

from the President's Pen

A Time-Tested Formula for Policy Impact

During NASBE's 60th anniversary year, we have been reviewing how state boards of education influence policy. Case in point: the story of how NASBE helped state boards deal with a health crisis that initially did not even have a name.

In 1981, the Centers for Disease Control noted that 328 people contracted a disease that they identified as possibly a strain of pneumonia. By 1989, more than 100,000 people were reported to be infected with a disease that by then was known as AIDS.

Some of those infected were students and teachers, and there were no protocols and no consensus on what schools should do. So when Ryan White contracted AIDS from a blood transfusion, school officials were unwilling to allow him to return to class. The state eventually intervened, but the case put a human face on a problem schools were addressing alone.

State boards struggled to find ways to help schools and districts. Unsurprisingly, they turned to NASBE, which had a decade of experience on school health policy and had identified board leaders and experts in crafting science-based school health policy.

NASBE met with Surgeon General C. Everett Koop to discuss how schools should respond, and NASBE and the American Medical Association co-sponsored a meeting to explore potential community responses. NASBE surveyed state boards to determine what policies and procedures were in place. Executive Director Phyllis Blaunstein reported that, while states were taking action, "some of the more difficult issues [were] not being addressed."

Under a CDC grant, NASBE published *Effective AIDS Education: A Policymaker's Guide*, to encourage states to develop a comprehensive approach and ask tough questions: Should AIDS

education be mandated or recommended? What grade levels should receive instruction? How should schools address the concerns of parents who objected to AIDS instruction?

Many questions that applied to other curriculum standards applied here, the guide said. Who was qualified to teach AIDS education? How would they be trained and evaluated?

States and local districts were encouraged to convene parents and experts as they developed local plans. The publication also recommended working with agencies such as health departments.

Finally, NASBE launched a public information campaign. In 1989, NASBE President Connie Hubbell testified to Congress that state boards "are in a unique position to build a consensus among parties seeking to have an impact on issues and policies on issues of AIDS."

NASBE also released *Someone at School Has AIDS*, a guide to developing policy on AIDS at schools. UNESCO praised it as "an example of good practice both within the United States and internationally," noting that it "served to guide the efforts of education authorities involved in HIV/AIDS policy development in many states and countries of the world."

Today, 33 states mandate HIV education. The Americans with Disabilities Act would eventually extend protections to students with HIV/AIDS. But for states that had followed NASBE's recommendations, this change codified policies already in place.

Asking questions, convening experts and concerned parties, and developing policy based on research—sound familiar? Successful boards take the same approach today. Issues may change, but leadership practices remain the same. They are still how state boards exercise their place as the citizen voice in education. ■



Kristen Amundson
President/CEO