

HB

320

HFIN

FILE

HOUSE COMMITTEE REPORT

(11)

Date Referred: March 2, 1994

FURTHER REFERRALS:

Date of Committee Action: 4/6/94

The FINANCE Committee considered:

HB 320

HOUSE BILL NO. 320

PUBLIC SCHOOL HEALTH AND SAFETY EDUCATION

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

RECOMMENDATIONS:

be replaced with CS HB 320 (HESS) 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 _____ | fiscal note(s) DOE 3/2/94

zero fiscal note _____ | zero fiscal note(s) DHSS, 3/2/94

SIGNING <u>DO</u> PASS	DP	OTHER REGCOMMENDATIONS	DNP	NR	AM
		<i>Ronald J. Larson</i>		X	
<i>Grassendorf</i>		<i>Mark Hanley</i>		X	
<i>Ben Simonson</i>	X	<i>Larry Martin</i>			X
<i>Kay Brown</i>	✓	<i>Larry Martin</i>			X
		<i>John Hoffman</i>		✓	
		<i>Richard Foster</i>		X	
		<i>Richard Foster</i>		X	

Ronald J. Larson

 CHAIRMAN'S SIGNATURE

FISCAL NOTE

(. 2)
 Bill Version: CSHB 320(HES)
 (H) Publish Date: 3/2/94

STATE OF ALASKA
 1994 LEGISLATIVE SESSION

Revision Date: _____ Dept. Affected: Health and Social Services
 Title: Healthy Students Act BRU: State Health Services
 Component: Community Health Services
 Sponsor: Toohy, Hudson
 Requestor: House HES COMPONENT SERIAL NO. #1963

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY95	FY96	FY97	FY98	FY99	FY00
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY94) cost \$ NONE

ANALYSIS: (Attach a separate page if necessary)

The financial impact would be borne by the local school districts.

Prepared by: Peter M. Nakamura, MD, MPH *P.M.N.*
 Division: Public Health

Phone: (907) 465-3090
 Date: 01/20/94

Approved by Commissioner: Margaret R. Love, M.Ed., Ed.S. *M. Love*
 Agency: Department of Health & Social Services

Date: 1-21-94

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FISCAL NOTE

STATE OF ALASKA
1994 LEGISLATIVE SESSION

No. 1
Bill Version: CSHB 320(HES)
(H) Publish Date: 3/2/94

Revision Date: _____
Title: An Act relating to public school health personal safety education.

Dept. Affected: EDUCATION
BRU: Educational Program Support
Component: Basic Education and Instructional Improvement

Sponsor: Representative Toohy
Requestor: Representative Toohy

COMPONENT SERIAL NO. 171

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY95	FY96	FY97	FY98	FY99	FY00
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	38.4	39.6	40.7	42.1	43.2	44.5
SUPPLIES	1.0	1.0	1.1	1.1	1.1	1.2
EQUIPMENT	0.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES						
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS						
TOTAL OPERATING	39.4	40.6	41.8	43.1	44.3	45.7

CAPITAL						
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REVENUE FUND SOURCE:						
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FUNDING: (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	39.4	40.6	41.8	43.1	44.3	45.7
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other:						
TOTAL	39.4	40.6	41.8	43.1	44.3	45.7

POSITIONS:

FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME						
TEMPORARY						

Estimate of current year (FY94) impact: \$ _____

ANALYSIS: (Attach a separate page if necessary)

(SEE ATTACHED)

Prepared by: Helen Mehrkens, Health Promotion Specialist
Division: Educational Program Support

Phone: 465-8730

Date: 23-Feb-94

Approved by Commissioner: 
Agency: Department of Education

Date: 2-24-94

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Narrative Outline - Proposed Fiscal Note for C.S.H.B.320

Year 1:

	<u>Amount</u>	<u>Description</u>
<i>Personal Services</i>	0	Assumes that no monitoring of state mandates would occur, and that any technical assistance could be provided through the assistance of the currently funded cooperative agreement with Division of Adolescent and School Health, Centers For Disease Control and Prevention (CDC.)
<i>Travel</i>	0	Assumes that current level of training and technical assistance to local districts would be maintained through use of CDC funds.
<i>Contractual</i>	38,400.0	Contracts 7,000. Academy Training of Trainers staff costs - Fbks: Anc. & Jnu. 17,000. Training videos - purchase rights for use by districts 8,400. Presenter/district packets for ACSA or AASB meeting 5,000. Small pamphlet developed for district advisory committee use
<i>Supplies</i>	1.0	Supplies
<i>Equipment</i>	0	None
<i>Grants, Claims</i>	0	This assumes that districts would pick up all training costs for their staff. These costs are not known to the Department. A limited survey among seven of the largest districts yielded an estimated total of \$262,400 for a K-12 requirement to pay for substitute time, curriculum development, materials purchase and limited travel costs. The amount for the bill as written is not known. In addition, it would cost districts an estimated \$54,600. to send their local trainer(s) to the Academy Training of Trainers listed above.
<i>Total Operating</i>	39,400.0	= Year 1

Changes:

Year 2	3% inflation included
Year 3	3% inflation
Year 4	3% inflation
Year 5	3% inflation

failed

8-LS1255R.1 ✓

Ford

4/6/94

AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE TOOHEY

TO: CSHB 320(HES)

Page 3, line 8:

Delete "(b)(3)"

Insert "(b)"

Page 3, line 9, after "from":

Insert "part or all of"

HOUSE LABOR AND COMMERCE COMMITTEE

ALASKA STATE LEGISLATURE

STATE CAPITOL, JUNEAU, AK 99801-1182
(907) 465-4954



SPONSOR STATEMENT CS HB 300(JUD)

An Act Relating to Civil Liability for Commercial Recreational Activities

The Adventure Travel Society estimates that adventure travel and ecotourism segments of the travel industry are growing at a rate of 20% a year. The economic contributions of Alaska's wilderness based tourism, while undocumented, are undoubtedly important. AWRTA estimates that there are over 2,000 natural resource dependent tourism businesses in Alaska. Although few of these businesses employ upwards of 50 people, many are small, supporting or contributing to the income of only a few families. They are, however, Alaskan-based and vital to local employment. Unlike larger recreational outfits, these businesses keep their dollars in Alaska. They purchase their goods here, employ local residents, remain in-state, and spend the dollars they make here, thus providing both economic diversity and stability to many communities.

