

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 18, 2020

3:08 p.m.

MEMBERS PRESENT

Representative Tiffany Zulkosky, Chair
Representative Ivy Spohnholz, Vice Chair
Representative Matt Claman
Representative Harriet Drummond
Representative Geran Tarr
Representative Sharon Jackson
Representative Lance Pruitt

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

PRESENTATION: STATEWIDE SUICIDE PREVENTION COUNCIL

- HEARD

PRESENTATION: IMPROVING PUBLIC HEALTH AND COMPREHENSIVE SEX
EDUCATION

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

BEVERLY SCHOONOVER, Executive Director
Statewide Suicide Prevention Council
Juneau, Alaska

POSITION STATEMENT: Presented a PowerPoint titled "Statewide
Suicide Prevention Council.

SHARON FISHEL, Education Specialist
School Health and Professional Development
Department of Education and Early Development (DEED)
Juneau, Alaska

POSITION STATEMENT: Testified during the presentation on suicide prevention.

REBECCA PIATT, Counseling Coordinator
Matanuska-Susitna Borough School District
Palmer, Alaska

POSITION STATEMENT: Testified during the presentation on the Statewide Suicide Prevention Council.

KRISTIN GAROT, Principal
Yaakoosge Daakahidi High School
Juneau School District
Juneau, Alaska

POSITION STATEMENT: Testified during the presentation on suicide prevention.

MAX WHEAT, Student
Yaakoosge Daakahidi High School
Juneau School District Juneau, Alaska

POSITION STATEMENT: Testified during the presentation on suicide prevention.

MELISSA LINTON, Curriculum Coordinator
Kenai Peninsula Borough School District
Kenai, Alaska

POSITION STATEMENT: Testified during the presentation on suicide prevention.

KAEGAN KOSKI, Student
River City Academy
Kenai Peninsula Borough School District
Kenai, Alaska

POSITION STATEMENT: Testified during the presentation on suicide prevention.

MEGHAN CROW, Lead School Social Worker
Lower Kuskakwim School District
Bethel, Alaska

POSITION STATEMENT: Testified during the presentation on suicide prevention.

SAMANTHA McNELLY, Facilitator
Anchorage Teen Council
Anchorage, Alaska

POSITION STATEMENT: Presented a PowerPoint titled "Improving Public Health and Comprehensive Sex Education."

ZOE KAPLAN
Anchorage Teen Council
Anchorage, Alaska

POSITION STATEMENT: Testified during the PowerPoint presentation.

MICHAELA GOODMAN
Juneau Teen Council
Juneau, Alaska

POSITION STATEMENT: Testified during the PowerPoint presentation.

ZAFARA STRAIN
Anchorage Teen Council
Anchorage, Alaska

POSITION STATEMENT: Testified during the PowerPoint presentation.

SAMMY STEVENS
Anchorage Teen Council
Anchorage, Alaska

POSITION STATEMENT: Testified during the PowerPoint presentation.

ACTION NARRATIVE

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CHAIR TIFFANY ZULKOSKY called the House Health and Social Services Standing Committee meeting to order at 3:08 p.m. Representatives Zulkosky, Drummond, Tarr, and Claman were present at the call to order. Representatives Spohnholz, Jackson, and Pruitt arrived as the meeting was in progress.

Presentation: Statewide Suicide Prevention Council

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CHAIR ZULKOSKY announced that the first order of business would be a presentation by the Statewide Suicide Prevention Council.

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BEVERLY SCHOONOVER, Executive Director, Statewide Suicide Prevention Council, presented a PowerPoint titled "Statewide Suicide Prevention Council." She shared slide 1, "Behavioral Health Advisory Boards and Councils," which listed the

Behavioral Health Advisory Boards, noting that she was the director of all three boards: Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, and the Statewide Suicide Prevention Council. She added that these citizen advisory members were all Alaskan with lived experience and expertise related to mental health, substance use, and suicide, and were appointed by the governor. She explained that they advised, educated, and collaborated with multiple partners regarding state funded behavioral health services.

