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Sent: Monday, September 16, 2002 3:16 PM
Subject: Lower Direct Medical Costs Associated with Physical Activity.htm



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Lower Direct Medical Costs Associated with Physical Activity

The benefits of moderate physical activity are well known: lowered risk for heart attack and stroke, reducing weight, and improving mood. Researchers at the Centers for Disease Control and Prevention (CDC) recently documented another major advantage - improving the health of the Nation's health care expenditures. A study in the October issue of *The Physician and Sportsmedicine* found that physically active individuals had lower annual direct medical costs than did inactive people. The cost difference was \$330 per person, based on 1987 dollars.

The potential savings if all inactive American adults became physically active could be \$29.2 billion in 1987 dollars, or \$76.6 billion in 2000 dollars.

This is the first study ever to examine direct medical costs associated with various levels of physical activity by reviewing actual medical expenditures. Previous studies in the field have used estimates to project the economic costs of physical inactivity. The CDC researchers analyzed the relationship between physical activity and medical expenditures from the 1987 National Medical Expenditures Survey (NMES), the most comprehensive healthcare information source available. They found that Americans 15 years and older who engaged in regular physical activity—at least 30 minutes of moderate or strenuous physical activity three or more times a week—had average annual direct medical costs of \$1,019 versus costs of \$1,349 for those who were inactive. Persons with health conditions that limited regular moderate physical activity were excluded from the study.

"This study has significant implications," said Jeffrey Koplan, M.D., M.P.H., Director of CDC. "It suggests that we can make a major impact on reducing health care costs by encouraging regular physical activity. The amount of physical activity

9/20/02

required to make a difference is reasonable and well within the reach of most Americans."

The level of physical activity measured in this study was even more modest than current Federal guidelines of 30 minutes or more of moderate physical activity five or more days a week, suggesting that following current recommendations could yield even greater cost savings.

The study found that physically active people had fewer hospital stays and physician visits and used less medication than physically inactive people. The cost savings were consistent for men and women, for those with and without physical limitations, and even for smokers and nonsmokers. The biggest difference in direct medical costs was among women 55 and older, supporting the widely held belief that the potential gain associated with physical activity is especially high for older women. The authors state that "a population-wide strategy might produce cost savings among most adult age groups."

"We must make it easier for people to be active," said Dr. Koplan. "We need to make a serious national effort to promote physical activity and support changes in the environment that get people moving again."

Changes that promote physical activity may be as simple as improving the location and appearance of stairwells to encourage walking at work or as complex as the redesign of communities. Some communities have existing infrastructure that supports physical activity, such as sidewalks and bicycle trails, and work-sites, schools, and shopping areas in close proximity to residential areas. In many other areas, such community amenities need to be developed to foster walking and cycling as a regular part of daily activity.

Contacts:

To obtain a copy of the article, please call the press contacts listed below.

- Tim Hensley at 770-488-5820
- CDC Media Relations at 404-639-3286

For more information about nutrition and physical activity,

- Call toll-free 1-888-CDC-4NRG
- Visit the CDC's nutrition and physical activity Web site at <http://www.cdc.gov/nccdphp/dnpa/>

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NEW STUDY PROVES PHYSICALLY FIT KIDS PERFORM BETTER ACADEMICALLY

RESTON, VA, December 10, 2002 – Physically fit children do perform better academically! The National Association for Sport and Physical Education (NASPE) commends the California Department of Education (CDE) for its study released today that shows a distinct relationship between academic achievement and physical fitness of California's public school students.

"It makes great common sense to physical educators that active, physically fit children will perform better academically," said NASPE Executive Director Judith C. Young, Ph.D.

"Now the California Department of Education has provided specific evidence. NASPE urges further research to examine relationships between physical activity and academic performance. In addition, information is needed which compares the students' physical education programs to their various levels of fitness."

The newly completed research study individually matched scores from the spring 2001 administration of the Stanford Achievement Test, Ninth Edition (SAT-9), given as part of California's Standardized Testing and Reporting Program, with results of the state-mandated physical fitness test, known as the Fitnessgram, given in 2001 to students in grades five, seven, and nine. The Fitnessgram, developed by the Cooper Institute for Aerobics Research, assesses six major health-related areas of physical fitness including aerobic capacity (cardiovascular

endurance), body composition (percentage of body fat), abdominal strength and endurance, trunk strength and flexibility, upper body strength and endurance, and overall flexibility. A score of 6 indicates that a student is in the healthy fitness zone in all six performance areas, and meets standards to be considered physically fit.

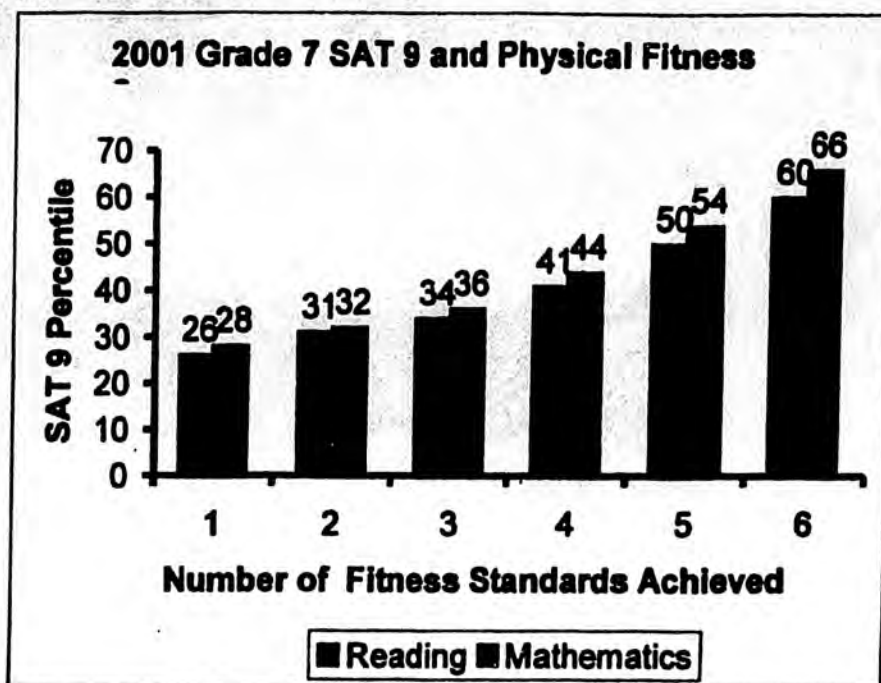
In the study, reading and mathematics scores were matched with fitness scores of 353,000 fifth graders, 322,000 seventh graders, and 279,000 ninth graders. The attached bar graphs for each grade level show a significant relationship between the two types of scores that were matched.

Key findings of the study are:

- Higher achievement was associated with higher levels of fitness at each of the three grade levels measured.
- The relationship between academic achievement and fitness was greater in mathematics than in reading, particularly at higher fitness levels.
- Students who met minimum fitness levels in three or more physical fitness areas showed the greatest gains in academic achievement at all three grade levels.
- Females demonstrated higher achievement than males, particularly at higher fitness levels.

According to State Superintendent of Public Instruction Delaine Eastin, "This statewide study provides compelling evidence that the physical well-being of students has a direct impact on their ability to achieve academically. We now have the proof we've been looking for: students achieve best when they are physically fit. Thousands of years ago, the Greeks understood the importance of improving spirit, mind, and body. The research presented here validates their philosophic approach with scientific validation."

Eastin pointed to physical education as a primary source for promoting physical fitness. "Every student in California should have quality physical education experiences from kindergarten through high school," Eastin said. "The goal of these programs should be to provide students with the knowledge, skills, and confidence to participate in health enhancing physical activity throughout their lives."



- ❖ The height of each bar shows the average (median) SAT-9 national percentile rank of those students with a particular fitness score.
- ❖ Higher academic achievement is associated with higher levels of fitness in grade 7.
- ❖ Students in grade 7 who meet minimum fitness levels in three or more physical fitness areas show the greatest gains in academic achievement.
- ❖ The relationship between academic achievement and fitness in grade 7 was greater in mathematics than in reading, particularly at high fitness levels.
- ❖ The test that was used, *Fitnessgram*, uses criterion-referenced standards to evaluate fitness. These standards represent a level of fitness that offers some degree of protection against diseases that result from sedentary living. Achievement of the fitness standards is based upon a test score falling in the Healthy Fitness Zone (HFZ). Each of the six tasks measures a different aspect of fitness, and the HFZ represent minimal levels of satisfactory achievement on the tasks.

The California Education Code mandates physical education for all students in grades one through nine, plus one additional year in high school. Students in grades one through six are required to have 200 minutes of physical education every 10 school days, and students in grades seven through twelve are required to have 400 minutes every 10 school days. Specific recommendations for teachers, students, and their families are available on the CDE Web site at: <http://www.cde.ca.gov/cyfsbranch/lsp/health/pecommunications.htm>.

Families are encouraged to plan activities that include opportunities for all family members to be physically active together. Health-related fitness assessment results can be used as a tool to help students understand, enjoy, improve, and maintain their physical health and well-being.

Information about the National Association for Sport and Physical Education (NASPE) can be found on the Internet at www.aahperd.org, the web site of the American Alliance for Health, Physical Education, Recreation & Dance (AAHPERD). NASPE is the largest of AAHPERD's six national associations. A nonprofit membership organization of over 18,000 professionals in the fitness and physical activity fields, NASPE is the only national association dedicated to strengthening basic knowledge about sport and physical education among professionals and the general public. Putting that knowledge into action in schools and communities across the nation is critical to improved academic performance, social reform and the health of individuals.

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Physical education is "on the move" in many states

Many Americans believe our nation is sufficiently focused on fitness. But, behind the vivid images of robust runners, Olympic *Dream Teams*, and rugged mountain bikers is the troubling reality of a generation of young people that is, in large measure, inactive, physically unfit, and increasingly overweight.

The number of overweight and obese children in America has doubled in the last 20 years, to 1 in 3 children. Daily participation in physical education classes by high school students dropped from 42% in 1991 to 25% in 1995. Physical inactivity has contributed to an unprecedented epidemic of childhood obesity. These facts lead to an alarming conclusion – we are raising perhaps the most unhealthy and least active generation of Americans ever.