Many of these small businesses, however, are facing an uncertain future due to the high costs associated with insurance premiums and operation of such businesses. In order to encourage the continuance and survival of increasingly popular outdoor recreational activities, some kind of structure is needed to assure that both operators and participants become knowledgeable of, and assume, responsibility for inherent risks. House Bill 300 was introduced to establish the responsibilities of persons who operate and participate in commercial recreational activities. HB 300 in no way relieves recreational businesses/operators from liability. It simply establishes a framework that may help in the litigation process by stating that the state has recognized your responsibilities and sends the message that steps have been taken to educate both the operator and participant as to these responsibilities. While insurance premiums are based on many factors, including one's history of claims, similar legislation in Colorado has had the effect of lowering insurance premiums 15 to 20 percent.

HB 300 establishes a balance of responsibility between operators and participants, without diminishing the responsibility of either party.

Back-up

DIVISION OF LEGAL SERVICES

LEGISLATIVE AFFAIRS AGENCY STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

130 Seward Street, Suite 409
Juneau, Alaska 99801-2105

MEMORANDUM

February 23, 1994

SUBJECT: Sectional Summary of HB 320 (HES)

TO: Representative Cynthia Toohey

FROM: Michael F. Ford *M. F.*
Legislative Counsel

You have requested a sectional summary of the above described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Short title.

Section 2. Purpose section.

Section 3. Requires a school board in a regional educational attendance area to establish a health education curriculum advisory committee. Allows a meeting to be teleconferenced. Provides that the committee may include certain residents of the district and that the committee will advise the school board on the health education curriculum at schools in the community in which the committee is established.

Section 4. Requires school boards in borough school districts to establish a health education advisory committee. Provides that the committee may include certain residents of the district.

Section 5. Establishes specific mandatory and optional elements in a health education program in the public school system. Requires the state Board of Education to establish health education personal safety guidelines. Requires that a school health and personal safety education specialist position be established in the Department of Education.

Representative Cynthia Toohey
February 23, 1994
Page 2

Section 6. Adds definitions of the terms "family health," "health and personal safety education," "pregnancy prevention," and "reproductive health".

Section 7. Transition section.

MFF:mi:pl
94-037.mai

Position Paper: Department of Education

Division Educational Program Support Bill Number C.S.H.B.320

Bill Title An Act relating to public school health personal safety education

Sponsor Representative Toohey

Position Statement: Explain briefly what the bill does, its impacts and Department's position.

What the bill does:

This bill would amend existing law regarding health and safety education in public schools in three ways. First, it would require the school boards of each school district and regional educational attendance area to establish a health education curriculum advisory committee. Secondly, it would repeal the existing AS 14.30.360 and reenact this section to a) require instruction in human immunodeficiency virus and acquired immune deficiency syndrome, and b) encourage a district in the public school system to conduct a K-12 comprehensive health education program. In addition, it would increase the number and scope of the topics that would be encouraged as a part of this program. Finally, it would add a definitions section that includes definitions for the terms "family health," "health and personal safety education," "pregnancy prevention," and "reproductive health."

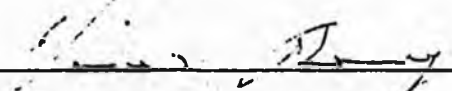
Impacts and Department's position:

The Department recognizes the importance of a structured health education curriculum that will provide students with the information and skills they need to make health promoting choices throughout their lifetime. The Department agrees that it is important for students to be instructed in HIV prevention and other important health risks of this era. However, the decisions about what the content of curriculum should be, and the age at which that content is appropriately taught, and its level of emphasis are best decided by the local school boards in consultation with parents, local health providers and community members. For these reasons, the Department of Education continues to oppose imposition of any kind of state level curriculum mandates.

The Department does support the requirement for establishment of a health education curriculum advisory committee for the district. This practice will assure the district receives the best advice from local health experts, parents, and other community members. The language describing the role and operation of this committee should impose minimal additional expense to the school districts.

APPROVED:

Director Vince Barry DIVISION Educational Program Support

Signature  Date 2-24-04

Commissioner/Deputy Jerry Covey/Mike Maher

Signature  Date 2-24-04

Sec. 14.08.115. Advisory school boards in regional educational attendance areas. (a) A regional school board shall establish advisory school boards in each community in the regional educational attendance area that has more than 50 permanent residents, and by regulation shall prescribe their manner of selection and organization, and, in a manner consistent with (b) of this section, their powers and duties.

(b) An advisory board shall advise the regional school board on all matters concerning schools in the community in which the advisory board is established. (§ 2 ch 24 SLA 1979; am §§ 6, 7 ch 173 SLA 1990)

Sec. 14.30.360. Curriculum. (a) Each district in the state public school system shall be encouraged to initiate and conduct a program in health education for kindergarten through grade 12. The program should include instruction in physical health and personal safety including alcohol and drug abuse education, cardiopulmonary resuscitation (CPR), early cancer prevention and detection, dental health, family health, environmental health, the identification and prevention of child abuse, child abduction, neglect, sexual abuse and domestic violence, and appropriate use of health services.

(b) The state board shall establish guidelines for a health and personal safety education program. Personal safety guidelines shall be developed in consultation with the Council on Domestic Violence and Sexual Assault. Upon request, the Department of Education, the Department of Health and Social Services, and the Council on Domestic Violence and Sexual Assault shall provide technical assistance to school districts in the development of personal safety curricula. A school health education specialist position shall be established and funded in the department to coordinate the program statewide. Ade-

quate funds to enable curriculum and resource development, adequate consultation to school districts, and a program of teacher training in health and personal safety education shall be provided. (§ 1 ch 188 SLA 1976; am § 1 ch 106 SLA 1978; am § 1 ch 57 SLA 1984; am § 1 ch 24 SLA 1986)



ALASKA STATE MEDICAL ASSOCIATION

4107 Laurel Street • Anchorage, Alaska 99508-5334 • (907) 562-2662

February 23, 1994

Representative Cynthia Toohey
Alaska State Legislature
P. O. Box V (MS 3100)
Juneau, AK 99811

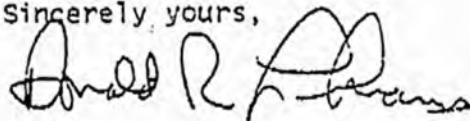
Dear Representative Toohey:

On behalf of the Alaska State Medical Association I would like to offer our highest support for your committee's substitute for House Bill #320. Under our current health system, public health has, unfortunately, not been given the emphasis that it deserves. Preventative medicine is good medicine. Your bill will help educate the youth of the state which will hopefully allow them to make healthier decisions when they reach adulthood.