MS. SCHOONOVER shared slide 2, "Statewide Suicide Prevention Council Meeting," reporting that the council was in statute and served in an advisory capacity to the legislature and governor regarding suicide awareness and prevention. She said that they meet 4 times annually, had 1 paid staff member, and 17 council members, of which 13 were voting members, with 2 non-voting members from the Alaska House of Representatives and 2 non-voting members from the Alaska Senate. She pointed out that of these voting members, there were specific seats established, including a military seat, a youth seat, a suicide survivor seat, a clergy seat, a rural seat, and a seat recommended by the Alaska Federation of Natives. She declared that the main duty was to work with Alaskans statewide to create and maintain the five-year suicide prevention plan and to collaborate with statewide partners on the groundwork of suicide prevention.

MS. SCHOONOVER reported that, in the Center for Disease Control (CDC) list of state suicide rates, Alaska was always in the top three for highest, and currently was in second place behind Montana. She declared that the data on the following graphs were for Alaskans, and she shared slide 5, "Intentional Self-Harm Mortality by Year," a bar graph listing Alaska suicide deaths, rate per 100,000, and the U.S. suicide rate each year from 2009 to 2018. She pointed out that although the number of deaths were low, as Alaska has a small population, the rate of suicide was high, adding that one death by suicide in Alaska has huge and lasting impacts in the community.

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MS. SCHOONOVER presented slide 6, "Intentional Self-Harm Mortality by Race," a graph which also depicted 2009 - 2018 in Alaska. This graph compared Alaska Indian/Alaska Native rate, the non-Alaska Indian/Alaska Native rate, the Alaska rate, and the U.S. rate. She pointed out that the Alaska Natives were most at risk for suicide in Alaska, a huge concern for the council. She reported that the council had an annual booth at

the Alaska Federation of Natives, conducted outreach to tribes, and was always looking for more ways to partner with tribes and tribal citizens.

MS. SCHOONOVER shared slide 7, "Intentional Self-Harm Mortality by Region," a bar graph showing suicide deaths and the statewide rate. She pointed out that, although the Matanuska-Susitna (Mat-Su) region had the highest number of deaths, it did not have a high rate of suicide per 100,000 people. She reported that Alaska Natives living in the northern regions, such as Nome, Bethel, and Dillingham, were the most at risk for suicide. She added that these areas were the most challenging to receive and provide services and support. She moved on to slide 8, "Intentional Self-Harm Mortality by Age Group," noting that it was necessary to consider Adverse Childhood Experiences (ACEs), historical trauma, racism, and economic disparity. She emphasized that it was necessary to have dedicated resources and focused efforts in the rural Alaskan communities. She directed attention to the bar graph, pointing to the spikes in the 15 - 29 age group, as suicide was the leading cause of death for Alaskans age 15 - 19. She expressed concern with the rates and discussed the focus for youth intervention in the schools. She relayed that the prevention plan supported early childhood interventions to reduce ACEs. She added that there was concern for the spike in the 60 - 79-year-old population, noting that the council had addressed this with the Alaska Commission on Aging with a hope to partner on some projects.

MS. SCHOONOVER directed attention to slide 9, "Youth Risk Behavior Survey (YRBS)," a survey of Alaska teens in both traditional and alternative high schools, done every other year with parental consent. She reported that, since 2009, the rates of depression and attempted suicide had grown dramatically. She noted that there was improvement, however, with a reduction in tobacco use and youth drinking. She declared that this was the most important data for school-based suicide prevention programs.

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CHAIR ZULKOSKY asked if the YRBS survey was facilitated through the state-wide council and what was the total number of surveys.

SHARON FISHEL, Education Specialist, School Health and Professional Development, Department of Education and Early Development (DEED), in response to Chair Zulkosky, said that the Division of Public Health conducted the survey in collaboration

with the schools and the DEED. She added that the 2019 data would soon be available.

