

HB 7

HOUSE COMMITTEE REPORT

(11)

Date Referred: March 13, 1991

FURTHER REFERRALS:

Date of Committee Action: 4/5/91

The FINANCE Committee considered:

HB 7

HOUSE BILL NO. 7

PUBLIC SCHOOL HEALTH AND SAFETY EDUCATION

"An Act relating to public school health and personal safety education."

RECOMMENDATIONS:

be replaced with CS HB 7 (FIN) the same title
 a new title

have attached amendments(s)

do pass

do not pass

no recommendations

individual recommendations

additional referral to the _____ Committee

ADOPTS: _____ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____

APPROVES PREVIOUS: (Dept/Date) _____

fiscal impact EDUCATION

fiscal note(s) _____

zero fiscal note _____

zero fiscal note(s) _____

SIGNING <u>DO PASS</u>	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>Mike Savone</i>		<i>Ben Sharp</i>		<input checked="" type="checkbox"/>	
<i>Mike Smith</i>	<input checked="" type="checkbox"/>	<i>Ronald J. ...</i>		<input checked="" type="checkbox"/>	
<i>Jan Brown</i>	<input checked="" type="checkbox"/>				
<i>Thomas</i>	<input checked="" type="checkbox"/>				
<i>Patricia ...</i>	<input checked="" type="checkbox"/>				
<i>George ...</i>	<input checked="" type="checkbox"/>				
<i>George ...</i>					
<i>Spencer ...</i>					

Mike Savone
 CHAIRMAN'S SIGNATURE

CS FOR HOUSE BILL NO. 7 (FINANCE)

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - FIRST SESSION

BY THE HOUSE FINANCE COMMITTEE

Offered:

Referred:

Sponsor(s): REPRESENTATIVES BOYER, Brown, Ulmer, Ellis, B.Davis

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to public school health and personal safety education."

2 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

3 * Section 1. PURPOSE. The purpose of this Act is to

4 (1) foster the development and dissemination of educational activities and materials that
5 will assist students, teachers, administrators, and parents in the perception, appreciation, and
6 understanding of health principles and problems, and responsible personal behavior;

7 (2) bring the appropriate agencies of government into the process of developing and
8 implementing health and personal safety education;

9 (3) encourage the University of Alaska to add a three-credit course in health education
10 and a three-credit course in personal safety education to the core requirements for a degree in elementary
11 or secondary education.

12 * Sec. 2. AS 14.08.115 is amended to read:

13 Sec. 14.08.115. ADVISORY SCHOOL BOARDS AND COMMITTEES IN REGIONAL
14 EDUCATIONAL ATTENDANCE AREAS. (a) A regional school board shall establish advisory

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1 school boards and may establish health education curriculum advisory committees in each
2 community in the regional educational attendance area that has more than 50 permanent residents,
3 and by regulation shall prescribe their manner of selection and organization, and, in a manner
4 consistent with (b) of this section, their powers and duties.

5 (b) An advisory board shall advise the regional school board on all matters concerning
6 schools in the community in which the advisory board is established. A health education
7 curriculum advisory committee shall advise the regional school board on the health
8 education curriculum at schools in the community in which the committee is established.

9 * Sec. 3. AS 14.12.035 is amended to read:

10 Sec. 14.12.035. ADVISORY SCHOOL BOARDS AND COMMITTEES IN BOROUGH
11 SCHOOL DISTRICTS. A borough school district board may establish a health education
12 curriculum advisory committee and may establish other advisory school boards or
13 committees, and by regulation shall prescribe their manner of selection, organization, powers,
14 and duties.