I am strongly supportive of mandated instruction on the human immunodeficiency virus. I recently attended a conference in San Francisco and was made aware that the incidence of HIV infections is increasing most rapidly amongst the teenage population.

Thank you for this bill. If I can be of any assistance to you in passage of the "Healthy Students Act" do not hesitate to contact me.

Sincerely yours,



Donald R. Lehmann, M.D., A.B.F.P.
President, Alaska State Medical Association
Chairman, Legislative Affairs Committee

DRL:bj



ALASKA HEMOPHILIA ASSOCIATION

2810 Aspen Drive, Anchorage, Alaska 99517

FAX or PHONE (907) 243-4045

3/1/94

Cynthia Toohey
Room 104 Capitol
Juneau, AK 99807

Dear Cynthia,

I wanted to express appreciation for your support for HIV education and the "Healthy Student Bill" you are co-sponsoring. As you are probably aware, HIV has had a tremendous impact on the entire hemophilia community, both through the infection of the majority of hemophiliacs who used blood products before 1985 and through the ten-fold increase in the cost of the newer HIV-safe blood products since 1985. Our collective experiences have made us strong supporters of HIV education and health education in general.

Our organization recently received funding from Maternal and Child Health for a part-time salary that includes HIV risk reduction and instituting a program for comprehensive hemophilia care in Alaska. Let me know if there is anything I can do to lend support to your efforts.

Sincerely

Louise Cobb, Director

Support HB 320

FACT SHEET
1993

THE HIGH "COST" OF INADEQUATE HEALTH EDUCATION

ADOLESCENT HEALTH

- 219 Alaskans, ages 10 -19 years old were infected with gonorrhea in 1991
- 1,133 teens gave birth in Alaska during 1990, including 426 in Anchorage
- In 1989, 6.3% of all births to teens in Alaska produced low-birthweight babies. 13.7% in Anchorage

COST TO ALASKA

- Teen mothers in Alaska cost the taxpayers \$4 million in 1989
- Alaska families, begun when the mother was a teenager cost Alaska taxpayers \$51.4 million in 1988 alone
- U.S. taxpayers paid \$19.83 billion in 1988 to support families started by teen parents

TEENAGE SEXUAL BEHAVIOR: A CHALLENGE TO BREAK THE CYCLE

12 MILLION U.S. TEENAGERS ARE SEXUALLY ACTIVE

- In the United States, 53% of teen girls aged 15-17 have had intercourse at least once.
- 60% of sexually active teen women aged 15-19 in the U.S. have had two or more sexual partners.
- 1,281 teens requested birth control from the Municipality of Anchorage (MOA) Family Planning Clinic in 1991. This does not include those receiving birth control elsewhere or those not using any protection.
- Nationally, 44% of all adolescent girls will experience one pregnancy before the age of 20.
- 84% of teenage pregnancies in the U.S. are unintended.
- 430 teens had pregnancy tests in 1991 at the MOA Family Planning Clinic. This accounted for 35% of all pregnancy tests performed there that year. Home pregnancy tests or tests at other facilities are not included.
- An estimated 14% of all national teen pregnancies end in miscarriage and 40% end in abortion.

CHILDREN ARE HAVING CHILDREN: 3 A DAY IN ALASKA

- In 1990, 1,133 teenagers, or 3 a day, gave birth in Alaska. Of these, 17 were under 15 years old.
- Of those 1,133 teenagers who gave birth, 426 were from Anchorage. Six of these were under 15 years old.
- The birthrate for U.S. teens 15-17 was higher in 1939 than in any year since 1974; 19% higher than in 1986.
- Nationally, approximately 50% of teen births are out of wedlock. In Alaska, 65% of teen births are out of wedlock. In the U.S. only 4% of unmarried teenagers who give birth place their babies up for adoption.
- Seven in ten births to teens result from unplanned pregnancies.

HEALTH RISKS TO TEENS AND THEIR BABIES

- The number of babies who die during their first 12 months is much higher among babies born to teen mothers.
- Primary reasons for poor health among children of adolescents are inadequate prenatal care and nutrition.
- In 1989, only 59% of Alaska teens reported adequate prenatal care. 67% in Anchorage

TEENAGERS AND RISKS OF DISEASE

- 2.5 million teenagers contract sexually transmitted diseases (STD's) annually in the United States.
- Sexual activity prior to age 20 increases the risk of cervical cancer.
- Teens are more susceptible to STD's due to increased probability of multiple partners and immaturity of cervical cells.
- Chlamydia represents the most prevalent STD in the U.S., infecting about 4 million people per year. Adolescents have the highest rate of chlamydial infection and associated complications such as pelvic inflammatory disease, ectopic pregnancy and infertility.
- In 1991, the MOA Family Planning Clinic screened 947 teens of which 203 had abnormal pap smears.
- Nearly one million cases of genital warts are believed to occur each year. One study found that 38% of sexually active teens examined were infected with genital warts.
- In 1991, 20 cases of gonorrhea occurred among 10 - 14 year olds in Alaska.
- Teens aged 15-19 accounted for 23% (or 199) of the total Alaska gonorrhea cases in 1991.
- 24% of Alaska's AIDS cases occur in 20 - 29 year olds. Given the average time of 10 years from HIV infection to AIDS, many of these people were probably infected as teens.

PREGNANT AND PARENTING TEENS SUFFER ACADEMIC FAILURE AND POVERTY

- Teen mothers frequently find it difficult to return to school due to unavailability of child care.
- Nationally, 60% of teen mothers drop out of school.
- Teens who drop out of school are more likely to have successive pregnancies.
- In 1987, 18% of births to teens in Alaska were second or subsequent births; 28.2% in Anchorage.
- Public funds pay for the delivery costs of at least 1/2 of births to teenagers.