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REPRESENTATIVE TARR reported that nationwide rates for suicide were "really skyrocketing," adding that this had been a trend for the last number of years. She pointed out that the Alaska rate had plateaued whereas the national trends were continuing to rise, and that this spoke to the importance of the prevention work.

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MS. FISHEL presented slide 10, "Suicide Awareness Prevention & Postvention Program," and slide 11, "Reducing Youth Suicide - SAPP Grantees." She reported that funding through the Suicide Prevention Council had been the primary funding for school based mental health programming, which included suicide prevention, intervention, postvention and trauma work. She pointed out that there was not any other dedicated funding to meet this need, noting that this work had reached all of Alaska's school districts in some form with more than 23,000 online e-learning users. She clarified that these SAPP (Suicide Awareness Prevention & Postvention Program) grants were really the SAPP program. She reported that the program provided opportunities for schools to support programs, practices and policies that focused on the areas that were related to state suicide prevention plans, goals, and strategies. She stated that these programs provided an action plan, parts of which also met the statewide Suicide Prevention Plan. She listed the SAPP grantees for FY20, which included schools in Juneau, Petersburg, Kenai, Bering Straits, and North Slope. Almost all these programs included peer to peer work.

MS. FISHEL paraphrased slide 12, "Statewide Crisis Response - SAPP Program," stating that in addition to the more traditional suicide programming DEED administered through district grants and training, DEED is often able to respond to unforeseeable district crises. DEED can authorize grant funds to be allocated for crisis counseling and even provide funding for external counseling support to a school in crisis.

MS. FISHEL stated that this funding also provided statewide support by having staff that could respond to district requests for support during a crisis, including a mental health crisis, suicide crisis, counseling support, and technical assistance.

She shared anecdotes for responses to four different crises in the past two weeks, as well as earlier incidents of suicide and attempted suicide in a school in December. She acknowledged that, as she was the only staffer with the Department of Education and Early Development to do behavioral health which included mental health, suicide prevention, trauma, and substance abuse, she also worked with school counselors statewide.

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MS. FISHEL moved on to paraphrase slide 13, "DEED eLearning Suicide Resources (Statewide)," which broke the staff training program into four training sections. She said that this training was in response to Senate Bill 36 in 2012 which required that all school district staff receive suicide awareness prevention and postvention training. She added that these were online courses available to anyone statewide. She reported that there was a collection of professional development resources for the districts, noting that since July 1, 2019, 5600 educators had taken at least one of the suicide courses. She shared that 195 educators had taken the student lessons listed on slide 13, "Navigating Transitions: Promoting Wellness to Prevent Suicide, Grades 5-12."

MS. FISHEL explained that five counselors from the Mat-Su School District had helped create these lessons, the first online lessons for students around suicide prevention. She added that about 150 students from this school district had been trained to deliver these peer-to-peer model lessons to other students, with some of these students going to Anchorage to train other students to deliver these lessons.

MS. FISHEL shared slide 14, "Transforming Schools," stating that Alaskan students endured an extremely high rate of trauma and ACEs. She reported that one of two youth in Alaska had lived through one or more ACEs by the beginning of kindergarten. She explained that this framework was a result of lessons learned by school staff and community members in Alaska, using stories, research, and best practices to improve academic outcomes and well-being for all students, adding that more than 2500 copies of this framework had been distributed throughout Alaska.

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MS. FISHEL shared slide 15, "DEED eLearning Trauma Resources," stating that the online lessons for suicide prevention and the

trauma lessons were all paid for out of the DEED funding. She pointed to the micro courses, including classroom practice, self-regulation, mind-body connection, and emotional intelligence, which she described as hands-on tools and activities that teachers and educators can do with their students in the classroom. She pointed to the new courses listed on the slide, which read: Childhood traumatic grief for school personnel; a Guide to Family Partnerships (Live); Self Care for Educators; and Birth-to-5 Trauma Engaged Practices

MS. FISHEL reported that the self-care chapter was most requested for training.