Legislators in statehouses across the country are hard at work addressing the problem by increasing the number of physical education classes in schools. In Oklahoma, Senate Bill 250 requires schools to provide 30 minutes of physical activity daily for grades one through five and 50 minutes of physical activity daily for grades six through eight. State policymakers in Maine want to establish the "Commission to Study Public Health," in order to study the causes of obesity and methods to decrease the cost of health care and increase the public health. The Commission would study physical education programs in the state and report back to the Legislature with policy recommendations.

The American Heart Association applauds the legislators for bringing proactive efforts to their states. For information on how to get involved in community efforts to increase physical education in our schools, please contact your local American Heart Association office. [Click here for a state-by-state listing.](#)

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State of Alaska
Epidemiology



Bulletin

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Prevalence of Overweight Among Anchorage Children: A Study of Anchorage School District Data: 1998-2003

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November 10, 2004

Abstract

The Anchorage School District and the Alaska Division of Public Health collaborated to assess the prevalence of overweight among children in the Anchorage School District. We analyzed routinely collected height and weight measurements for students in grades K-12. Data collected by school nurses from 41,261 students spanning five school years were included in the analysis. A total of 78,303 individual height and weight values were used. We assessed and classified student weight status using BMI-for-age values and the categories defined by the National Center for Health Statistics. Over the five-year time period, 2% of students were underweight, 62% were at a normal weight, 18% were at-risk for becoming overweight, and 18% were overweight. Of students entering kindergarten or first grade, 32% were overweight or at-risk for becoming overweight. Students of a racial or ethnic background other than White were more likely to be overweight or at-risk for becoming overweight than White students. Schools can play a role in helping to address childhood overweight. However, educators cannot solve this problem alone. Parents and community partners must take an active role in preventing and addressing childhood obesity.

Introduction

In the United States, the increase in overweight and obesity has been so substantial and dramatic that it is commonly described as epidemic.¹ The epidemic has spread through all 50 states, within all racial and ethnic subgroups, and among all socioeconomic and age groups. According to the Institute of Medicine, "...we have learned that excess weight has significant and troublesome health consequences", yet "we nevertheless see our population, in general, and our children, in particular, gaining weight to a dangerous degree and at an alarming rate."²

The spread of the obesity epidemic among children is especially worrisome, as it threatens to negate many of the gains in children's health that have been made in the past century. Among children, excess weight is associated with numerous health problems. High

blood pressure, high cholesterol, orthopedic disorders, type II diabetes, and psychosocial disorders are more common among overweight youth than among those with a healthy body weight.³ In addition, children and adolescents who are overweight have an increased risk of being overweight or obese as adults. Overweight and obese adults, in turn, have a higher risk of premature death than adults with normal weights. Obesity and overweight among adults are also associated with an increased risk of coronary heart disease, type II diabetes, musculoskeletal disorders, sleep apnea, asthma, and psychological disorders, as well as cancer of the endometrium, colon, kidney, gallbladder, and breast (postmenopausal).⁴

To assess the scope of the obesity epidemic among children and adolescents in Anchorage, the Anchorage School District and the Alaska Division of Public Health collaborated to analyze existing data on the height and weight of students enrolled in the Anchorage School District. Working together, we can begin to explore steps that our community can take to respond to this growing problem that threatens the health and well being of our children.

Background

Over the past several decades, overweight and obesity have become increasingly prevalent among adults and children in the United States. Self-reported national survey data from the Behavioral Risk Factor Surveillance System (BRFSS) indicate that in the United States the percentage of adults who are obese, defined as having a body mass index (BMI) of 30 or higher, rose from 13% in 1991 to 22% in 2002. The dramatic increase in obesity has been observed in all states. In 1991 nearly every state in the nation reported that less than 15% of their adult population was obese, while no state reported obesity rates higher than 20%. By 2002, however, a majority of states reported that 20% or more of the population could be classified as obese, with no states reporting obesity rates below 15%.⁵ (Figure 1)

In addition to the increasing percentage of adults classified as obese, 37% of adults in the United States

were classified as overweight in 2002, having BMI values between 25-29.9. When the percentages of obese and overweight individuals were combined, they totaled 59%, nearly two-thirds of the U.S. population.⁶

Trends in obesity and overweight among Alaskan adults parallel those found nationally. Since 1991, the percentage of Alaskan adults who are overweight or obese has increased steadily. Three-year moving averages show that 39% of Alaskan adults are classified as overweight, and an additional 23% are considered obese. When combined, these numbers indicate that 62% of Alaskan adults are above a normal weight (Figure 2).

The spread of the obesity epidemic has been equally, if not more, severe among children and adolescents. According to the Institute of Medicine, during the past three decades the rate of childhood obesity in the United States has more than doubled for children and adolescents in the 2-5 and 12-19 age groups, and has more than tripled among children aged 6-11.⁷

In Alaska, data from the 2003 Youth Risk Behavior Survey (YRBS) indicated that 14% of Alaskan high school boys and 8% of Alaskan high school girls were overweight, with BMI values at or above the 95th percentile for their age. An additional 15% of Alaskan high school boys and 14% of Alaskan high school girls were at-risk for becoming overweight, with BMI-for-age values between the 85th and 95th percentiles. When these numbers are combined nearly one-third of high school males and more than one-fifth of high school females were above a normal weight (Figure 3).

Although the BRFSS provides height and weight data for Alaskan adults and the YRBS provides data for high school students, less is known about the prevalence of overweight among younger children. The Anchorage School District has collected student height and weight measurements for many years. Analyzing these existing height and weight data provides an indication of the extent of childhood overweight among students in the district.

Methods

Overweight and obesity are defined using BMI, an index that is calculated using height and weight measurements and is significantly correlated with levels of body fat.⁸ The BMI does have limitations; a true measure of body fat can only be obtained through a detailed laboratory assessment of body composition. In public health settings, however, BMI is widely accepted and utilized as an indicator of body weight and adiposity.⁹ Adults with BMI values of less than 18.5 are classified as underweight, while BMI values of 18.5 to 24.9 indicate a normal weight. Adults with BMI values from 25.0 to 29.9 are classified as overweight, while those with BMI values above 30 are considered obese.¹⁰

Among children and adolescents, different language is used to describe body weight and adiposity. BMI is the recommended indicator of weight status and body fat among children and adolescents.¹¹ However, because BMI varies by height and height changes with age, a consistent numeric cut-off point cannot be used across age groups. As a result, BMI-for-age percentiles are used to identify children and adolescents at risk for weight-related health problems.¹² Children and adolescents aged 2-18 with BMI-for-age percentiles at or above the 95th percentile for their age are classified as overweight. Children and adolescents with BMI values between the 85th and 95th percentiles for their age are considered at-risk for overweight. The Centers for Disease Control and Prevention (CDC) recommends that the term overweight, rather than obese, be used to describe child and adolescent weight status.¹³

The Anchorage School District is the largest district in the state, enrolling approximately 40% of the state's student population. School nursing staff routinely record height and weight measurements during school health screenings, the majority of which are conducted in kindergarten and 1st, 3rd, 5th, and 7th grade. Health information, including height and weight measurements, is recorded in student files and is entered into an electronic database.

Height and weight measurements for students in grades K-12 were extracted from the database and imported into SPSS. All personal identifiers were removed, and students were assigned an identification number. BMI values were computed for all students and BMI-for-age percentile values were calculated based on the reference percentiles provided by the Center for Health Statistics of the Centers for Disease Control and Prevention (Tables 1 and 2; complete growth charts available at <http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/charts.htm>). Height, weight, and BMI percentile values for five school years (1998-1999 to 2002-2003) were analyzed, along with demographic information on the age, sex, grade, and race/ethnicity of the students. Height and weight values were screened for accuracy, and values that were not biologically plausible were removed. A total of 82,839 values were reported, representing 41,261 students. Of the total 82,839 values reported, 78,303 (94%) were biologically plausible and were included in the final analysis (Table 3). The height and weight values represented 29% of total student enrollment over the five-year time period, with higher percentages for students in kindergarten and grades 1, 3, 5, and 7 (Table 4).

Results

During the 1998-1999 to 2002-2003 school years, 2% of all Anchorage School District male and female students were underweight, 62% were at a normal weight, 18% were at-risk for becoming overweight, and 18% were overweight (Figure 4).

The prevalence of overweight and risk for overweight was similar among male and female students (Figure 5).

Students of a Non-White racial or ethnic background were slightly more likely to be overweight or at-risk for becoming overweight than White students (Figure 6). Slight gender variations in weight status among students of different racial and ethnic backgrounds were also evident. Among female students, White students were the least likely to be overweight or at-risk for becoming overweight, with higher rates of overweight and risk for overweight among Alaska Native and

Black students (Figure 7). A slightly different pattern was observed among male students, where the lowest prevalence of overweight and risk for overweight was found among Black males and White males (Figure 8).

The percentage of students who were overweight or at-risk for becoming overweight was high among young children and persisted with age among both male and female students (Figure 9). A similar pattern was evident when overweight and at-risk for overweight were examined separately (Figure 10). Of children entering kindergarten and 1st grade from 1998-2002, 14% were overweight and 18% were at-risk for overweight (Figure 11).

The mean BMI percentile values for students in all grades exceeded the 60th percentile beginning in 1998 and may have increased slightly over time (Figure 12).

The mean BMI percentile values of grade cohorts can be used to assess changes in groups of children over time. Results are shown for two grade cohorts. The mean BMI percentile values of the 1998 kindergarten grade cohort increased slightly between 1998 and 2002. A similar pattern was observed for the 1998 5th grade cohort (Figure 13).

We also looked at changes in weight status in children over time. Among students who were at a normal weight in 1998-1999, 20% were either overweight or at risk for becoming overweight by 2002-2003 (Figure 14). Of the students who were overweight in 1998-1999, 20% decreased their weight by 2002-2003 (Figure 15). Students who were at risk for being overweight in 1998-1999 were more likely to have become overweight by 2002-2003 than to have attained a normal weight (Figure 16).