15 * Sec. 4. AS 14.30.360 is repealed and reenacted to read:

16 Sec. 14.30.360. CURRICULUM. (a) Each district in the state public school system
17 shall initiate and conduct a program in comprehensive health education for kindergarten through
18 grade 12. The program must include

- 19 (1) age appropriate instruction in physical health and personal safety including
20 (A) alcohol and substance abuse and fetal alcohol syndrome education;
21 (B) first aid, including cardiopulmonary resuscitation (CPR);
22 (C) human growth and development, including human sexuality, repro-
23 ductive health, pregnancy prevention, prevention and control of diseases, including
24 acquired immune deficiency syndrome and other sexually transmitted diseases;
25 (D) mental and emotional health, including suicide prevention;
26 (E) early cancer prevention and detection, nutrition, dental health, family
27 health, environmental health;
28 (F) the identification and prevention of child abuse, child abduction,
29 neglect, and sexual abuse, and domestic violence; and
30 (G) appropriate use of health services;
31 (2) training, support groups, and pertinent literature designed to assist parents and

1 other members of the community to participate in health and personal safety education;

2 (3) a district curriculum and curriculum materials developed in conjunction with
3 the district health education curriculum advisory committee; and

4 (4) a method of notifying parents of students of the content of instructional
5 materials used in the human growth and development program and of the parents' option to
6 exempt their child from human growth and development instruction; a district shall use proce-
7 dures to provide that students exempted from the program are not embarrassed by the exemption.

8 (b) The board shall establish guidelines for a comprehensive health and personal safety
9 education program. Upon request, agencies of state government shall provide technical assistance
10 to school districts in the development and delivery of health and personal safety curricula. A
11 school health and personal safety education specialist position shall be established and funded
12 in the department to coordinate the program statewide. Adequate funds to enable curriculum and
13 resource development, adequate consultation to school districts, and a program of training and
14 periodic staff development for administrators and teachers in health and personal safety education
15 shall be provided. The board shall develop

16 (1) personal safety guidelines in consultation with the Council on Domestic
17 Violence and Sexual Assault, the Department of Public Safety, the Department of Transportation
18 and Public Facilities, and other appropriate state agencies;

19 (2) health education guidelines in consultation with the Department of Education,
20 the Department of Health and Social Services, the University of Alaska, and other appropriate
21 state agencies.

22 * Sec. 5. AS 14.30.360 is amended by adding a new subsection to read:

23 (c) In this section,

24 (1) "family health" includes

25 (A) an understanding of the physical, mental, emotional, social, economic,
26 and psychological aspects of close personal relationships and an understanding of the
27 physiological, psychological, and cultural foundations of human development;

28 (B) the development of responsible personal values and behavior and the
29 establishing of a strong family life for students in the future, with emphasis on the
30 responsibilities of parenting;

31 (C) knowledge of the law relating to the sexual conduct of minors and

1 sexual abuse of minors, including criminal sexual conduct;

2 (2) "health and personal safety education" includes health education in a school
3 setting that is planned and carried out with the purpose of maintaining, reinforcing, or enhancing
4 the health, health-related skills, and health attitudes and practices of children and youth that are
5 conducive to their good health and that promote wellness, health maintenance, and disease
6 prevention; it includes age-appropriate, sequential instruction in health either as part of an
7 existing course or as a special course;

8 (3) "pregnancy prevention" includes

9 (A) abstaining from sexual activity until marriage;

10 (B) skills to enable students to resist peer pressure and abstain from sexual
11 activity;

12 (C) methods of contraception, and the risks and benefits of each method;

13 (4) "reproductive health" includes human physiology, conception, prenatal care
14 and development, fetal alcohol syndrome, childbirth, and postnatal care.

15 * Sec. 6. TRANSITION. Each school district shall begin development of the comprehensive health
16 education curriculum required by this Act by July 1, 1992, and shall have in place a program of
17 comprehensive health education required by this Act by August 1, 1994.

18 * Sec. 7. REPORT; SURVEY. The Department of Education shall report back to the legislature by
19 March 1, 1993, on the progress each district has made in implementing this Act. The Legislative
20 Research Agency shall conduct a survey of a representative sample of school districts to determine the
21 cost of implementing health and personal safety education curricula in a school district. The survey shall
22 be conducted in the fall of 1992 and be submitted to the legislature by February 15, 1993.

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. CSHB 7 (FIN)

Revision Date: _____ Department Affected: Education

Title: Public School Health and Personal Safety Education BRU: Education Program Support

Component: Basic Education & Instructional Support

Sponsor: Bover

Requestor: HOUSE FINANCE COMMITTEE

COMPONENT SERIAL NO.