CHAIR ZULKOSKY asked if the framework for trauma-engaged practice was used as a tool by school boards and teachers as a resource to implement trauma engaged environments. She asked for any statistics that this had been used for developing models statewide.

MS. FISHEL reported that the Bering Strait School District offered a copy of the document to every educational staffer. She added that the Fairbanks North Star Borough School District had requested 500 copies of the framework, and that requests were coming in soon from the Anchorage and Lower Kuskokwim School Districts.

MS. FISHEL declared that, although this was not a lot of money, there was a lot done with the money. She shared a personal anecdote about suicide in her family.

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MS. SCHOONOVER concluded with slide 17, "Statewide Suicide Prevention Council - 2020 Activities:" the Reducing Lethal Means Campaign, which created space between potentially suicidal people and their guns; the Careline Promotion, with its objective to alleviate stress and give folks someone to talk to by calling 877-266-HELP (4357); and "Recasting the Net-Promoting Wellness to Prevent Suicide in Alaska," increasing the resource base for statewide planning, data collection and assessment.

REPRESENTATIVE JACKSON expressed her gratitude to Ms. Schoonover for her work.

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The committee took a brief at-ease.

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REBECCA PIATT, Counseling Coordinator, Matanuska-Susitna Borough School District, spoke about the necessity for full and continued funding for the suicide awareness prevention and postvention (SAPP) program. She reported that her district had been a grantee of the program for multiple cycles, and the district SAPP activities all aligned with the state suicide prevention plan strategies. She stated that some of the major deliverables included explicit suicide prevention training to students and staff, educational programming to foster resiliency and connectedness, and social-emotional skills for students in some of the alternative schools. She shared that SAPP funds had supported the development of navigating transitions, promoting wellness to prevent suicide, e-learning modules in collaboration with the Department of Education and Early Development, and free curriculum for any Alaskan educator. She spoke about the major goal for the current grant cycle to expand the reach of the navigating transitions curriculum by using a peer-to-peer training model and shared some details about the "saving teens at risk" suicide prevention training for student leaders and staff advisors.

MS. PIATT shared that the cost for this district-wide training was about \$2.83 per student. She declared that these SAPP-funded efforts were making a difference, pointing to the increase in the number of suicide interventions as students were recognizing warning signs and had the courage and training to speak up. She shared an anecdote from her school district. She reported that the youth suicide indicators in the YSRB survey reflected that 21.6 percent of high school students in the Mat-Su Borough School District reported engagement in suicide consideration and 9.2 percent had reported an actual suicide attempt. She pointed out that the statewide averages were higher. She declared that, as the reach of the SAPP dollars extended farther than any statistic could truly show, full and continued funding was important to support the suicide prevention activities and resources to promote the safety and well-being of the students.

CHAIR ZULKOSKY asked if there had been any discussions for contributions to the rise in suicide across the state.

MS. PIATT, in response, offered her belief that, although there was not any officially clear causation, the ACEs research had

brought recognition for the extent of trauma within the community, with no discrimination. She declared that there were also uphill battles with substance abuse issues in Alaska which did lead to suicidal behavior. She relayed that the activities tried to address these issues in order to build connections and pipelines toward support and resources for healing.

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KRISTIN GAROT, Principal, Yaakoosge Daakahidi High School, Juneau School District, acknowledged that, as Alaska did have one of the highest rates of suicide in the U.S., targeted intervention, support, and education for high school students in high-risk school districts was important. She said that the SAPP program helped her school with a grant of \$25,000 which had increased the support for student engagement at school and in the community, provided staff training, and increased attendance and positive connections. She reported that the funding had shown success for student engagement, attendance, and graduation rates. She relayed that more students now shared when they and their friends were struggling and asked for help. She declared that, without the funding, it was more difficult to systematically fill the gaps, so kids did not "fall through the cracks."