HOW CAN WE DECREASE THE RISKS OF TEEN PREGNANCY?

1. Provide health education at home and through schools, religious groups, youth agencies and the media. Education should include:
 - Facts about the biology of fertility and reproduction
 - Information about the emotional and physical aspects of sexual activity including the increased risk of cervical cancer with early intercourse
 - Support for the decision not to have sexual intercourse
 - Discussion about responsible decision making
 - Support to foster the development of self-confidence and healthy self-esteem
 - Factual information about birth control and where it is available
 - Facts about the current epidemic of sexually transmitted diseases to include HIV infection (AIDS)
 - Parenting courses for parents of teenagers and teenage parents
2. Expand the availability of confidential birth control services for sexually active teenagers.
3. Provide quality medical care with emphasis on early prenatal care and proper nutrition for young mothers and their babies.
4. Offer unbiased information and appropriate referrals for those pregnant teens who choose not to become parents.
5. Assure continuing education, social services, and job training for teen parents.

DATA SOURCE:

Alaska vital statistics - (1988-91); Children's Defense Fund; National Center for Health Statistics; U.S. Facts in Brief-The Alan Guttmacher Institute - 1993; MOA, DHHS, Family Planning Program - Statistics 1990-91; State of AK - Epidemiology; MOA, DHHS, Adolescent Outreach Information Sheet, 1987; Center for Population Options 1990

Prepared by: Family Planning Advisory Committee

Municipality of Anchorage, Department of Health and Human Service

Family Planning Program

825 "I" Street

Anchorage, Alaska 99501

Telephone: (907) 343-4623



References to health education in *Healthy Alaskans 2000* in 8/31/93 draft:

Pg 16: "A physical fitness curriculum should be mandatory for all schools, and physical education mandatory in all elementary schools."

"The Department of Education should develop physical fitness testing standards for use in all schools, and health/P.E. graduation requirements should be increased and should not include waivers for athletics."

Pg. 20: "Alaska does not have a standardized school health education curriculum. Nutrition education is routinely taught in certain grade levels, but it is not a sequential, integrated component of health education in all Alaska schools."

Pg. 21: "Nutrition education and establishing good dietary habits in children is especially important. Eating habits established in children, good or bad, are likely to be maintained in adulthood."

Pg. 22: "Provide public information and educational programs that promote healthy eating behaviors through culturally sensitive literacy and age-appropriate materials in a manner that empower people to take charge and assume responsibility for their own health and that of their families.

"Ensure quality school-based nutrition education programs for children and adolescents."

Pg. 29: "Support statewide efforts to develop a comprehensive school health education curriculum and advisory services for high risk groups to combat use of tobacco products."

Pg. 35: "Increase efforts to educate youth about the harmful effects of drugs, with continued special emphasis on: drinking and driving; inhalants, especially targeted to rural youth: issues unique to Alaska Native youth."

"Increase the availability of comprehensive prevention programs teaching personal and social skills which will enable youth to resist social influences leading to substance abuse."

Pg. 37: "Increase the proportion of teens who have discussed human sexuality, including values surrounding sexuality with their parents and/or have received information through another parentally endorsed source, such as school youth or religious programs."

"During the 1989-1990 school year, 43% of 5th-12th graders in the Alaska Public School system received some form of family life education in which human sexuality is discussed."

Pg. 39: "Implement culturally sensitive, developmentally appropriate K-12 school health curriculum statewide."

"The Peer Helper Program identifies, trains, and provides on-going support and supervision for high school students most often sought out by their peers as good listeners and helpers. The program requires the cooperation of the high school(s) and the local community mental health center. Thirteen CMHC-school district 'pairs' participate in FY93.

"Head Start, a federally sponsored program to provide services for low-income children and their families, has also recently developed a mental health component."

Pg. 50: Support mandatory school health education that includes life skills and human relations curriculum with a focus on non-violent conflict resolution to problems.

Pg. 52-53: "Increase proportion of Alaskan K-12 schools with planned and sequential quality health education."

"Health education in a school setting is especially important for helping children and youth develop the increasingly complex knowledge and skills they will need to avoid health risks and maintain good health throughout life. Quality school health education that is planned and sequential for students in kindergarten through 12th grade and taught by educators trained to teach the subject has been shown to be effective in preventing risk behaviors. Quality school health education addresses and integrates education, skills development, and motivation on a range of health problems and issues (ie: nutrition, physical activity, injury control, use of alcohol, tobacco and other drugs, sexual behaviors that result in HIV

infection, other sexually transmitted diseases and unintended pregnancies) at developmentally appropriate ages.

"As part of the new vision for public education in Alaska, the Alaska Department of Education recommends the development of high performance standards for students and assessment methods in the subject area of "Skills for a Healthy Life" as part of the Alaska 2000 Education Initiative."

"Fifty-three of fifty-four school districts in Alaska have formally "adopted" a health curriculum for elementary and secondary schools. However, it is difficult to determine the degree to which these curricula are being implemented."

"Studies have shown that properly designed and implemented school health education programs can be effective in preventing risk behaviors. Children and adolescents are an especially important target group, not only because they are at risk for many preventable diseases, injuries and risky health behavior, but also because they carry many of the habits, including health habits, formed during these years into their adult lives. Attainment of the many objectives expressed in *Healthy Alaskans 2000* will depend substantially on educational and community-based programs to promote health and prevent disease and premature death."

"Support implementation of K-12 quality health education in the schools."

"Provide comprehensive early childhood programs, pre-school through third grade, that includes integrated health curriculum."

"Expand continuing education for school teachers in health education and promotion and continuing education for Certified Health Education Specialists in the state."

"Conduct Health Education School Surveys to monitor the extent to which schools provide and students receive school health education."

Pg. 77: "Provide comprehensive educational information through the schools and media regarding necessary precautions for proper food preparation storage and handling in the home."

Pg. 82: "Increase dental education efforts in the schools and incorporate it into all types of other client health education programs, especially in rural areas of the state where less dental professionals are available.

Pg. 83: "Incorporate education on prevention of baby bottle tooth decay as part of all pregnancy and parenting classes, especially in rural areas of the state where the problem is more evident."

Pg. 99: "Implement a statewide comprehensive school health education curriculum."