Conclusion

Over one-third of children in the Anchorage School District were overweight or at-risk for becoming overweight. White male and female students were less likely to be overweight or at-risk for overweight, a finding that is consistent with national results.¹⁴ The percentage of students aged 3-5 years who were

overweight or at-risk for overweight was nearly as high as the corresponding percentage of older students, indicating that weight status is already a concern for many students when they first enter school. Some students changed from one weight category to another over time, although a majority had the same weight classification in 2002-2003 as they did in 1998-1999. Students who were at-risk for overweight in 1998-1999 were more likely to gain weight by 2002-2003 than to lose weight (Table 5).

There are limitations that must be considered when interpreting these data. Height and weight measurements were not collected through a statistically valid sampling procedure but were obtained as part of the routine school health screening process. The available measurements for the 5-year time period, however, represented 29% of students enrolled in all grades. Because health examinations are conducted primarily in kindergarten, first, third, fifth, and seventh grade, height and weight measurements were available for a higher percentage of students in those grades. Measurements were available for over half of the students enrolled in kindergarten, first, third, fifth, and seventh grades for the five-year time frame, with recorded data for up to 90% of students in some grades during an individual year. Because efforts were made to screen all students in the district, it is unlikely that the high prevalence of overweight and risk of overweight is due to a selection bias that resulted in the disproportionate selection of students from groups at high risk for being overweight or at-risk for overweight.

Variations in height and weight measurement may have occurred. The school district has a written protocol for height and weight measurement, and it is made available to school health staff. However, the district did not have the staff or financial resources to guarantee that the measurement procedures were followed at each school. Currently, schools use different types of measurement equipment, and multiple staff members are involved in the measurement process. While the variations in procedure and equipment could result in measurement error, it is unlikely that they could be responsible for systematic over-estimation of weight status.

In spite of the study limitations, the results of this analysis indicate that there is reason to be concerned about the weight status of children in the Anchorage School District and to develop strategies to address this problem. Because a majority of students remained in the same weight category over time, efforts should be made to prevent students from becoming overweight or at-risk for overweight.

To address the high prevalence of overweight and risk for overweight among students, the Anchorage School District is enhancing its capacity for height and weight surveillance. Standardized equipment will be installed in each school, and school nurses will be trained in its use. Training will emphasize the importance of obtaining and recording valid, reliable height and weight measurements. Data analysis will be continued so that trends can be monitored over time.

Schools can also play an important role in supporting physical activity and healthy nutrition among students. As the Institute of Medicine notes, "Both inside and outside of the classroom, schools present opportunities for students to learn about healthful eating habits and regular physical activity; engage in physical education; and make food and physical activity choices during school meal times and through school-related activities."¹⁵

The fact that a high percentage of students are overweight or at-risk for overweight when they enter school, however, indicates that prevention efforts cannot wait until children enter the school system. Rather, they need to involve the families, health care providers, and community members that interact with children at a young age. The individuals and groups who are involved in efforts to prevent childhood overweight will also play an important role in implementing strategies to treat students who are already overweight or at risk. The observed racial and ethnic disparities in prevalence should be considered when designing interventions, and strategies should be culturally appropriate.

Prevention and treatment strategies will need to target a variety of audiences and should complement efforts

to address obesity and overweight among adults. Overweight and obesity are already taking a substantial toll on the health and economy of Alaska. Based on current national estimates, obesity kills nearly 500 Alaskans each year.¹⁶ In addition, direct medical expenditures for obesity alone are estimated to total \$195 million each year in Alaska.¹⁷ It is imperative that action be taken now to keep these costs from growing.

Table 1. Classification of Adult and Youth Weight Status

<u>Adults (BMI Values)</u>	<u>Youth (BMI-for-age percentiles)</u>
• Underweight <18.5 • Normal Weight 18.5-24.9 • Overweight 25.0-29.9 • Obese ≥ 30	• Underweight ≤ 5th percentile • Normal Weight 5th-85th percentile • At-risk for Overweight 85th-95th percentile • Overweight ≥ 95th percentile

Table 2. Body Mass Index Reference Data

	Males		Females	
Age*	85 th	95 th	85 th	95 th
3	17.10	17.98	16.95	18.09
4	16.85	17.83	16.76	18.08
5	16.89	18.12	16.91	18.49
6	17.17	18.73	17.32	19.20
7	17.64	19.55	17.93	20.13
8	18.25	20.53	18.67	21.20
9	18.97	21.57	19.51	22.35
10	19.76	22.64	20.39	23.52
11	20.57	23.69	21.27	24.66
12	21.4	24.67	22.13	25.74
13	22.23	25.59	22.94	26.75
14	23.03	26.42	23.68	27.66
15	23.8	27.18	24.34	28.49
16	24.55	27.88	24.92	29.25
17	25.27	28.57	25.43	29.95
>18	25.98	29.3	25.87	30.64

Source: Kuczmarski RJ, Ogden CL, Gummer-Strawn LM, et al. CDC Growth Charts: United States. Advance data from Vital and Health Statistics; no. 314, Hyattsville, Maryland: National Center for Health Statistics. 2000.

*Percentiles evaluated at mid-point for age.

**Table 3. Initial and Final Sample Composition:
Anchorage School District Students 1998-2003**

Academic Year	Missing Component	<3 or >19 years old	Biologically Implausible	Age/Grade Inconsistency	Height Reversal	Full and Acceptable Values	Total
1987-1988/ 1995-1996	0	0	25	21	1	133	178
1996-1997	1	0	9	4	0	275	289
1997-1998	7	1	26	12	3	1111	1160
1998-1999	59	4	92	52	85	7725	8017
1999-2000	59	35	200	91	196	13437	14018
2000-2001	60	218	245	311	111	14315	15260
2001-2002	68	297	322	310	227	17451	18675
2002-2003	62	385	386	244	208	20708	21993
2003-2004	6	15	44	31	3	3148	3247
2029	0	0	0	1	0	0	1
2033	0	0	0	1	0	0	1
Total	322	955	1349	1076	834	78303	82839
Study %	0.4%	1.2%	1.6%	1.3%	1.1%	94.4%	94.1%

**Table 4. Proportion of Students Sampled by Grade:
Anchorage School District Students 1998-2003**

	PE	KG	1	2	3	4	5	6	7	8	9	10	11	12	Total
1998/ 1999	5%	13%	40%	2%	50%	2%	42%	2%	32%	1%	0%	0%	0%	0%	15%
1999/ 2000	35%	65%	49%	13%	64%	10%	61%	12%	44%	13%	1%	1%	0%	0%	26%
2000/ 2001	23%	72%	50%	10%	68%	10%	65%	9%	51%	8%	6%	5%	0%	0%	28%
2001/ 2002	21%	80%	56%	13%	75%	11%	71%	12%	62%	16%	5%	34%	1%	0%	34%
2002/ 2003	46%	90%	57%	15%	83%	12%	81%	14%	72%	12%	6%	54%	17%	0%	40%
Total	26%	64%	50%	11%	68%	9%	64%	10%	52%	10%	4%	19%	4%	0%	29%

**Table 5. Anchorage School District Data
Conclusions**

- 32% of students were overweight or at-risk for becoming overweight when they enter kindergarten and/or first grade
- 36% of students were overweight or at-risk of overweight
- Percentage of students who were overweight or at-risk for overweight appears to have increased slightly over time
- Over time, students who were at-risk for overweight were more likely to become overweight than to attain a normal weight

Figure 1. Obesity Trends Among US Adults

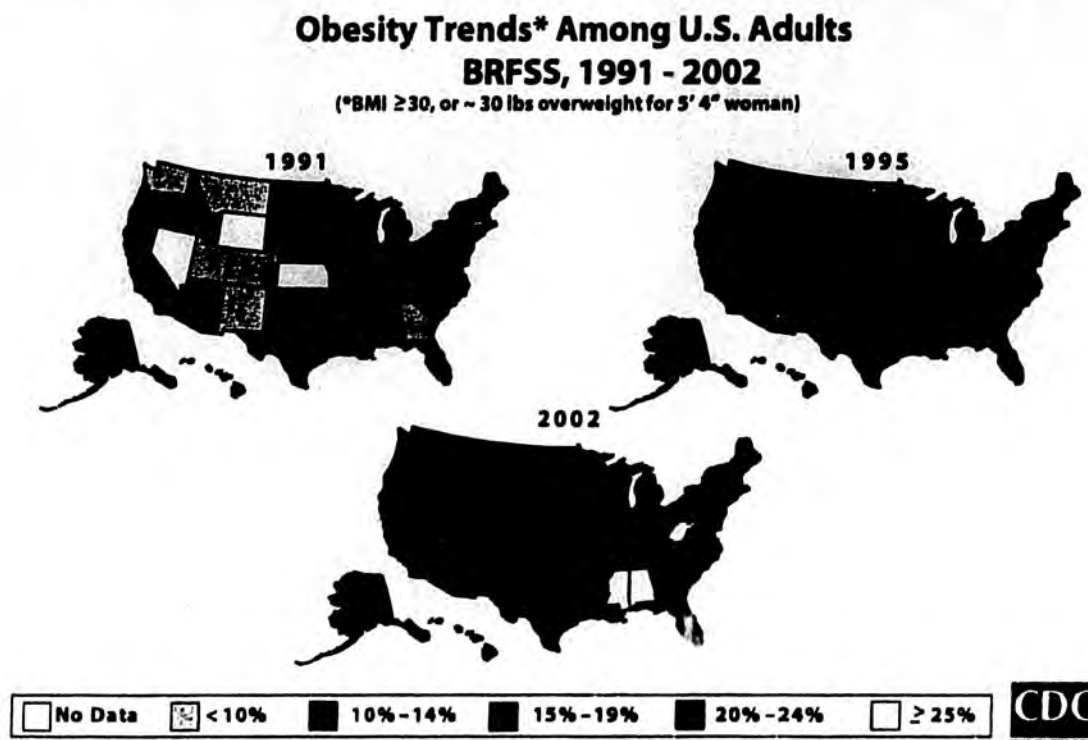


Figure 2. Trend in Percentage of Adults Who Are Overweight (BMI 25-29.9), Obese (BMI 30+) Alaska BRFSS, 1991-2003 (3-Year Moving Averages)