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MAX WHEAT, Student, Yaakoosge Daakahidi High School, shared some stories about his participation in leadership circles which helped bring people in and make them want to talk. He said that one person could make a difference, and this was contagious. He declared that having a trusting relationship with a teacher would allow someone to talk about traumatic issues. He offered his belief that the program helped kids not go to "that dark side" and made them feel "happy about life." He shared an anecdote about one of the classes that helped a lot of the students deal with a lot of trauma, knowing that "someone has your back." He spoke about community involvement, which goes "a long way just saying, 'got you'." He spoke about the importance of the program for helping to know the signs of suicide so that you could look out for your family, your friends, and even a teacher and help them. He expressed his appreciation for the program.

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MS. GAROT spoke about the program to support students who had experienced trauma, a full day training for specific ways to teach kids self-regulation strategies which the grant had helped provide to the school staff. She referenced the signs of suicide that were taught in the e-learning modules and had been implemented school-wide for the students. She noted that the teachers used those resources to lead and teach their classes. She declared that the funding was critical for her school.

MS. GAROT, in response to Representative Jackson, explained that it was the supporting students who have experienced trauma class.

CHAIR ZULKOSKY spoke about the importance for having the vocabulary to express and describe what someone was going through.

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MELISSA LINTON, Curriculum Coordinator, Kenai Peninsula Borough School District, shared that, in 2017, she had become the coordinator of a Project Aware grant for the alternative school. That experience had brought her the recognition for a need for the students to address suicide prevention and awareness. Since 2017, the district had increased the number of suicide assessments from almost 60 per year to almost 110 for the first semester, which could double by year end. She reported that at the end of the previous year, there had been 210 risk assessments for student suicide. She reported that, with the SAPP program, the district had introduced a program, "Sources of Strength," an evidence-based program for suicide prevention. She pointed out that this training was for students, to give them the skills and leadership to be connectors, as they were the first responders when it was known their peers needed help. She stated that previous training had been directed toward adults. She declared that this was a positive program that emphasized strength-based ideas for students: what one can do, instead of what one can't or shouldn't do.

MS. LINTON shared that currently there were almost 600 students and 100 adults throughout the community trained as adults or student advisors for Sources of Strength, active in 14 middle and high schools. She added that the SAPP program funding had also provided for 6 trainers within the district to continue to train students and schools on the Sources of Strength program. She explained that the SAPP funding also supported other

programs, and she offered some details on these, including work on trauma informed practices.

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KAEGAN KOSKI, Student, River City Academy, Kenai Peninsula Borough School District, shared that he was in the eleventh grade at River City Academy and was a participant in the Sources of Strength program. He declared his support for the program, pointing to the effects in his school when kids were encouraged to connect with each other, to talk and identify when there was a problem. He reflected that there had been many past instances when the Sources of Strength "would have been incredibly useful to me." He shared an anecdote of a friend's earlier attempt at suicide and his own lack of knowledge for what to do. He said that daily he saw examples in which Sources of Strength had changed the brain chemistry of students. He declared support for any grants toward suicide awareness that would keep these programs teaching his peers how to deal with terrifying situations and save lives.

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MS. LINTON reported that there had recently been more collaboration with partners on the Kenai. She offered an example for the Sources of Strength program with Central Peninsula Hospital and other outside agencies throughout the community. She declared that this program was very positive, and it was "connecting all the right people to the right places and supporting the students." She added that Sources of Strength activities had been used for the staff to deal with secondary trauma.

[4:08:19 PM](#)

MEGHAN CROW, Lead School Social Worker, Lower Kuskakwim School District, reported that she had been a school social worker for 22 years as well as a member of the statewide suicide prevention council for 7 years. She said that suicide prevention was currently a focus among the 10 school social workers. She shared that the free lessons offered by the state had helped the department to train teachers. She added that the addition of resilience and protective factors into the presentations had been proven effective in prevention. She relayed that the SAPP programs had been used to expand existing programs by training advocates from the rural schools to better respond to student needs. She added that this also included training in Yupik life

skills and traditional skills, the way of being well, using Yupik values. She noted that mental health first aid was also taught, as well as ways to combat bullying and dating violence. She pointed out that the SAPP program allowed them to think in a different direction and expand comprehensive prevention efforts for life skills, protective factors, and community involvement. She added that these funds allowed a broadening of focus for trauma to staff, teachers, and students.