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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	8.1	13.6	13.6	13.6	13.6	13.6
CONTRACTUAL	55.9	55.9	55.9	55.9	55.9	55.9
SUPPLIES	.5	.5	.5	.5	.5	.5
EQUIPMENT	8.3					
LAND & STRUCTURES						
GRANTS, CLAIMS	100.0	100.0	100.0	100.0	100.0	100.0
MISCELLANEOUS						
TOTAL OPERATING	172.8	170.0	170.0	170.0	170.0	170.0

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	172.8	170.0	170.0	170.0	170.0	170.0
FEDERAL FUNDS						
OTHER						
TOTAL	172.8	170.0	170.0	170.0	170.0	170.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary.)

See attached analysis.

Prepared By: Representative Mike Navarre, Co-Chair Phone: 465-3706

Division: HOUSE FINANCE COMMITTEE Date: 4-5-91

Approved by Commissioner: _____

Agency: _____ Date: _____

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

Narrative Outline - Fiscal Note for CSHB 7

YEAR 1:

200	\$8,100.	10 trips for technical assistance & coordination
300	\$55,890.	phone/postage (2,900.) xerox (1000.) contracts: <ul style="list-style-type: none"> • Summer Institutes of 3 weeks for 20 practicing elementary teachers who would serve as building level "teacher leaders" - covers instructor fees and expenses, materials and partial scholarships for participants (17,000.) • Local school inservices - training fees and expenses for experts to provide local assistance in comprehensive health and wellness through Talent Bank (4,000.) • audioconferencing line fees (990.) • Develop and produce materials for parents and community members to encourage participation in health education (10,000.)
		Year 1 only <ul style="list-style-type: none"> • Develop and produce three Health Fair learning centers to encourage parents and other community members to participate in comprehensive school health education (20,000.)
400	\$500.	Supplies
500	\$8340.	Year 1 only: (1.5 computer workstations @ \$4560 each equals \$6840, \$1500 for desk, chair, bookshelf, phone)
700	\$100,000.	Incentive mini-grants to local school sites for revising and implementing comprehensive health education curriculum (e.g. curriculum revisions, teacher in-service.)
Total =	\$172,800	Year 1

YEARS 2-5:

200	\$13,600	Include Year 1 as base plus travel for other educators to provide on-site assistance (5100.)
300	\$55,580	Replaces Year 1 costs for Health Fair Parent Education Module development with additional Teacher Training Institutes at regional locations (\$20,000)
400	\$500	Same as Year 1
700	\$100,000	Same as Year 1
Total =	\$170,000	Year 2. Years 3-5 would reflect the same level of service.

786EPSHLM

COMMITTEE COPY

Alaska State Legislature

REPRESENTATIVE
MARK BOYER

VICE-CHAIRMAN
HOUSE FINANCE COMMITTEE

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(907) 465-3466

House of Representatives

MEMORANDUM

DATE: March 12, 1991

TO: Representative Eileen MacLean, Co-Chair
Representative Mike Navarre, Co-Chair
House Finance Committee

FROM: Representative Mark Boyer *MB*

RE: Scheduling of CSHB 7 (HESS)

I would like to request that the Finance Committee hear CSHB 7 (HESS), relating to public school health and personal safety education, at your earliest convenience.

CSHB 7 (HESS) would mandate age appropriate health and personal safety education for Alaska's school children K-12. With passage of this legislation, a statewide health and personal safety curriculum would become part of each school district's program.

Last year the House passed HB 325. The original version of HB 7 represents the House passed version of that bill as amended on the floor. The HESS CS is an improved approach to ensuring that comprehensive health and personal safety curriculum is locally developed. The new version includes a report to the Legislature from the Department of Education on the status of these programs in school districts across the state, and a report requirement for Legislative Research to assess the impact on implementation of this curriculum on the instructional unit value.

One of the most important components of the bill is the inclusion of community and parental involvement and assistance in developing these programs in the respective school districts. CSHB 7 (HESS) contains a measure which fosters the cooperative relationship between family and school on behalf of the students. Teachers and counselors that have studied and worked with "youths at risk" believe there is a definite need for this type of legislation.

FAIRBANKS 20B

Page Two
CSHB 7 (HESS)

Attached is a sectional analysis of the bill and other back-up materials. If I can provide you with additional information, please do not hesitate to call my office at 465-3467. My legislative staff person, Alexis Miller, will be the contact person on this issue.