Pg. 104: ""Proportion of schools that have age-appropriate counseling on prevention of HIV & other sexually transmitted diseases: Statewide baseline: 28% secondary (1989-1990), 67% junior/high school and Alaska Objective Year 2000: 95%."

"Proportion of schools that have age-appropriate counseling on prevention of HIV and other sexually transmitted diseases: Statewide baseline: 28% secondary (1989-1990) and 67% junior/high school, National Baseline: 66% of districts (1989), Alaska Objective Year 2000: 90%."

"Providing specific information and opportunities for skill building, and supporting changes in peer norms among persons at risk, will encourage and help sustain positive behavior changes."

"Services targeted to include risk reduction education include those reaching HIV positive individuals, sexually active people (sexually transmitted disease, family planning, and prenatal clinics), substance abusers, especially injection drug users, crack users, and their sex and needle-sharing partners (treatment programs, correctional facilities, street outreach programs), youth at risk (schools, shelters, and youth corrections facilities), and those at increased risk due to social or economic disadvantage (the poor, racial/ethnic minorities, homeless, and mentally ill).

"The State Department of Education receives federal funds for AIDS prevention targeting youth in school. Both DOE and DHSS recommend incorporation of HIV prevention education into comprehensive health education for grades K through 12. DOE and DHSS staff collaborate closely to support this effort. A 1990 survey

found that 67% of junior and senior high schools were providing some HIV-related education (Department of Education). Surveys of the general public have consistently shown strong support for teaching AIDS education in schools within comprehensive health education (96.2% in 1992) as well as for including instruction on condoms (83.2% in 1992) (State Section of Epidemiology). DOE and DHSS offer a number of age-appropriate curricula, as well as teacher training to implement these curricula, to interested school districts at no cost. The Indian Health Service, DOE, and DHSS have also jointly supported several rural school districts to pilot the nationally recognized curriculum. "Growing Healthy."

Pg. 109: "Provide age-appropriate education on STD/HIV for all Alaska children in grades K through 12 and provide risk reduction education for students in all colleges, universities, vocational schools, and other post-high school training settings."

Pg. 111: "Proportion of middle and secondary schools that include instruction in STD transmission prevention in the curricula preferably as part of quality school health education: Statewide Baseline: 67% jr/sr high students (1989), National Baseline: 95% (1988), Alaska Objective Year 2000: 95%."

Pg. 113: "Implement a culturally sensitive, developmentally appropriate, sequential K-12 comprehensive school health curriculum in Alaska's 54 school districts that clearly addresses STD health issues."

Pg. 120: "Support activities that encourage curriculums in the state public elementary and secondary school systems that develop an interest in health careers and ensure appropriate pretraining for pursuing these careers."

Supplemental references to youth and related education need in *Healthy Alaskans 2000* in 8/31/93 draft:

Pg. 33: "In all studies, over 70% of Alaskan students in grades 10-12 reported having used alcohol at some time during their lives. This far exceeds the 46% reported nationally."

"Frequent use increases among Alaskan youth as they advance in grade peaking at about 25% in grade 11."

"However, the level of use (marijuana) among Alaskan youth remains far above the 10% level of lifetime use by the same age group nationwide. Frequent use of the drug also exceeds nationally reported levels.

"Alaskan youth are about one-third more likely than youth in the rest of the nation to try cigarettes (62% compared to 38% nationally.)..."Importantly Alaskan youth are far more likely to use cigarettes and smokeless tobacco on a frequent basis than youth in the rest of the nation. .

"Experimentation with inhalants among Alaskan youth though at a lower level than use of alcohol and marijuana, is more than three times the level reported by youth nationally (26% compared to 7%)."

"Anecdotal evidence indicates inhalant use is becoming particularly prevalent in some small rural communities and has already had devastating effects."

Pg. 34: ""up to 25% of all deaths in Alaska are alcohol or drug related

Pg. 105: "More than 100 people die of AIDS every day in the U.S.-one every 15 minutes-and the pace is accelerating."

Pg. 106-7 "Alaska adolescents between the ages of 15 and 19 years comprised 22.6% of total 1991 cases (gonorrhea) but only 6.5% of the state population."

"Cocaine use has increased 500% in Alaska since 1984 (Division of Alcoholism and Drug Abuse). The exchange of sex for crack

cocaine has been linked in other areas of the country to outbreaks of syphilis and sexual transmission of HIV infection."

Pg. 37: "Alaska had the nation's second highest pregnancy rate for 15-19 females in 1985."

Pg. 38: "Alaska teens report sexual activity rates high above national norms. Among sexually active adolescents, the mean age of first intercourse for males is 13.2 and for females is 14.0."

Pg. 42: "15.1% of Alaska Native suicides were committed by those 18 and under: 10.5% of White Alaska suicides were committed by those 18 and under"

Pg. 43: "Most projects (suicide prevention) emphasize primary prevention-activities which focus on children and youth in the pre-high suicide risk years."

Pg. 49: All victims of violent and abusive behavior are at increased risk for alcohol and drug abuse and suicide. Programs aimed at prevention, intervention, and counseling the victims of abuse are critical in breaking this pattern of violence.

Pg. 54: "Support activities aimed at increasing high level collaboration between Head Start and state administered programs that serve low income families with young children (Alaska Head Start Collaboration Project and the Alaska Interdepartmental Committee on Young Children)."

Pg. 88: "(Fetal Alcohol Syndrome) Now considered the leading preventable cause of mental retardation in the nation."

Pg. 89: "Alaska has an estimated rate of teen pregnancy higher than all but one state, and a teen birth rate higher than that of some developing countries....With no consistent reporting of abortions or fetal deaths in the state, an accurate pregnancy rate cannot be determined, but estimates placed the 1985 rate at 81 pregnancies per 1,000 Alaskan young women aged 15 through 17."

Pg. 90: Children whose families have abused, neglected, or abandoned them, or who have witnessed their mothers being beaten, are deprived of the most effective buffer against the stresses of adolescence and beyond: a healthy family system. Alcohol and drug abuse, teen pregnancy, school dropout, intentional and unintentional injuries due to high risk behaviors, suicide, eating disorders, other mental and emotional illness, and multi-

generational child abuse are among the long-term effects of abuse and neglect. These effects of the deterioration of family trust, communication, and pride may occur if a family is not assisted promptly in learning the skills to overcome abusive patterns.