MS. CROW, in response to Chair Zulkosky, said there were 28 schools in the district.

MS. CROW, in response to Representative Tarr, explained that the district had both social workers and counselors. The counseling department had 8 counselors, with 2 full time at the Bethel High School, which comprised about 33 percent of the high school students in the district. She said that the other 6 counselors and 5 social workers visited the 23 village schools. She reported that the social workers did a lot of social, emotional counseling, especially in the village. The academic counselors were doing testing, scheduling, and guidance lessons, as well as college and vocational programs. She pointed out that although each had different focuses, the two groups came together for crisis intervention and the social, emotional needs of students. She acknowledged that having both was a unique system.

Presentation: Improving Public Health and Comprehensive Sex Education

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CHAIR ZULKOSKY announced that the final order of business would be a presentation on improving public health and comprehensive sex education.

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The committee took a brief at-ease.

[4:21:21 PM](#)

SAMANTHA McNELLY, Anchorage Teen Council Facilitator, presented a PowerPoint titled "Improving Public Health and Comprehensive Sex Education," stating that the statistics were very alarming and that a lot of them had "been true for quite some time." She directed attention to slide 3, "Scope of the Problem," which stated that Alaska had some of the country's highest rates of

sexual assault, sexually transmitted infections (STIs), and unintended pregnancy.

MS. McNELLY moved on and paraphrased from slide 4, "Public Health Crisis," which read:

Alaska has extremely high rates of STIs, ranking highest in the nation for chlamydia and second highest for gonorrhea. Alaska youth (ages 15-19) are particularly vulnerable - contracting chlamydia at a rate more than 3x the state average.

MS. McNELLY, in response to Representative Jackson, said that she did not know exactly when these numbers had begun to rise.

CHAIR ZULKOSKY offered for her office to provide additional information at the end of the presentation.

MS. McNELLY moved on to slides 5 and 6, "Scope of the Problem," and paraphrased the slides, which read:

Syphilis Outbreak: During 2018, there was a 293% increase over 2017 for reported syphilis cases.

Alaska's rate of teen pregnancy is above the national average. Nearly 48% of all pregnancies in Alaska are unintended.

MS. McNELLY shared slide 7, "Scope of the Problem," which read:

Sexual Violence

Alaska has the highest rate of reported rape in the country - almost 3 times the national average.

13.7% of people in Alaska have experienced some form of childhood sexual abuse, estimated to be the highest in the country.

MS. McNELLY added that this was unacceptable and there needed to be a way to address this problem.

MS. McNELLY directed attention to slide 8, "UAA's Alaska Victimization Survey," and reported that of 100 adult women in Alaska, 40 would experience some sort of intimate partner violence, 33 would experience sexual violence, and 50 would experience intimate partner violence, sexual violence, or both.

She emphasized that one of every two women in Alaska would experience this violence, noting that although the data was only looking at women, it was known that people of all genders did experience intimate partner violence, sexual violence, or both. She declared that it was necessary for more education across the state to "tackle these numbers and to really bolster protective factors specifically for young people across Alaska."

MS. MCNELLY shared slide 9, "Discrimination against LGBTQ+ youth," which read:

Compared to students in schools without an LGBTQ - inclusive curriculum, LGBTQ students in schools with inclusive curriculum were...

- More likely to feel safe because of their sexual orientation and gender expression
- Experienced lower levels of victimization related to their sexual orientation and gender expression

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MS. MCNELLY presented slide 10, "Primary Prevention and Behavior Change," and said that primary prevention was the idea of intervening before negative health events occurred in someone's life. She offered an example for the encouragement of vaccinations before the contraction of a harmful disease. She added that primary prevention could also include substance abuse education and be as simple as encouragement of an environment for youth to bond with trusted adults so there would be someone safe to talk with. She shared slide 11, "Prevention," which read:

Health Promotion

"Empowering people to increase control over their health and its determinants through health literacy efforts and multisectoral action to increase healthy behaviors."