Letter of Intent for CSHB 7 (HESS)

It is the intent of the Legislature in requiring the creation of health education curriculum advisory committees to allow communities to decide whether to establish separate health curriculum advisory committees or to work within the confines of existing advisory school boards for the purpose of advising on matters related to health education. It is not the intent of the Legislature to discourage smaller communities with populations under 50 from developing a health curriculum, but rather those communities may work within the school system already in place.

It is further the intent of the Legislature to encourage the university system to add a course in health education and a course in personal safety to the core requirements for a degree in education, at both the elementary and secondary level. Additionally, teachers applying for recertification should be encouraged to take health and personal safety courses. Teacher aides and student teachers, as part of their teaching practicum, should have to develop and participate in health and personal safety lesson plans while in the classroom.

It is further the intent of the Legislature that all appropriate departments and divisions within the State work with school districts to develop and deliver an appropriate health and personal safety curriculum for each community. The Department of Education and the Department of Health and Social Services should be consulted regularly to determine the best approach and the most current methods for teaching health and personal safety.

It is further the intent of the Legislature that the transitional period included in HB 7 provide for time to develop this curriculum.

Finally, it is the intent of the Legislature to conduct a review of the costs associated with providing comprehensive health and personal safety education and to make recommendations to the appropriate committees regarding the impact of the curriculum on the educational instructional unit.

CSHB 7 (HESS) Healthy Student Bill
Sectional Analysis

Section 1.

Defines the purpose of the bill: 1) to foster the development and understanding of health principles and problems and responsible personal behavior; 2) to require all state agencies to work with school districts in developing and implementing health and personal safety education; 3) to encourage the University of Alaska to add courses in health education and personal safety to the requirements for a degree in education.

Section 2.

Requires that the borough school district shall establish a health education curriculum advisory committee.

Section 3.

Allows the school district to establish other advisory school boards or curriculums. The board will prescribe their manner of selection, organization, powers, and duties by regulation.

Section 4.

Requires each school district to initiate and conduct a program in comprehensive health education for K-12. Outlines the curriculum required under this program. The program must include age appropriate instruction in the following areas:

- 1) physical health
- 2) personal safety
- 3) first aid
- 4) human growth and development
- 5) mental and emotional health

The program must also include training, support groups and pertinent literature designed to assist parents and community members to participate in health and personal safety education. A district curriculum and materials must be developed in conjunction with the advisory committee. Method to notify parents about human growth and development program and option for parents to exempt child from this portion of the program.

Adds language to require all departments to provide assistance to school districts in the development of health and personal safety curriculum.

Section 5.

Defines new terms and areas covered under program: family health, health and personal safety education, pregnancy prevention, and reproductive health.

Section 6.

Requires each district to start development of a health education curriculum by July 1, 1992 and have a program in place by August 1, 1994.

Noce: Current law says the program should include instruction in physical health and personal safety including alcohol and drug abuse; CPR; early cancer prevention and detection, dental health, family health, environmental health; identification and prevention of child abuse, child abduction, neglect, sexual abuse and domestic violence; and appropriate use of health services.

Section 7.

Requires the Department of Education to report back to the Legislature by March 1, 1993 with a progress report. Requires the Legislative Research Agency to conduct a survey of a cross-section of school districts in the fall of 1992 and submit a report to the Legislature by February 15, 1993 on the costs for each school district to fully implement this curricula.

SUPPORTERS OF CSHB 7 (HESS) - HEALTHY STUDENT BILL

Department of Education
National Education Association
Alaska Native Health Board
Alaska State School Board
Church Women United in Alaska
Department of Public Safety
Resource Center for Parents and Children
Alaska Council of School Administrators
Alaska Health Education Consortium
Medical Advisory Committee of the Anchorage School District
Action for Alaska's Children
Access Alaska
Arctic Alliance for People
American Lung Association of Alaska
North and Northwest Alaska Mayor's Conference
Bristol Bay Area Health Corporation
American Association of University Women
A.W.A.R.E., Inc.
Planned Parenthood of Alaska
Fairbanks Native Association, Inc.
Volunteers of America
Central Council, Tlingit and Haida Indian Tribes of Alaska
Sitka Teen Resource Center
Bering Sea Women's Group
Governor's Health Care Commission