"The health of children, the socio-economic welfare and self esteem of teens, and the economic cost to government (for AFDC and other public assistance programs) are all strong arguments in favor of a reduction in teen pregnancies. Births to school-age teens often result in lost education opportunities and lower income for future years as well as difficulties in parent/child bonding.

"Babies born to Alaska teens are more likely to die before their first birthday."

HB320

AIDS cases shoot up

Heterosexuals in the lead

By A.J. HOSTETLER
The Associated Press

ATLANTA — The number of new AIDS cases unexpectedly more than doubled last year under a broader definition of the disease and boosted by a sharp increase in the number of infections among heterosexuals.

The federal Centers for Disease Control had projected 1993 AIDS cases would jump 75 percent in the first year of the new definition. It actually increased by 111 percent, from 49,016 in 1992 to 103,500 in 1993, the agency reported Thursday.

Last year, the CDC expanded its definition to include those infected with HIV who also have a severely suppressed immune system, tuberculosis, recurrent pneumonia or invasive cervical cancer.

Most of the AIDS cases under the new definition were reported in the first three months of the year. The surge had dropped off by the end of 1993, and the CDC expects the number in 1994 cases to drop below last year's figure.

The groups most affected by the expanded definition were women, blacks, heterosexual intravenous drug users and hemophiliacs.

The increase was greater among women (151 percent) than among men (105 percent), and greater among blacks and Hispanics than whites.

* The largest increases reported were among teens and young adults, mostly from heterosexual transmission.

AIDS cases resulting from heterosexual contact jumped 130 percent last year over 1992, from 4,045 to 9,288.

AWARENESS, UNDERSTANDING AND PREVENTION
NORTON SOUND REGIONAL HIV CONFERENCE

BERING STRAIT HIV/AIDS TASK FORCE

December 22, 1993

A resolution calling for all of the Bering Strait Region residents to be educated and made aware of HIV and AIDS.

Whereas; due to the high rates of Alaska's teen pregnancy, sexuality, alcohol and substance abuse - which leads to high risk and self destructive behavior, child molestation, sexual assault, and sexually transmitted diseases, and

Whereas; 489 Alaskans have been diagnosed as HIV positive and it is estimated that this number is only 10% of Alaskans who are HIV positive. This means that 90% of the people who are HIV positive in Alaska are not aware of their HIV status and

Whereas; 1,000,000 tourists and seasonal workers come to Alaska each year, many of them engaging in high risk behavior and certainly bringing the AIDS virus into our communities.

Therefore be it resolved; whereas the residents of our Bering Strait Region are severely vulnerable to the AIDS epidemic and that HIV/AIDS education, understanding and awareness concerning transmission and prevention is vital and critical to our communities and whereas there is presently nor in the foreseeable future no cure, the spread of this virus can lead to death and the destruction of our communities.

Therefore be it further resolved; that we strongly urge all people of the region to take a stand, be responsible and support preventive activities and be equally supportive of persons living with HIV/AIDS and that the governing bodies of the Bering Straits region will explore and support strategies and interventions to meet the needs that are arising and that will have an impact on the people of the region by this epidemic.

Directed to: NSHC Board of Directors
Kawerak Board of Directors
BSSD Board of Directors
Nome-Beltz School District Board of Directors
Bering Straits City Governments
Bering Straits IRA Governments
Bering Strait Corporation Governments
Alaska State Legislature
Governor Hickel



Department of Health and Social Services
Margaret R. Lowe, MEd, EdS, Commissioner

Division of Public Health
Peter M. Nakamura, MD, MPH, Director

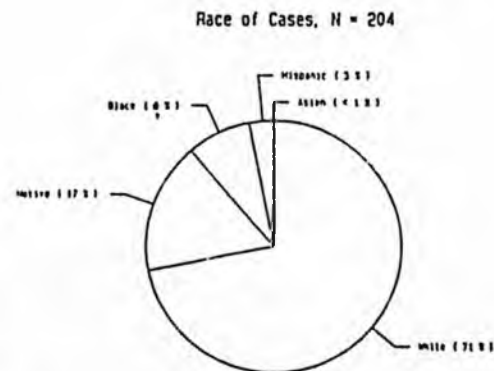
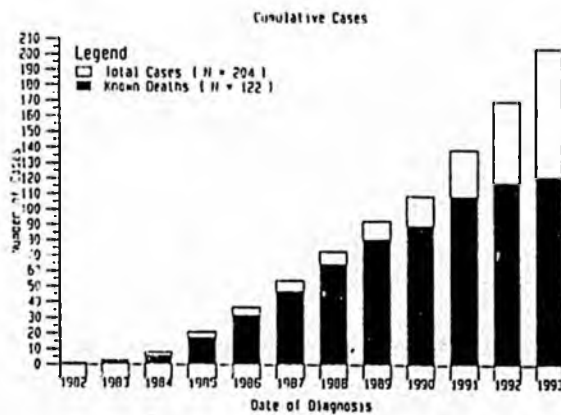
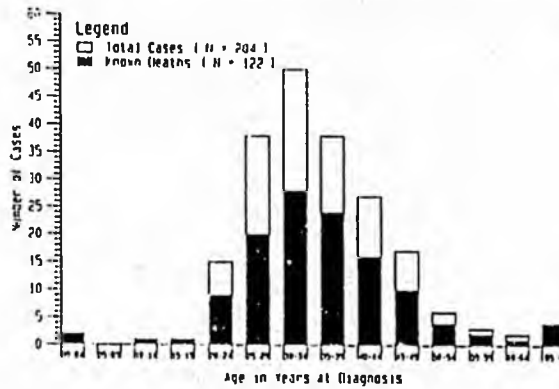
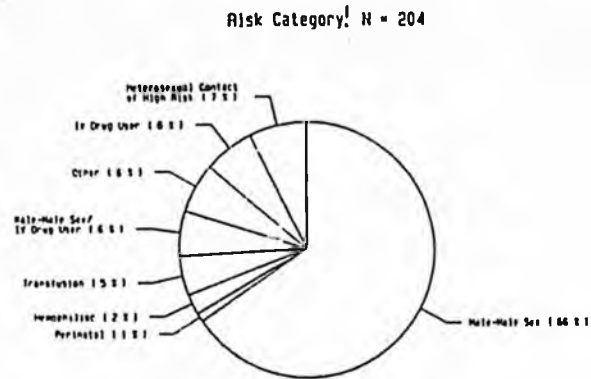
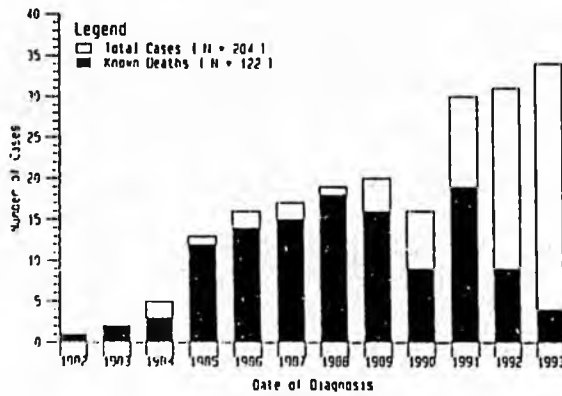
Section of Epidemiology
John Middaugh, MD, Editor