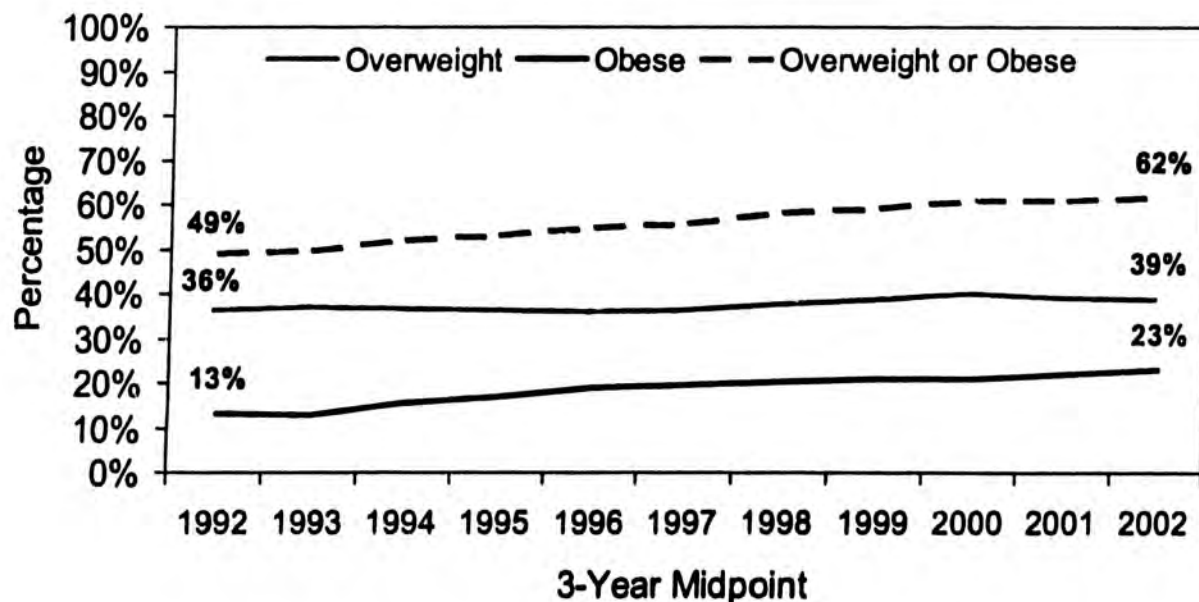


Figure 3. Alaskan High School Students Who Are Overweight or At-Risk for Becoming Overweight
YRBS 2003

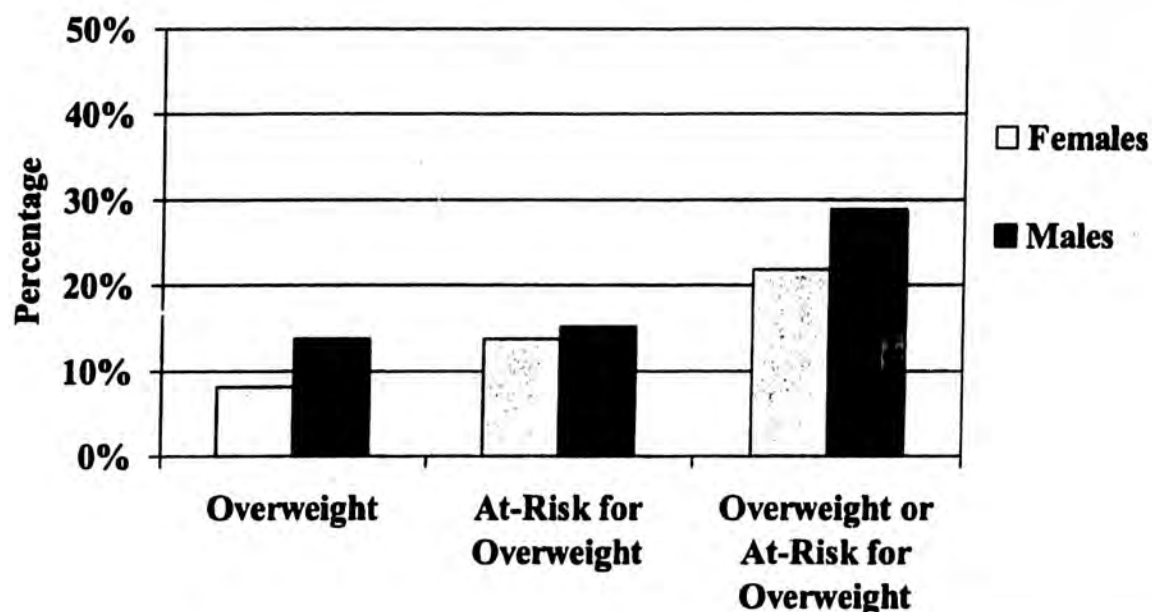


Figure 4. BMI Status for Anchorage School District Students, 1998-1999 – 2002-2003

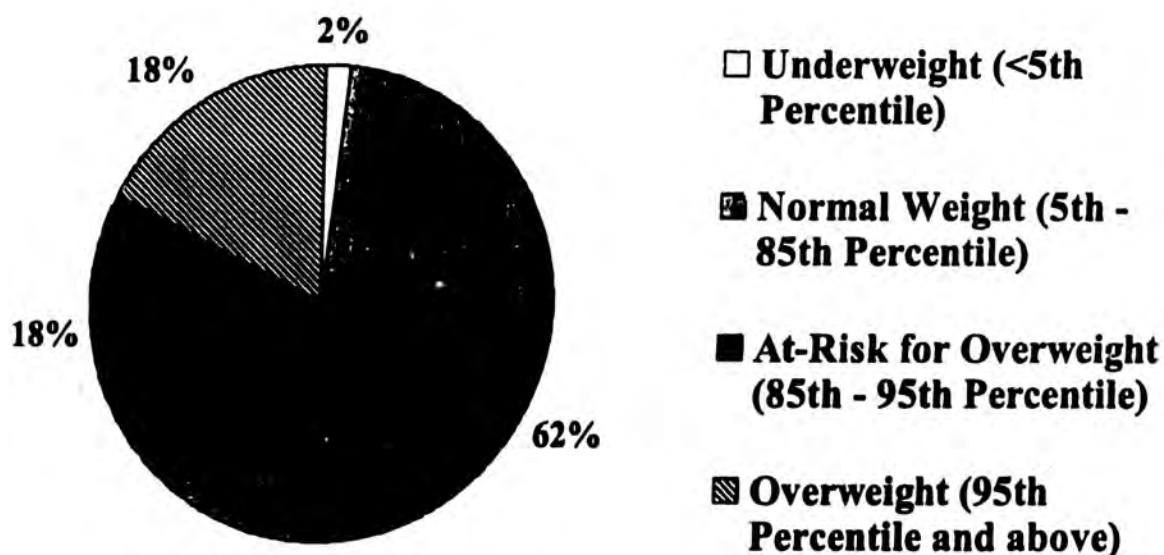


Figure 5. BMI Status for Female and Male Students,
Anchorage School District 1998-2003

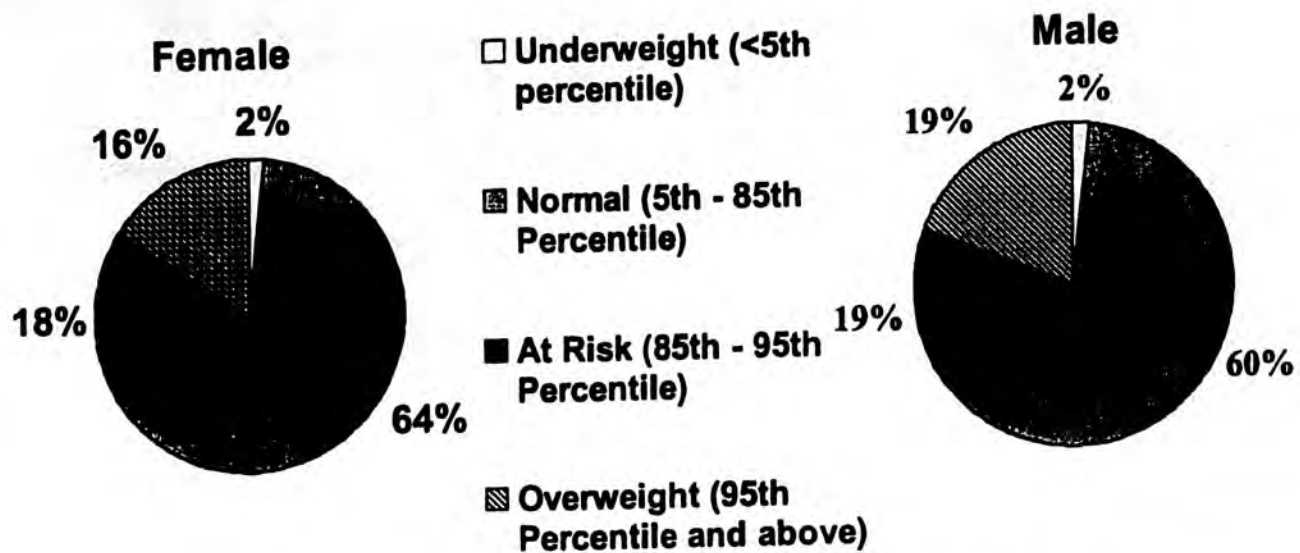


Figure 6. Percentage of Students Overweight/At-Risk of
Overweight,
By Race/Ethnicity and Sex
Anchorage School District Students, 1998-2003