NEA-ALASKA

AFFILIATED WITH THE NATIONAL EDUCATION ASSOCIATION

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FAIRBANKS REGIONAL OFFICE

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FAX: (907) 456-2159

February 26, 1991

To: **Representatives Carney and Lincoln, Co-Chairs
Members, House HESS Committee**

Re: **HB 7: "An Act relating to public school health and safety education."**

NEA-Alaska supports and strongly encourages your favorable consideration of HB 7. We commend the sponsor for his attention to a very critical issue.

Generally, NEA-Alaska is resistant to legislative curriculum mandates because of the potential for so many different issues to become a part of such a process.

However, effective health education is such an important part of every child's future and their potential to live full and productive lives. Therefore, it is also in the long term public interest of everyone in Alaska.

Societal problems referenced in Section 4 of the bill continue to increase each year. Our society has, and will continue to change relative to the "traditional roles" of family and church in dealing with many of these issues.

More and more young people come from dysfunctional families and/or circumstances of disadvantage which means that this kind of information will, in many instances, be totally missing in their formative years. We have an obligation to make sure they have the opportunity to know and fully understand the circumstances which impact their daily lives.

The requirement of training and provision for support groups and development of pertinent literature is an integral part of making this effective legislation. It should also be emphasized that this legislation more than adequately "protects" those parents who prefer options for their children.

The provision for a curriculum advisory committee enhances the probability that the actual curriculum will truly reflect the attitudes and mores of the local community.

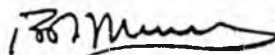
We do encourage that the Committee give some consideration to the probability that many school districts may need additional resources, human and financial, for the long term implementation of this legislation.

In closing, it is appropriate to emphasize that HB 7 effectively anticipates the "potential concerns" of the various interests in our society including the governmental agencies as well.

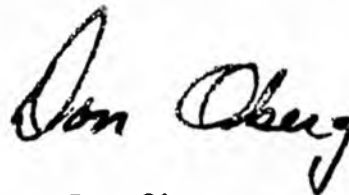


We hope that you will give it favorable consideration. Thank you for your consideration of our position.

Respectfully submitted,



Bob Manners
Executive Director



Don Oberg
President

cc: **Representative Beyer**



ALASKA ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS
ALASKA ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS
ALASKA ASSOCIATION OF SCHOOL ADMINISTRATORS

• ALASKA COUNCIL OF SCHOOL ADMINISTRATORS •
326 Fourth St., Suite 408, Juneau, AK 99801-1101 (907) 586-9702 FAX (907) 586-5879

HOUSE BILL 7

POSITION STATEMENT

"An Act relating to public school health and personal safety education."

The Alaska Council of School Administrators is vitally concerned about mandated curriculum of this nature and therefore opposes HB 7.

School districts already have school boards and community advisory committee requirements as a result of other legislation successfully passed by previous legislatures. To begin to think about adding another mandated advisory board to an already established requirement for insuring public impute is adding a tremendous burden to the communities which are served by the schools.

Secondly, school districts have not received any increased funding for the past five years. They have received additional reporting requirements and requirements for additional inservice education for the staff and administration which are added costs to the district. We feel that if districts are to be given the responsibility to re-allocate existing resources to sustain existing programs in all areas of the curriculum, mandating an additional requirement in any area is an unfair burden districts must carry.

While the issues spoken to in the concept of health and personal safety are so important to the lives of young children, so are many other basic aspects of a child's learning. We need to concentrate on the whole child as we are designing future expectations for schools.

Alaska Health Education Consortium

Position on Comprehensive School Health Education February 1991

The Alaska Health Education Consortium is a statewide organization of over 70 individuals and agencies dedicated to creating knowledgeable choices for optimum health.

Throughout the organization's 15-year history, it has endorsed comprehensive school health education programs for all students in Alaska's public and private schools. A resolution to this effect was passed in 1984. Today, we reaffirm this position and urge the passage of statewide legislation and funding to support comprehensive school health education in Alaska.