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Bulletin No. 5 January 28, 1994

AIDS - ALASKA

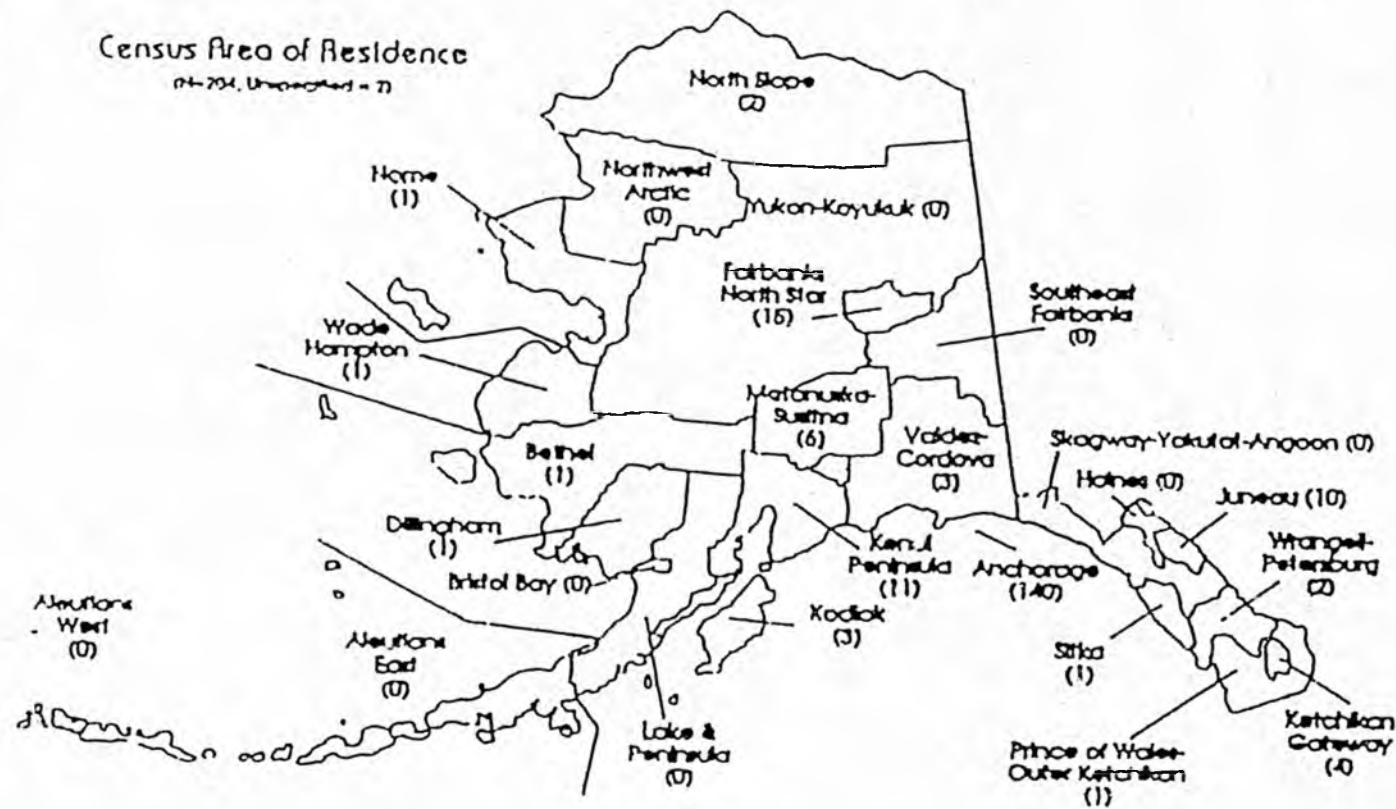
Through December 31, 1993, 204 Alaskans have been confirmed to have AIDS. Of these, 122 are known to have died. Of the 204 AIDS cases, 182 are in males and 22 in females. Data below employ the 1993 Expanded Case Definition for AIDS. All cases are shown as diagnosed in the year the person first met the revised case definition. Residence at time of diagnosis will now be shown by census area.



*The category "other" includes heterosexual contact with persons(s) of unknown risk, occupationally exposed health care workers, and persons for whom risk factor has not been determined.

Census Area of Residence

194-294, Unspecified = 71



Overall health of nation's youth gets low grades

By CASSANDRA BURRELL
The Associated Press

WASHINGTON — If children and adolescents were graded on their overall health they would get barely a passing grade from a nonprofit group that studies American health habits.

They would earn just a "C," the American Health Foundation said in its second annual Youth Health Report Card.

Large numbers of minors contin-

ue to hurt themselves by using tobacco, alcohol and illegal drugs or eating too much dietary fat, the group said.

Too many don't exercise enough, the report said. Only 42 percent participate in daily school physical education programs.

And too many contract avoidable infections, have high cholesterol or find themselves with sexually transmitted diseases.

Last year, the overall grade

was a "C," the group said. "Not only did the overall grade fail to improve at all this year, but in some specific areas the grade dropped dramatically."

The 1993 assessment was released in advance of today's observance of Child Health Day, a yearly tradition started 65 years ago during Calvin Coolidge's administration.

