To: Senate Committee Members on Education

From: Dr. Jan Olson, Interim President Elect, Oregon School Nurses Association (OSNA)

Date: April 7, 2021

RE: Testimony on SB 356

Dear Chair, Dembrow and Esteemed Committee Members:

Thank you for taking time to hear my testimony on Senate Bill 356 and read my follow up written testimony. My name is Dr. Jan Olson. I am an Associate Professor of Practice in the Accelerated Bachelor of Science in Nursing program at Concordia St. Paul and a clinical consultant for school health currently serving Molalla River School District and Colton School District, respectively, but I am submitting this testimony as the interim president elect of Oregon School Nurses Association.

Prior to serving as a consultant, I was a district school nurse In Oregon for 8 years. When transitioning to that position, it became clear that there is a misunderstanding about the level of practice and knowledge of the school nurse. It also became quite apparent that many people assume that the role is grounded in band aids and ice packs, but we are grounded in care of the whole child.

Much like our professional counterparts in the school setting we are serving on multidisciplinary teams to foster best outcomes for students. But we are the one professional specialist that also responds to emergencies, triages students, provides mental health assessments, manages chronic disease, and surveys communicable disease incidence and imposes control measures. We are the only ones versed in chronic disease, mental health, health promotion and maintenance, and population health, collectively.

This population health focus has to some degree illuminated the role of the school nurse during the current pandemic. But for school nurses it has drawn significant attention to the empty chair at the table of education leadership in Oregon and highlighted a problem already well recognized in our professional practice.

While we have many examples to draw on to speak on behalf of Senate Bill 357, I will continue to cite the current public health climate and schools. This climate has made visible the chasm between school nurse practice knowledge and utilization of that expertise in formulating and operationalizing policy. Having formerly worked in communicable disease at a LPHA, prior to school health, I understand the focus and intent of the recommendations made through the lens of that expertise.   But with school health expertise under my belt, I understand that that lens comes from a 10,000-foot vantage point without context of the complexity of the school setting, social emotional health, and the student.

demographics we serve. School Nurses are the professionals to translate public health guidance to school health operations. But this is not what has happened.

We could use the current Ready Schools Safer Learners school guidance to further this example. This guidance is a collaboration between public health and education. It is guidance that is focused entirely on mitigation of communicable disease in the school setting, something we do in any given year and our expertise and our voice was absent in the development of this guidance except as an afterthought. Had there been a nurse positioned at ODE this may have looked different.

In fact, the ODE currently holds a school nurse advisory group (SNAG) facilitated by the current non nurse school health specialist, and this group has not been invited to be at the table for the development COVID-19 response guidance in school, except as an afterthought. Often when we are engaged it is after the development process and we are often given less than 24 hours to respond. This is not inclusive specialized expertise; this would perhaps look different with a nurse leader at ODE.

When OSNA leadership has had the opportunity to be involved this year at the state level, it was not due to an invitation to the table it has been as a result of nurse leaders pushing their way to that empty seat. It is important to note that in the past year we have seen major gains and successes with OSNA involvement at the state level, such as the governors committee on COVID-19, and we would not want to neglect to extend our gratitude to the state of Oregon by failing to say so. But perhaps this would have looked different if there was a nurse at ODE to bridge gaps between ODE, OSNA and OHA, respectively.

I am grateful for the collaboration we have seen. I am grateful that the districts I serve recognize the value of nurse leadership, but this is not the story across the state and not a reflection of our state's typical operations, as evidenced by the massive understaffing and lack of school nurse presence in many districts, not to mention the near absence of school nurse leadership in districts during a critical time of increasing medical complexity, dynamic mental health crises and global public health event. If the state of Oregon could value school nurses enough to put them at the table by positioning a nurse leader at ODE, it would bridge gaps and it would set a precedent for districts to do the same. It would set the standard of looking at our students holistically in the development of policy and guidance, to the operationalizing and maintenance of that policy very intentionally and not as an afterthought.

We respect our education colleagues tremendously and value their expertise and we are asking for an extension of that same valuation. As nurses, we advocate tirelessly for our populations. Today we are advocating for our profession. Because we know our value and we know that our voice is on behalf of every child with medical fragility and complexity that we serve and quite frankly on behalf of all student populations physical and emotional health and wellbeing. Thank you for your time.

Sincerest regards,

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