Comprehensive school health education programs should be required in Alaska because local school districts currently have a piecemeal approach and research has shown this to be ineffective in actually promoting behavior change. This lack of an integrative approach exacerbates a wide range of preventable health and social problems in our communities. Heart disease, cancer, alcohol abuse and injuries are the leading causes of death in Alaska, many of which can be prevented. While not a panacea, a prevention approach is a far more effective and efficient use of State funds than the current "bandaid" approach.

"Comprehensive school health education" means health education in a school setting that is planned, implemented and evaluated to maintain, reinforce or enhance the health related skills, knowledge, attitudes and practices of children that are conducive to their good health. It is continued from kindergarten through grade 12 in a sequential, developmentally appropriate manner. National professional school health education organizations recognize the 10 following topical areas: **alcohol/tobacco and other drug use & abuse, safety & first aid, prevention & control of disease, personal health, community & environmental health, consumer health, family life, human growth & development, nutrition, and mental & emotional health.** Additionally, current research indicates that the following factors, which we support, contribute to the success of school health education programs: **trained teachers, adequate time, parental and community involvement, local control and skill-based learning activities.**

A sound comprehensive school health education program will help students function at optimal levels. It will help schools succeed in reaching the outcome objectives for public education, as proposed by the State Board of Education. It can effect positive changes in student knowledge, attitudes, and behavior, with longterm benefits to the individual, family, community and state.

In addition to the national support for required health education, there is broad-based support in Alaska. It is consistent with the current recommendations set forth by the Alaska State PTA, the Alaska Federation of Natives, the Alaska Children's Commission, the Alaska Adolescent Pregnancy & Parenthood Task Force and many other organizations. It is now time to act upon this recognized need in a unified, committed manner.

Alaskan State Legislature
House of Representatives
RE: House Bill 7

My name is Thomas D. Smith, a proud Alaskan, former high school teacher, Baptist ministers son, and living with full blown AIDS for four years. During the past year since I sat within these chambers, I have addressed countless civic, private, schools, organizations within the health care field, and even the Alaskan Correctional System regarding sexually transmitted diseases, HIV/AIDS, alcohol and drug issues regarding healthy judgements and preventative measures that can be taken immediately. House Bill Seven addresses these and other health issues at the heart of the endangered population.....our youth.

By implementing public health education within the educational system, even with no financial attachment, the principles and education to practice and learn healthy skills and the judgemental process conducive to personal well-being will result in better academic and personal self esteem performance and achievements. As a member of the Alaskan Health Consortium and through my direct personal contact I am aware of the importance and results of educated-cautious students who can enter adulthood with the facts and face the world with intelligent choices of nutrition, healthy habits and cautious behavior to the dangers provided them within our State.

We can make a difference by giving the information to process and make correct health decisions. I full heartedly support House Bill Seven and it's principles.

Thank you,



Thomas D. Smith
504 B Kennedy St.
Juneau, AK. 99801
(907) 463-5688



STATE OF ALASKA

OFFICE OF THE GOVERNOR

ALASKA WOMEN'S COMMISSION
3601 C STREET - SUITE 742
ANCHORAGE, ALASKA 99503

February 26, 1991

TO: Rep. Mark Boyer and members of House HESS Committee
Alaska State Legislature

FROM: Ruth Lister
Alaska Women's Commission *RL*

RE: HB7, Health Education in Schools

The Alaska Women's Commission is in strong support of HB7.

According to a recent report by the Center for the Study of Social Policy, Alaska ranks 48th in the nation for teen violent death rate and 43rd for students graduating from high school (66% in Alaska vs 75% nationally). Clearly our young people are needing assistance.

In the Commission's 1990 study of why young women drop out of school, the following causal factors were found:

- Abuse and neglect
- Stereotyping/discrimination
- Low self-esteem
- Isolation/alienation

These young women are dealing with very serious "adult" problems such as raising their own children and coping with violence. A comprehensive health curriculum which addresses personal safety, domestic violence, pregnancy prevention, parenting, and self-esteem, is critical. Young people need good information to make good decisions. It is our job to see that they get it.

NOTE: THE FOLLOWING DOCUMENT HAS NOT BEEN FILMED BUT IS AVAILABLE
IN THE MASTER FILE.

The State of Adolescent Health in Alaska



May 1990