The country "certainly cannot point to the accumulative below-

average grade with any sense of pride or accomplishment," foundation President Ernst Wynder said. "I hope our report card is a wake-up call for parents, health educators and others who are responsible for helping to convey the message of preventive medicine to our children."

The foundation graded 65 categories after analyzing information primarily from government-sponsored studies on nutrition, immu-

nization, teen pregnancy, infant mortality, communicable diseases, injuries and tobacco, alcohol and drug use.

About one-fourth of U.S. children are overweight, earning them a "C" in that area.

The nation's youth got a "D" in the AIDS category. There were 771 new AIDS cases among children age 13 and under in 1992, the foundation. In 1985, there were 128 new cases.



Department of Health and Social Services
Theodore A. Mala, MD, MPH, Commissioner

Division of Public Health
Peter M. Nakamura, MD, MPH, Director

Section of Epidemiology
John Alldough, MD, Editor

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Bulletin No. 18 May 26, 1993

FACTS ABOUT ALASKA ADOLESCENTS

Adolescents aged 15-19 years comprised of an estimated 7% (37,151 of 550,043) of the state's 1990 population.¹ Data on sexually transmitted diseases, and risk behaviors among adolescents, as well as on public support for risk reduction education in schools follow.

Sexually Transmitted Diseases²

In 1991, adolescents aged 15-19 years comprised 23% (199 of 880) of the state's total reported gonorrhea cases.

In 1992, adolescents aged 15-19 years comprised 28% (184 of 651) of the state's total reported gonorrhea cases.

In 1992, adolescents aged 15-19 years comprised 50% (92 of 184) of the positive chlamydia tests in four public health sites offering chlamydia testing.

AIDS³

Of the 138 Alaskans confirmed with AIDS, as of December 31, 1992, 25% were persons aged 20-29 years. Many of these young people were likely infected with HIV during their teens.

Public Support for AIDS Education⁷

	1988 (n=513)	1990 (n=506)	1992 (n=502)
Should education about AIDS be taught in schools within comprehensive health education? Percent responding yes.	96%	95%	96%
Should comprehensive health education include instruction on condoms as a preventive measure? Percent responding yes.	85%	87%	83%
Percent of parents with school-aged children who discussed AIDS with their children.	n/a	65%	78%
Percent of parents with school-aged children who reported that their children had received instruction about AIDS in school.	n/a	46%	52%

References

1. Alaska Department of Labor, Alaska Population Overview, 1991.
2. Alaska Department of Health & Social Services, Section of Epidemiology.
3. Alaska Department of Health & Social Services, Epidemiology Bulletin #5, 1993.
4. Alaska Department of Health & Social Services, Epidemiology Bulletin #4, 1993.
5. Alaska Department of Health & Social Services, Bureau of Vital Statistics, 1988-1989 Annual Report.
6. Alaska Department of Health & Social Services, The State of Adolescent Health in Alaska, May 1990.
7. Alaska Department of Health & Social Services, Section of Epidemiology, AIDS Knowledge and Attitudes Surveys, 1988, 1990, 1992.

(Contributed by Michele Hansen and Cheryl Kilgore, Section of Epidemiology.)

HIV⁴

Of 50,349 individuals tested through the State Section of Laboratories through December 31, 1992, 457 are HIV positive. The age distribution of persons tested is as follows:

HIV TESTING BY AGE		
Age	No. Tested	No. Positive (%)
0-9	382	2 (0.5%)
10-19	4,846	20 (0.4%)
20-29	18,895	210 (1.1%)
30-39	16,805	161 (1.0%)
40-49	6,709	57 (0.8%)
50+	2,697	7 (0.3%)
Not Specified	15	0

Adolescent Pregnancy⁵

In 1988, 9% (986 of 11,283) of all Alaska births were to adolescent women aged 15-19.

In 1989, 10% (1,107 of 11,652) of all Alaska births were to adolescent women aged 15-19.

Proportion of Adolescents Who Have Had Sexual Intercourse⁶

In the 1988-89 school year, a survey of 5,458 students indicated that 52% of 10th graders surveyed have had intercourse. By the 12th grade, 73% of the females and 67% of the males surveyed reported they have had intercourse.



ALASKA STATE MEDICAL ASSOCIATION

4107 Laurel Street • Anchorage, Alaska 99508-5334 • (907) 562-2662

February 23, 1994

Representative Cynthia Toohey
Alaska State Legislature
P. O. Box V (MS 3100)
Juneau, AK 99811

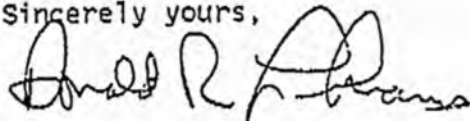
Dear Representative Toohey:

On behalf of the Alaska State Medical Association I would like to offer our highest support for your committee's substitute for House Bill #320. Under our current health system, public health has, unfortunately, not been given the emphasis that it deserves. Preventative medicine is good medicine. Your bill will help educate the youth of the state which will hopefully allow them to make healthier decisions when they reach adulthood.

I am strongly supportive of mandated instruction on the human immunodeficiency virus. I recently attended a conference in San Francisco and was made aware that the incidence of HIV infections is increasing most rapidly amongst the teenage population.

Thank you for this bill. If I can be of any assistance to you in passage of the "Healthy Students Act" do not hesitate to contact me.

Sincerely yours,



Donald R. Lehmann, M.D., A.B.F.P.
President, Alaska State Medical Association
Chairman, Legislative Affairs Committee

DRL:bj

MON 12:29 UAA CNHS



Alaska Nurses Association

237 East Third Avenue
Anchorage, Alaska 99501
(907) 274-0827

... a constituent of American Nurses' Association

1/24/94

Athru (Alaskans Living With HIV)
174 S. Franklin #208
Anchorage, AK 99801

Dear Rita:

This is just to follow-up our phone conversation of today to reiterate our support for the "Healthy Student" Bill. The Alaska Nurses Association have long supported bills which would make available health education in all school districts in the State of Alaska. We applaud your activities to take the lead on this issue + pledge to work with you during the session to not only get the legislation passed, but also signed.

Sincerely

Jackie Alumn RN, MS, MPH
Legislative Advisor