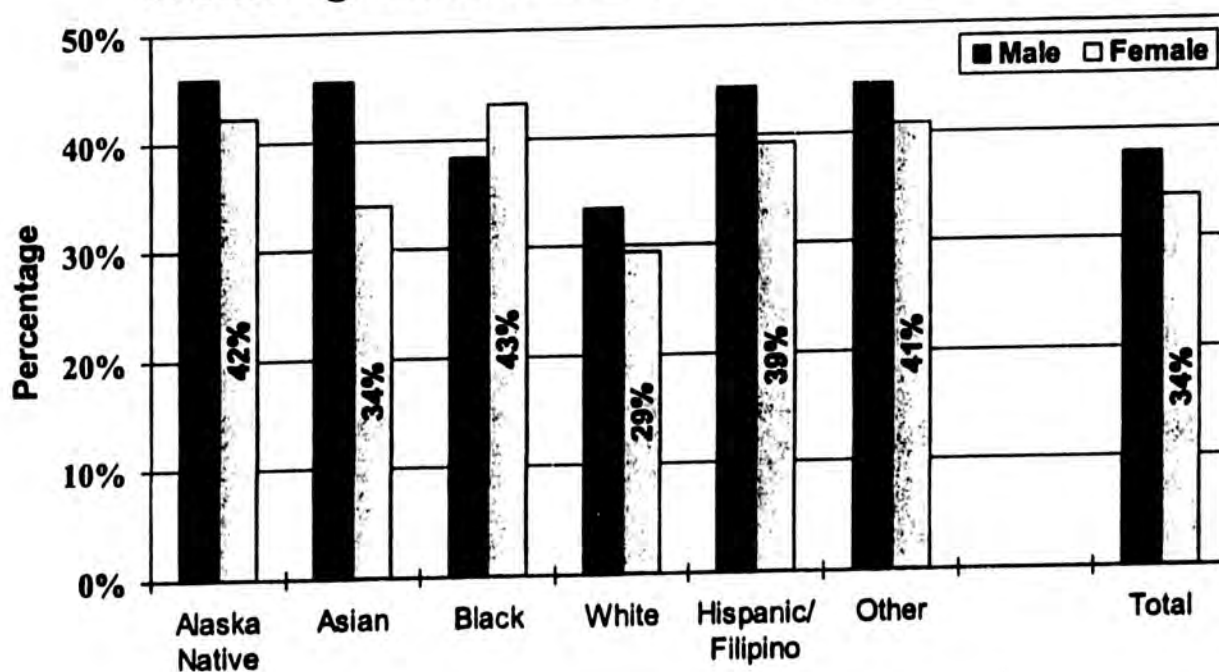


Figure 7. Anchorage School District Female Students At-Risk for Overweight and Overweight: 1998-2003

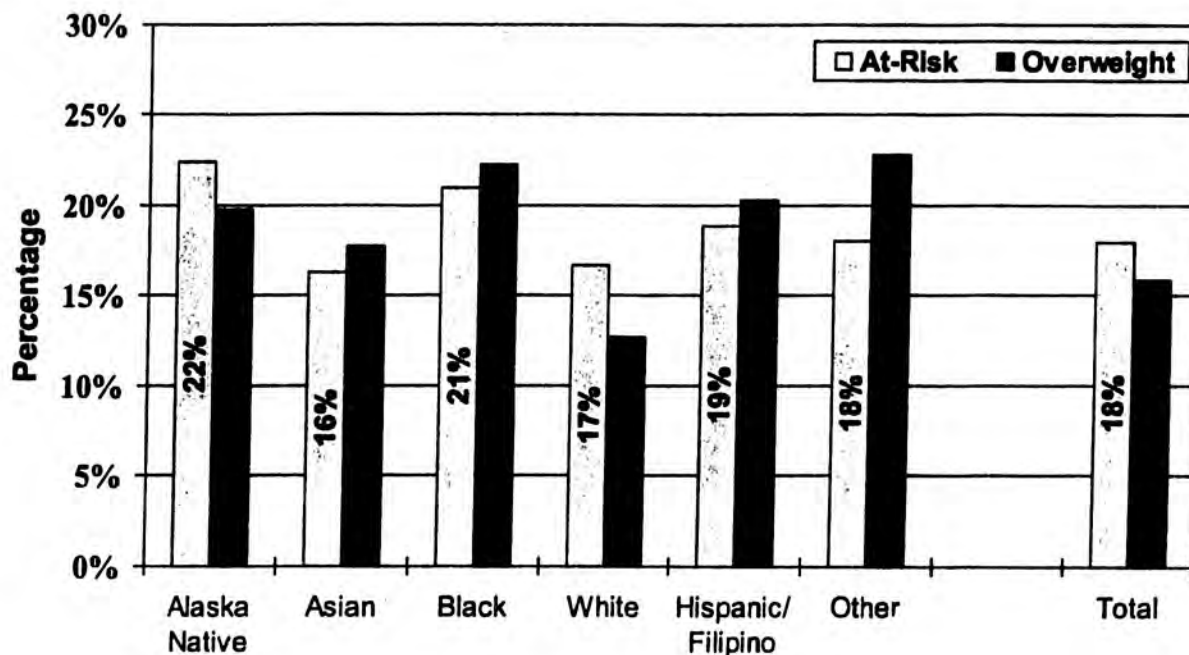


Figure 8. Anchorage School District Male Students At-Risk for Overweight and Overweight: 1998-2003

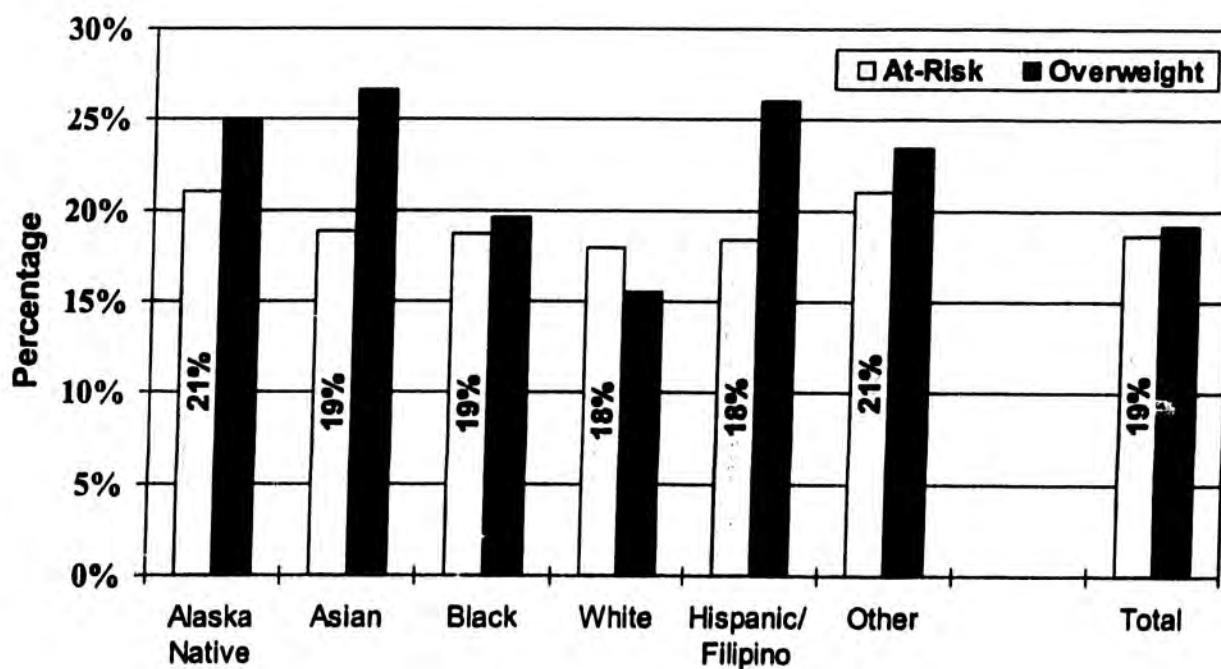


Figure 9. Percentage of Students Overweight/At-Risk of Overweight,
By Age and Sex
Anchorage School District Students, 1998-2003

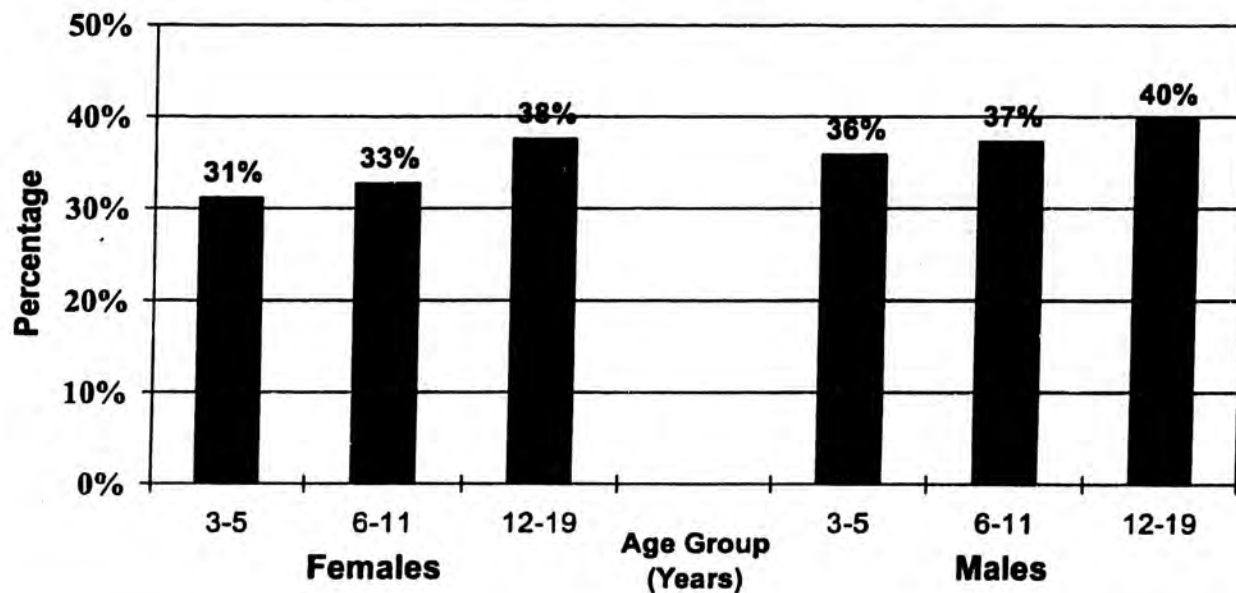


Figure 10. BMI Status By Age and Sex
Anchorage School District Students, 1998-2003

