> <li>SN certification needs to be revised and include all who are serving as school nurses regardless of employer.</li> <li>Need for standardized record keeping and documentation.</li> <li>HIPAA/FERPA is not clearly defined for school nurse programs.</li> </ul>	1. Secure a State School Nurse Consultant to provide direction/support to school nursing programs, schools, legislators and families.	Develop an online orientation for school nurses. Develop a statewide communication system for school nurses.
	2. Provide state-level direction and resources to support school nursing practice that would include the development of guidelines.	<p>Work with MASN Standards committee.</p> <p>Update the 1981 <i>Michigan Comprehensive School Health Plan</i> (required by the Public Health Code).</p> <p>Develop guidelines that:</p> <ul style="list-style-type: none"> <li>✓ Standardize school nursing services, competencies and evaluation;</li> <li>✓ Define delegation, liability, training, supervision, and monitoring in the school setting;</li> <li>✓ Clarifies who is overseeing, monitoring and evaluating school nurse programs, unlicensed assistive personnel (UAPs);</li> <li>✓ Defines roles of the school nurse coordinator vs. school nurse providing direct services; and</li> <li>✓ Clarifies clinical supervision of school nurses.</li> </ul>
	3. Coordinate Public Health and School Codes. Explore the feasibility of a litigation review and attorney general clarification that includes clarification of Michigan Attorney General Opinions (6476 and 5679 from the 1980's).	<p>Consider taking advantage of opening Public Health Code.</p> <p>Consider adding school nurse services to the code.</p> <p>Work with MDE and MDCH attorneys.</p> <p>Make sure schools are included in this work.</p>
	4. Require state certification of all school nurses regardless of employer (update school nurse certification process).	<p>Include school nurse orientation and certification in undergraduate nurse preparation (rotation in nursing school).</p> <p>Encourage school district support of national certification of school nurses (time off for the certification test and increasing salary with certification).</p>
	5. Clarify HIPAA/FERPA rules as they pertain to student health records and whether they are part of the child's education records regardless of who provides services.	Work with MDE and MDCH attorneys.



Task Force Priorities	Recommendations	Strategies/Actions
	<b>Issue: Funding to support school nurse programs</b> Responsibility: SNTF School Nurse Funding Subcommittee	
Find funding for school nurse programs. To address the following identified gaps/issues: Funding for school nurse positions are lacking. Schools are under pressure to do more with less. Economy is tight.	1. Develop a strategic plan to secure funding for school nurses that includes: a. Engaging public policy decision makers. b. Identifying local partnerships. c. Securing state allocation for school nurses. d. Exploring additional funding mechanisms.	Design/create a flow chart showing public funding streams and requirements. Understand publicly funded health care system. Ask schools to contribute local dollars/investment. Partner with accountable care organizations. Examine: Allowing Medicaid billing for direct services provided by school nurses. Bundled billing concept – “TLC” (traditionally uncovered services). Federal reimbursement (Build the school wellness model to facilitate reimbursement funding). Cost-based reimbursement. Funding partnerships and cost sharing with health departments and university/colleges. Opportunities with healthcare reform. Establish parameters of how funding might be distributed if obtained – e.g., need, vulnerability. Integrate school nursing into patient centered medical home initiative.

General Recommendation: The work outlined by the School Nurse Task Force is comprehensive and multi-faceted. It will require the work of all stakeholders over an extended period of time. Therefore, in order to see the work of the task force continue, it is recommended that an ongoing work group/council with subcommittees be established to oversee the accomplishment of the recommendations set forth by the School Nurse Task Force.

## APPENDIX B: School Nurse Task Force Members

<b>Bauer, Joan</b> - Representative, Michigan State Legislature	<b>McElrath, Janet</b> - School Nurse Administrator, Detroit Public Schools
<b>Bednarz, Pat</b> - School Nurse Administrator, Lansing Schools	<b>Mileski, Terri</b> - Superintendent, Concord Community Schools
<b>Borr, Jane</b> - School Nurse Administrator Holland Schools	<b>Phillips, Dr. Jeff</b> - President, Michigan Association of Public Health and Preventive Medicine
<b>Bronson, Jami</b> - Mill Creek Middle School	<b>Reagan, Jane</b> - Department Specialist, Office of Special Education and Early Intervention Services.
<b>Carr, Alethia, Co-Chair</b> - Director, Bureau of Family, Maternal & Child Health, MDCH	<b>Rose, Sherry</b> - Clinical Consultant, Adolescent and School Health Unit, MDCH
<b>Czerwinski, Terri</b> - School Nurse Consultant—Wayne Resa Intern	<b>Rutherford, Jim</b> - Health Officer, Calhoun County Department of Health
<b>Doll, Taggart</b> - CAHC Program Coordinator Adolescent and School Health Unit, MDCH	<b>Ryan, Debbie</b> - Department Analyst, Teacher Certification, MDE
<b>Doss, Jean</b> - J. Doss Consulting, LLC	<b>Strasz, Michele</b> - Executive Director, SCHA-MI
<b>Guerrant, Kyle</b> – Supervisor, Coordinated School Health and Safety Programs Unit	<b>Taliaferro, Vicki</b> - School Nurse Consultant
<b>Heringhausen, Jayne</b> - Staff Nurse, Saginaw Co Dept. of Health	<b>Tarry, Carrie</b> - Manager Adolescent and School Health Unit, MDCH
<b>Hoyle, Edie</b> - School Nurse Consultant, Isoco Regional Educ. Service Agency	<b>Wigent, Chris</b> - Superintendent, Wayne RESA
<b>Janowski, Evilia</b> - School Nurse Consultant, Genesee ISD	<b>Williams, Kathleen</b> – School Nurse Consultant
<b>Katz, Erin (Kinch)</b> - CHRS -Michigan Association of School Boards, Executive Assistant/Director of Marketing and Human Resources	<b>Wise, Jill</b> - Independent Consultant
<b>Klemczak, Jeanette</b> - Chief Nurse Executive, MDCH	<b>Wolenberg, Carol</b> , Co-Chair - Deputy Superintendent for Administrative and Support Services, MDE
<b>LaPratt, Michelle</b> - Max Larsen Elementary School, Coldwater Schools	<b>Zaagman, Amy</b> - Executive Director, MCMCH
<b>Lechtenburg, Julia</b> - School Nurse, Warren Schools	<b>Zacharski, Sue</b> - School Nurse, Pontiac Schools (NASN director)
<b>McCain, Pat</b> - MASN President, School Nurse, Saginaw Tshp Comm. Schools	



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