MS. MCNELLY stated that the goal of health promotion was to increase better health outcomes for all Alaskans, adding that it demanded to meet people where they were, so whatever point in their lives they were at with their health and their choices, information resources that would them move forward to an even healthier life could be provided.

MS. MCNELLY shared slide 12, "Behavior Change," which stated that long term changes in health behavior involved multiple actions and adaptations over time, and that behavior change often took time and multiple opportunities.

MS. MCNELLY pointed to the similarity within the models and mentioned that there needed to be consistent information and conversation.

MS. MCNELLY declared that some of the programs throughout the U.S. did not follow the best practices for behavior change models, directing attention to slide 13, "Abstinence - Only Programs,:" which stated that abstinence was "not effective in delaying initiation of sexual intercourse or changing other health behaviors associated with reducing unintended pregnancy and STIs" and indeed "may have negative impact on several groups of young people, including LGBTQ youth, sexually active youth, youth with history of sexual abuse, and parenting teens."

MS. MCNELLY stated that there were numerous studies showing that these programs were not effective in delaying the initiation of sexual intercourse or other health behaviors associated with unintended pregnancies and STIs, and could, instead, cause direct harm for many groups of youth, specifically LGBTQ youth. She pointed out that these programs could be harmful for sexually active youth because of the shame and stigma attached to these programs and would not necessarily encourage them to make healthier future choices.

MS. MCNELLY provided more information via slide 14, "Abstinence - Only Programs," stating considerable research, including from the CDC, found that abstinence-only education withheld critical information from young people, leaving them at risk.

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ZOE KAPLAN, Anchorage Teen Council Member, shared slide 16, "Sex Education should ..." which read:

Cover a wide range of topics including:

- Healthy and unhealthy relationships
- Decision-making and peer pressure
- Abstinence
- Communication
- Consent

- Gender identity
- Sexual orientation
- Body image
- Media literacy and critical thinking
- Birth control
- Sexually transmitted infections (STIs)

MS. KAPLAN acknowledged that these should be taught to age-appropriate groups and she offered examples for younger ages that could be built upon as the children were older. She pointed out that abstinence was an important form of birth control for many people.

MS. KAPLAN moved on to slide 17, "Sex Education should ..." which read:

- Be culturally specific and taught each school year by a trained educator
- Equip young people with skills they need for a lifetime of good health
- Inclusive of LGBTQ+ population

MS. KAPLAN said that it was important in rural areas for the lessons to focus on what was accessible. She declared that sex education should equip young people with skills needed for a lifetime of good health. She added that sex education should be inclusive of LGBTQ youth who felt marginalized or excluded as there was a higher risk for mental health problems among this group.

MS. KAPLAN stated that when these best practices were put into use, there were a lot of positive outcomes, and she directed attention to slide 18, "Positive Health Outcomes," which read:

Comprehensive Sex Ed:

- Reduces unprotected sex
- Delays initiation of sex
- Increases condom and contraception use
- Reduces likelihood of unintended pregnancy

MS. KAPLAN stated that this directly challenged the beliefs about abstinence-only sex education and addressed the high percentage of unintended pregnancies and STIs.

MS. KAPLAN referenced slide 19, "Comprehensive Sex Ed," which read:

Young people should get age-appropriate, medically accurate information and answers to their questions about sex and relationships, without being shamed or judged.

MS. KAPLAN moved on to slide 20, "National Sexuality Education Standards," and reported that these standards were derived from the CDC's National Health Education Standards. They were developed by multiple national organizations working together and broken into seven sexuality standards, explained further on slide 21, "Essential Content:" there are 7 topics chosen as the minimum, essential content and skills for K-12 sexuality education, the standards for each one of these topics varying by grade level.