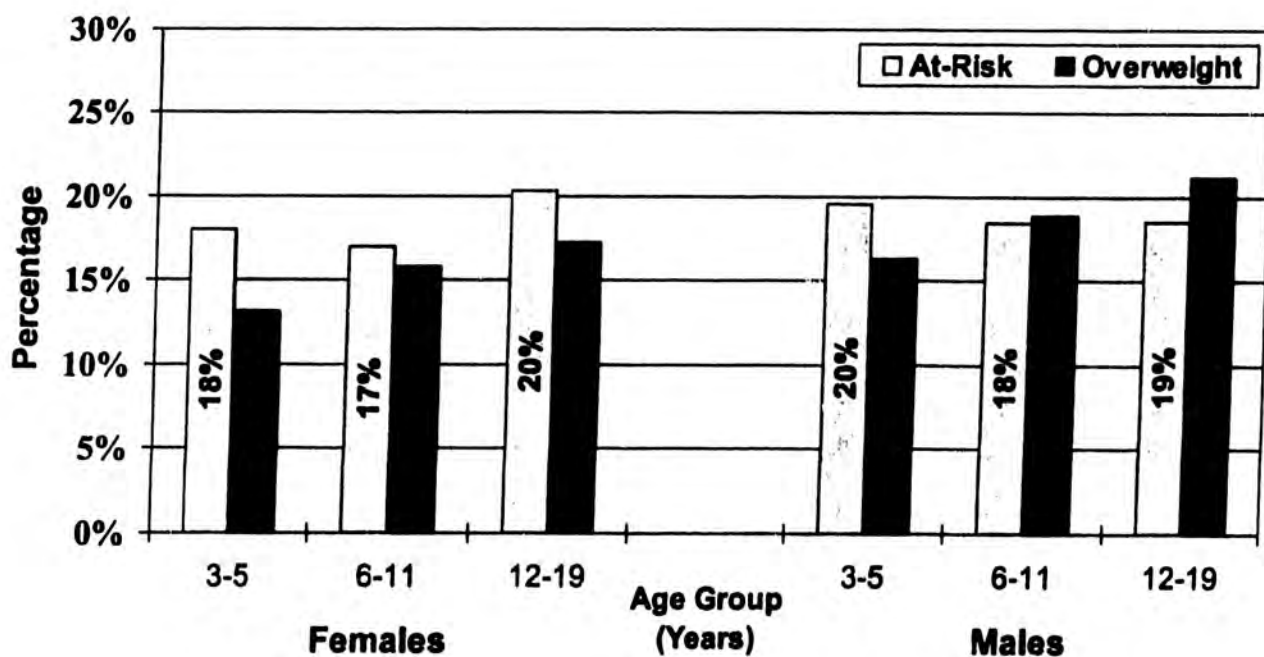


Figure 11. BMI Status of Kindergarten and First Grade Students: Anchorage School District
1998-2003

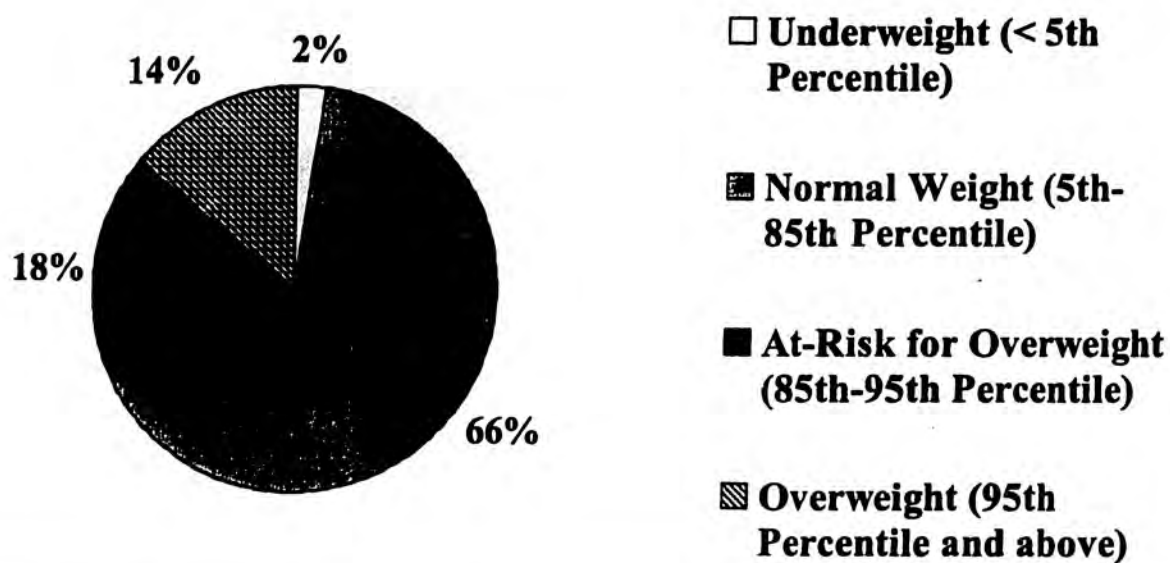


Figure 12. Mean BMI Percentile by Grade
1998/1999 – 2002/2003

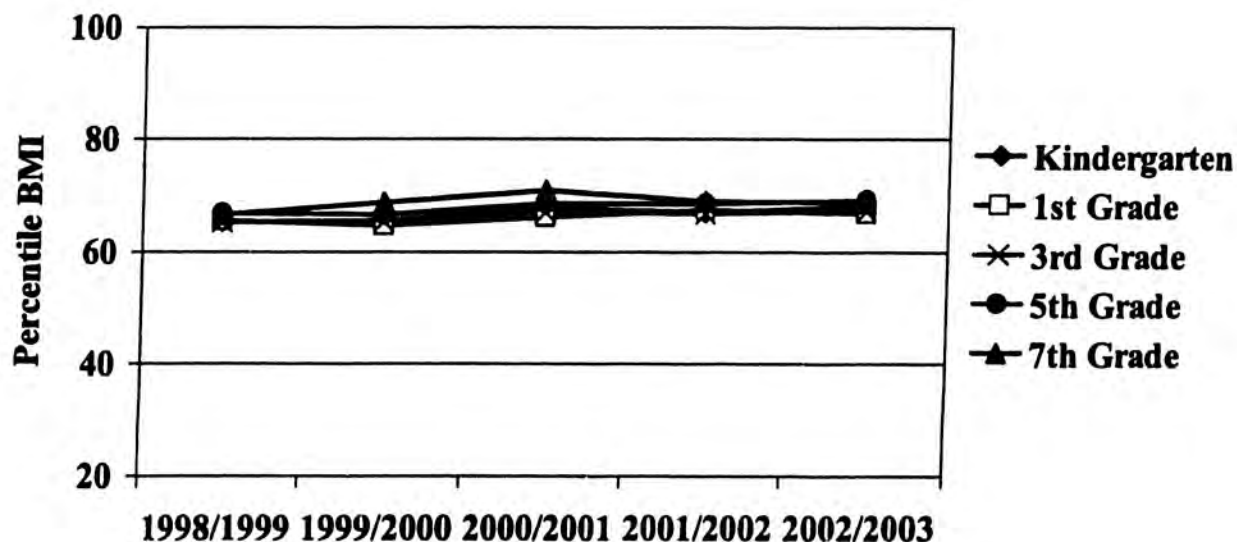


Figure 13. Mean BMI Percentile for 2 Grade Cohorts
1998-2003

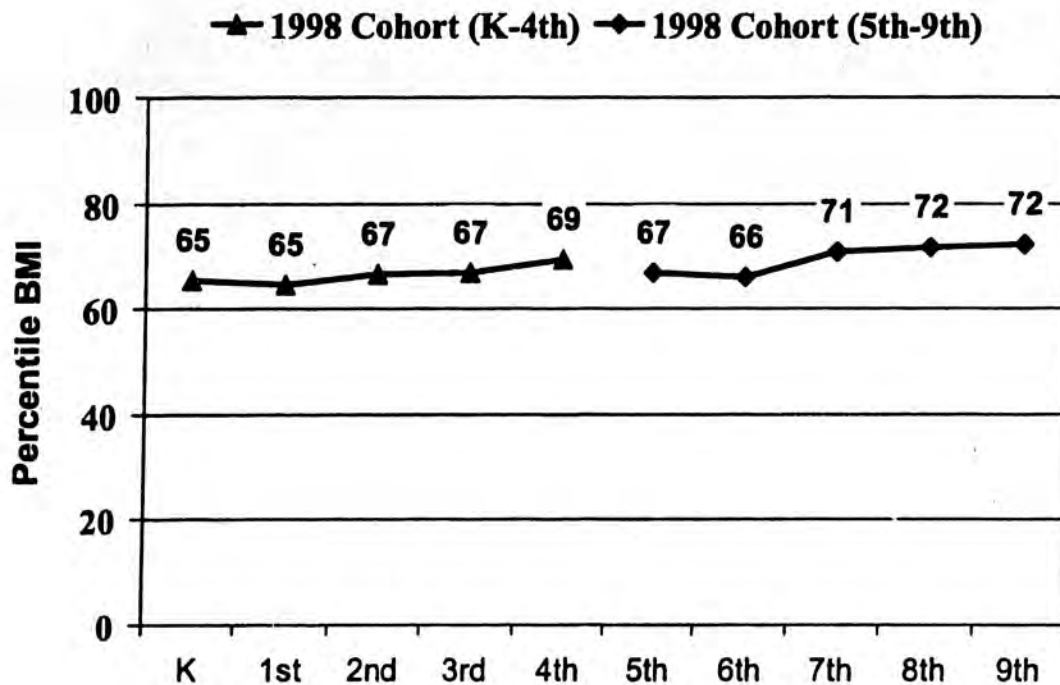
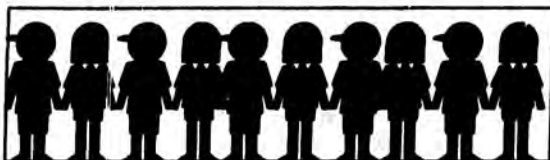


Figure 14. Change in Weight Status Among Normal Weight Students 1998-1999 – 2002-2003, Male and Female Students of All Ages

Normal Weight
in 1998-1999



Change in Weight Status
by 2002-2003



20% Increased



80% No Change

Figure 15. Change in Weight Status Among Overweight Students 1998-1999 – 2002-2003,
Male and Female Students of All Ages

Overweight in 1998-1999

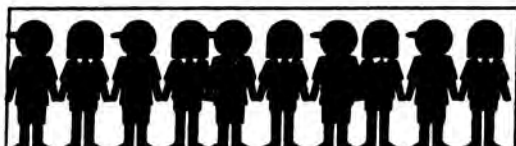


**Change in Weight Status
by 2002-2003**

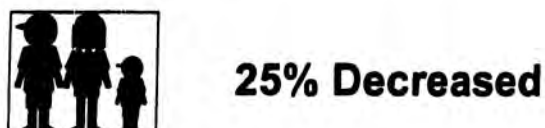
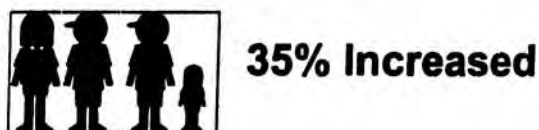


Figure 16. Change in Weight Status Among Students At-Risk for Overweight, 1998-1999 – 2002-2003,
Male and Female Students of All Ages

**At-Risk for Overweight
in 1998/1999**



**Change in Weight Status
by 2002/2003**



References (Endnotes)

- ¹ United States Department of Health and Human Services (HHS). The Surgeon General's Call To Action to Prevent and Decrease Overweight and Obesity. Rockville, MD: HHS, Public Health Service, Office of the Surgeon General, 2001.
- ² Koplan JP, Liverman CT, Kraak VA, eds. Committee on Prevention of Obesity in Children and Youth. Food and Nutrition Board. Board on Health Promotion and Disease Prevention. Institute of Medicine. Preventing Childhood Obesity: Health in the Balance. Washington D.C.: The National Academies Press; 2004.
- ³ United States Department of Health and Human Services (HHS). The Surgeon General's Call To Action to Prevent and Decrease Overweight and Obesity. Rockville, MD: HHS, Public Health Service, Office of the Surgeon General, 2001.
- ⁴ United States Department of Health and Human Services (HHS). The Surgeon General's Call To Action to Prevent and Decrease Overweight and Obesity. Rockville, MD: HHS, Public Health Service, Office of the Surgeon General, 2001.
- ⁵ CDC BRFSS 1991-2002. <http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/index.htm> Accessed 6/24/04
- ⁶ BRFSS 2002. <http://apps.nccd.cdc.gov/brfss> Accessed 4/27/04
- ⁷ Koplan JP, Liverman CT, Kraak VA, eds. Committee on Prevention of Obesity in Children and Youth. Food and Nutrition Board. Board on Health Promotion and Disease Prevention. Institute of Medicine. Preventing Childhood Obesity: Health in the Balance. Washington D.C.: The National Academies Press; 2004.
- ⁸ National Institutes of Health (NIH), National Heart, Lung, and Blood Institute (NHLBI). Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. United States Department of Health and Human Services (HHS), Public Health Service (PHS); 1998.
- ⁹ National Institutes of Health Consensus Development Panel on the Health Implications of Obesity. Health Implications of Obesity. *Annals of Internal Medicine*. 1985;103(6 pt 2):1073-1077.
- ¹⁰ National Institutes of Health (NIH), National Heart, Lung, and Blood Institute (NHLBI). Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. United States Department of Health and Human Services (HHS), Public Health Service (PHS); 1998.
- ¹¹ Barlow, SE, Dietz, WH. Obesity Evaluation and Treatment: Expert Committee Recommendations. *Pediatrics*. 1998;102(3):e29.
- ¹² CDC. Overweight Children and Adolescents: Screen, Assess and Manage. <http://www.cdc.gov/nccdphp/dnpa/growthcharts/training/modules/module3/text/page1b.htm> Accessed 10/1/04
- ¹³ CDC. Overweight Children and Adolescents: Screen, Assess and Manage. <http://www.cdc.gov/nccdphp/dnpa/growthcharts/training/modules/module3/text/page1b.htm> Accessed 10/1/04
- ¹⁴ Hedley AA, Ogden CL, Johnson CL, Carroll MD, et al. Prevalence of Overweight and Obesity Among US Children, Adolescents, and Adults. *JAMA*. 2004;291(23):2847-2850.
- ¹⁵ Koplan JP, Liverman CT, Kraak VA, eds. Committee on Prevention of Obesity in Children and Youth. Food and Nutrition Board. Board on Health Promotion and Disease Prevention. Institute of Medicine. Preventing Childhood Obesity: Health in the Balance. Washington D.C.: The National Academies Press; 2004.
- ¹⁶ Proportion of national deaths estimated to be attributable to obesity taken from: Mokdad AH, Marks JS, Stroup DF, Gerberding GL. Actual Causes of Death in the United States, 2000. *JAMA*. 2004;291:1238-1245. Alaskan estimate calculated by applying national proportion to the total number of deaths in Alaska in 2000.
- ¹⁷ Finkelstein EA, Fiebelkorn IC, Wang G. State-Level Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity Research*. 2004;12(1):18-24.

**Alaska Association
for Health, Physical Education, Recreation, and Dance**



February 13, 2002

The Alaska Association for Health, Physical Education, Recreation and Dance (AKAHPERD) is the professional organization that represents Health and Physical Education teachers in the State of Alaska. The intent of this letter is to lend our unconditional support for **Daily Quality Physical Education in Alaska schools.**

AKAHPERD's members are teachers who promote nutritional (diet), movement, and sport skills. We understand that these important lifetime skills are not genetic, they must be taught to our youth. However, recent data suggests that as Alaska students age, they become increasingly sedentary. We conclude that many of our students are graduating high school without the prerequisite skills for an active lifestyle. This has helped to create a health crisis in Alaska. This belief is supported by data obtained from the Alaska Behavioral Risk Factor Surveillance System (2001), detailed below:

"In Alaska, obesity, increased from 13% of the adult population in 1991 to 20% in 2000, a 57% increase in just 8 years (compared to a 49% increase nationally). This is attributed to increased caloric intake with a corresponding decrease in physical activity."

The CDC and the Surgeon General agree with the premise that all people should lead physically active lifestyles. Recently the Surgeon General made the following recommendation:

All people (over age 2) should accumulate at least 30 minutes of endurance-type physical activity, of at least moderate intensity, on most-- if not all--days of the week (Office of the Surgeon General; Washington, DC, 2001).

Physical activity and nutrition programs in schools alone cannot solve the childhood obesity epidemic. But such programs can foster long-term healthy habits in children and contribute significantly to disease prevention. The quality Physical Education classes delivered by Physical Education Specialists are a critical component of any plan to improve the health and fitness status of Alaskans. How much is enough? The National Association for Sport and Physical Education states:

Elementary school children receive a minimum of 150 minutes per week of instruction in physical education; middle and high school students receive a minimum of 225 minutes per week of instruction in physical education.

AKAHPERD supports quality daily Physical Education because it is the right thing to do for our youth, and the right thing to do for Alaska's future!

Working for a Healthy Future,

Nancy Winford, AKAHPERD President
Fairbanks North Star Borough Schools

Tim Wallstrom, Ph.D., Board Member
University of Alaska Anchorage

**Alaska Association
for Health, Physical Education, Recreation, and Dance**



February 13, 2002

The Alaska Association for Health, Physical Education, Recreation and Dance (AKAHPERD) is the professional organization that represents Health and Physical Education teachers in the State of Alaska. The intent of this letter is to lend our unconditional support for Daily Quality Physical Education in Alaska schools.

The quality Physical Education classes delivered by Physical Education Specialists is a critical component of any plan to improve the health and fitness status of Alaskans. Unfortunately, not all of Alaska students in our schools benefit from instruction provided by Physical Education Specialists, and only a small fraction of our students receive Physical Education instruction daily. If we realize that nutritional (diet), movement, and sport skills must be taught to our youth, then we can conclude that many of our students are graduating high school without the prerequisite skills for an active lifestyle. This has helped to create a health crisis in Alaska.

Unfortunately, the health of Alaska's citizens is getting worse, due to a large part from a lack of physical activity. This statement is supported by data obtained from the Alaska Behavioral Risk Factor Surveillance System (2001), detailed below:

"In Alaska, obesity, increased from 13% of the adult population in 1991 to 20% in 2000, a 57% increase in just 8 years (compared to a 49% increase nationally). This is attributed to increased caloric intake with a corresponding decrease in physical activity."

Additionally, a sedentary lifestyle is a major risk factor associated with early death. Heart disease and stroke are two causes of death with direct links to sedentary lifestyles, and they account for 28% of all Alaska deaths (*Health Status in Alaska 2000 Edition, 2001*).

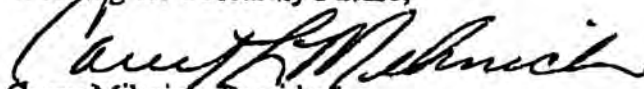
The CDC and the Surgeon General agree with the premise that all people should lead physically active lifestyles. Recently the Surgeon General made the following recommendation:

*All people (over age 2) should accumulate at least 30 minutes of endurance-type physical activity, of at least moderate intensity, on most-- if not all--days of the week (*Office of the Surgeon General; Washington, DC, 2001*).*

Finally, AKAHPERD wants to emphasize the dollar cost of *not* supporting daily Physical Education in our schools. The Pan American Health Organization detailed the economic benefits of a physically active lifestyle. *For every \$1.00 invested in physical activity, in terms of time and equipment, \$3.20 in medical expenses can be saved each year (2001).* As the saying goes, you can pay me now or pay me later.

AKAHPERD supports funding for quality daily Physical Education because it is the right thing to do for our youth, and the right thing to do for fiscal responsibility.