MS. KAPLAN stated that these topics would be developmentally appropriate for every grade level and she shared slide 22, "Essential Content," in which the topics were broken down:

1. Anatomy and Physiology
2. Puberty and Adolescent Development
3. Identity
4. Pregnancy and Reproduction
5. Sexually Transmitted Diseases and HIV
6. Healthy Relationships
7. Personal Safety

MS. KAPLAN reported that, in 2018, fewer than half of Alaska's secondary schools gave information for ways to access valid and reliable products, information, and services related to STIs and pregnancies. She emphasized that it was necessary to ensure there was correct, valid information.

[4:38:49 PM](#)

MICHAELA GOODMAN, Juneau Teen Council, explained that Teen Council was a peer-led sex education program affiliated with Planned Parenthood which had been active for about 30 years, and she directed attention to slide 24, "Teen Council," which gave more information about that program's location, members, and offerings:

- Anchorage and Juneau
 - 22 members

- Extensive Training
- Formal and Informal Ed
- Peer Led Sex Ed

[4:40:21 PM](#)

ZAFARA STRAIN, Anchorage Teen Council Member, shared slide 25, "Why it matters?" and offered a personal anecdote for the comprehensive sexual health education she received in the eighth grade, taught by Teen Council, a lesson for how to properly use a condom to protect a partner. After this lesson, she knew she wanted to be part of Teen Council. She stated that the questions she heard from friends disheartened her, as she knew that if they had had the same resources and comprehensive, inclusive sexual education as she had, they would have the same feelings of personal empowerment.

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MS. KAPLAN explained that her sex education had been very limited, and she shared a personal anecdote detailing how that information had not been applicable to her life. She noted that, as she was a very shy middle schooler, she was hesitant to broach this topic with her parents or anyone else. She shared a personal anecdote about her menstrual cycle and its symptoms, noting that sexual education would have taught her that this was not normal. She reflected on how much happier and healthier she would have been, had she had this knowledge earlier in her life.

[4:45:15 PM](#)

SAMMY STEVENS, Anchorage Teen Council Member, shared a personal anecdote about his sexual education, which he determined to be "less than adequate" as it stigmatized STDs rather than give any information for how to prevent or treat. He declared that it was "much more important that we have this information and not need it than need this information and not have it." He shared slides 26 and 27, which read:

Public health authorities agree:

Comprehensive and medically accurate sexual health education is...

The best way to help young people stay healthy!

Comprehensive sex education is essential to young people's health, relationships, and life goals - young people deserve to have the information, resources, and skills they need to protect their health and build their future.

[4:46:52 PM](#)

REPRESENTATIVE TARR reported that public health research indicated that comprehensive sexuality education delayed the onset of sexual activity. She shared her personal involvement with sex education during the campaign to prevent teenage and unplanned pregnancy.

[4:48:06 PM](#)

REPRESENTATIVE SPOHNHOLZ acknowledged that, although talking about sexual health education was an uncomfortable topic for many people, it was important for this to be talked about amongst peers. She reiterated that the research clearly indicated that providing more information delayed the initiation of intercourse and sexual activity.

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REPRESENTATIVE JACKSON said that there were a lot of issues in the state. She expressed her concern for kids to learn to read. She offered her belief that sexual education should not necessarily be provided in the education system. She opined that sex education in school "scared the sex out of our mind for a while." She offered her belief that, until graduation rates and reading abilities were up, this was "nice to be available but it just seems that it could be overwhelming for some." She expressed her desire to be careful and "not to cross the line of overwhelming those that aren't ready."

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REPRESENTATIVE CLAMAN declared that all the research showed that accurate and timely information on sex education was needed by everyone.

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CHAIR ZULKOSKY added that it was "incredible to see such poised, educated young leaders of the great State of Alaska, a new generation of leadership come before a committee and talk about

something that can be really difficult and sometimes politically divisive." She offered her belief that the presentation was thoughtful and thorough.

[4:53:09 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:53 p.m.