Working for a Healthy Future,


Carey Miknich, President
AKAHPERD

**ANCHORAGE MEDICAL & SURGICAL CLINIC, LLC**

718 K Street, Anchorage, AK 99501 (907) 272-2571 FAX 272-6751

DATE: January 23, 2002

RE: Daily Vigorous Physical Exercise

FROM: Alaska Endocrinologists Coalition for the Prevention of Diabetes

I am writing on behalf of a coalition, which is made up of all five board-certified endocrinologists who practice in the state of Alaska. Endocrinology is the specialty that focuses on the treatment of diabetes. I am writing to support the legislative effort to mandate daily vigorous exercise in our public schools, K-12.

We endocrinologists have known for years that there is a burgeoning epidemic of early onset type II diabetes occurring in our youth. Epidemiologic surveys have confirmed this finding, both at the state and national level and have identified increasing obesity and inactivity as its primary cause. Alaska has one of the highest obesity rates in the country and diabetes is known to be the seventh leading cause of death, the most common cause for blindness, kidney dialysis, and amputation. Diabetes and its attendant complications is one of the major causes for hospitalization and accelerated health care costs.

Physical inactivity has been directly linked as a cause of type II diabetes and the introduction of exercise has been demonstrated to prevent it. Type II diabetes is the most common form of diabetes accounting for approximately 90 percent of cases and the vast majority of this is obesity related. It is of grave concern that this disease is occurring at an earlier and earlier age as our population becomes more obese and inactive. Type II diabetes is no longer rare in our youth.

We wholeheartedly support the current legislative priority of the state PTA to mandate daily vigorous physical activity in our public schools and ask for your support in this important agenda.

Sincerely,

K.C. Kaltenborn, M.D.

Spokesperson; Alaska Endocrinologists Coalition for the Prevention of Diabetes

Names of doctors in coalition (comprising all of the board-certified endocrinologists residing in Alaska):

Jean Bonar, M.D.

Jan Koval, M.D.

K.C. Kaltenborn, M.D.

Pat Nolan, M.D.

Molly Southworth, M.D.

William Ragle, M.D.
Internal MedicineK. C. Kaltenborn, M.D.
Internal Medicine & EndocrinologyNeil E. Loftin, M.D.
Internal MedicineDouglas G. Smith, M.D.
Orthopedic ConsultationMichael E. Jones, M.D.
Internal MedicineJean C. Persons, M.D.
General PracticeLoretta L. Lee, M.D.
Internal MedicineMary M. Bonar
Administration

American Academy of Pediatrics



Alaska Chapter

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907/561-2171

Chapter Vice President
Bruce Chandler, MD
10920 Kaslof Blvd
Anchorage, AK 99516
907/561-4406

Chapter Secretary/Treasurer
Janet Alexander, MD
3340 Providence Drive
Suite 466
Anchorage, AK 99508-4628
907/562-2423

21 January 2002

Dear Sirs:

On behalf of the Alaska Pediatricians, the American Academy of Pediatrics Alaska Chapter endorses the concept of daily physical education, including vigorous physical activity, kindergarten through 12th grade. It has been a longstanding goal of the American Academy of Pediatrics that all children and adolescents, including those with disabilities, participate in a physical education program as a key component of comprehensive school health education.

Daily physical education should include both vigorous physical activity to promote fitness and an emphasis on programs that stress the so-called lifetime athletic activities such as running, swimming, and skiing.

As a nation, we are not living up to the recommendations included in the U.S. Surgeon General's 1996 Report on Physical Activity and Health. Fewer than 1 in 4 children get 20 minutes of vigorous activity every day. In fact, the percentage of overweight young Americans has more than doubled in the past 30 years.

The benefits of daily physical education and vigorous activity are well documented not only for improving fitness, but for improving students' attention and academic performance:

- A study in Meridian, California of a daily running program showed dramatic increases in academic performance and in cardiovascular fitness.
- In Varnes, France where one-third of the school day was devoted to art, physical education and music, with daily vigorous physical education, there was improvement in academic performance, measures of self-esteem and fitness over a 10-year observation.
- A study in Stanford, California showed that learning-disabled children who participated in a daily aerobic exercise program showed an increase in self-concept as well as an increase in fitness.

A major benefit of increased childhood physical activity is not only to increase fitness and health benefits in childhood but to also begin a lifestyle pattern that can be carried into adult life where health benefits are reaped. Fitness facts include:

- Fitness levels in both boys and girls dramatically begin to decline in the teen years. Girls age 9-10 to age 15-16 in one study dropped their fitness by 88%.
- Less active youths as a group have poor health habits, less personal self-appreciation of physical and emotional well-being, increased smoking, decreased sleep and increased use of alcohol.

In 1995, an American Academy of Pediatrics' survey showed that 80% of pediatricians talked to children about the benefits of regular moderate vigorous

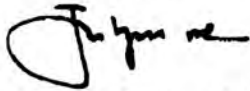
21 January 2002

Page 2

physical activity and encouraged participation in lifetime activities to promote fitness. At the same time, pediatricians are well aware that without the partnership of our schools, there is little chance that in American society we will see much change in the current trend towards decreased activity, decreased fitness, increased obesity and poorer health as a result.

In summary, the American Academy of Pediatrics Alaska Chapter encourages all school districts to adopt a daily physical education program including vigorous physical activity. The benefits include increased academic performance, improved fitness, and development of healthy lifetime habits.

Sincerely yours,



W. Jon Lyon, M.D.

Chairman, American Academy of Pediatrics

Alaska Committee on Sports Medicine and Physical Fitness

WJL:plw

A Resolution Supporting Importance of Physical Education in Our Schools

Whereas: The mission of the National Parent Teacher Association is to "support and speak on behalf of children and youth in the schools, in the community, and before governmental bodies and other organizations that make decisions affecting children"; and,

Whereas: the Surgeon General's Report on Physical Activity and Health (1996) says physical inactivity is a serious, nationwide health problem; and

Whereas: physical activity is necessary to support the normal growth in children, and is essential to the continuing health and well being of youth and adults; and

Whereas: physical activity reduces risks at all ages, of heart disease, high blood pressure, and diabetes; and

Whereas: the 60 million school aged children and youth have the potential to acquire the knowledge, skills, and values that can lead to a lifetime of physically active and healthy living; and

Whereas: emphasis should be placed on physical activity, fitness, exercise, and good health; skills of sports, games, dance, and basic movement; and related concepts and knowledge; and

Whereas: where applicable teachers licensed in Physical Education will teach class and classes should contain similar numbers of students as other classrooms; therefore

Be it Resolved: The Alaska PTA urges local schools to make a commitment to make regular physical education programs an integral part of our children's education. Physical Education programs and curriculum should follow the minimum national standards as set forth by the appropriate professional organizations, should be developmentally appropriate, sequential, and cooperative in nature.

Rationale: The young people of Alaska are our most valuable resources, and their health, education and well-being are the most important responsibility of families, teachers and community members. The Alaska PTA believes that physical activity and exercise are essential for good health and must be encouraged during the developmental years of students. The Alaska PTA also believes that a comprehensive program of physical education should be provided daily in grades pre-K through 12 in or on facilities designed for that purpose. The National Association for Sport and Physical Education, which has set national standard for PE, recommends a minimum of 30 minutes to 60 minutes of daily physical activity for elementary school children and at least 45 minutes a day for middle and high school students. Alaskans love sports because they provide a path to fun, fitness and health. Without healthy bodies, young people cannot take full advantage of their educational opportunities.

Submitted by Aurora PTA, Elmendorf AFB

Dear legislative candidate,

Alaskans needs your help. One out of every five Alaskans dies from a disease that is largely preventable. This disease is called cardiovascular disease. There are several risk factors that contribute to this disease, however they are modifiable through one simple action: **physical activity**. Unfortunately:

- 53% of Alaskan adults have a sedentary lifestyle.
- 25% of Alaskan adults don't exercise at all.

> 62% adult alaskans are overweight/obese

Research shows that being physically active as a child gives you a better chance of being physically active as an adult. There are several ways to get children physically active, but the most highly recommended one is **physical education (P.E.)**

We're not talking about the P.E. you had when you were in school. There has been a revolution in Physical Education in the last 30 years. Instead of dodgeball and calisthenics, kids are able to learn things like movement skills, teamwork, critical thinking, and social interaction in addition to lifetime fitness principles that allow them to be physically active long after they graduate.

Quality physical education, taught by certified P.E. teachers, required at least 3 days per week would make a significant impact on the rising overweight/obesity rates in our state. However:

- Only 27% of Alaska high school students take P.E.
- Alaska does not require districts or schools to follow physical education standards or guidelines
- P.E. is not required in elementary or middle school;
- Alaska does not require that their newly hired physical education teachers have a degree in P.E

Leadership is needed by our state government now! As of today, our Department of Education and Early Development (DEED) has not recognized physical education as a subject to be taught in school. DEED has:

- No physical education content standards.
- No physical education director.
- No physical education goals, objectives, or expected outcomes for each school level.
- No minimum teacher/student ratios for physical education.
- Does not require any physical education written tests, performance tests, or fitness tests.

As of now, it appears that nothing will be done about this dire situation. Despite recent legislative resolutions in support of quality P.E., there has been no effort to adopt even minimal state-wide standards for physical education. We hope you will join us in our fight to give Alaskan children a complete education...one that educates mind and body!

Please answer the questions on the following page so that Alaskans will know where you stand on this issue.

Thank you,

Alaskan School Physical Education Advocacy Group

"I think we've made a serious error by not requiring physical education."
- David Satcher, United States Surgeon General

Alaska currently has no teacher education programs for physical education.

Alaska does not require elementary schools to have regularly scheduled recess.

Alaska does not prohibit or discourage using physical activity as punishment for bad behavior or excluding students from P.E. for bad behavior.

- 43% of Alaskan high school girls report themselves as overweight.
- Obesity rose 57% from 1991 to 1998 in Alaskan adults.
- 1 in 5 Alaskan adults is obese.
- 1 in 5 Alaskans die from heart disease.

+

A Positive First Step: Establishing the Alaska Schools Physical Activity Task Force (HB 128)

The American Heart Association supports House Bill 128, a bill establishing a task force that would study proposed recommendations for effectively and economically maximizing physical activity in Alaska's schools.

Approximately half of Alaska's children are obese, overweight or are considered at risk for becoming overweight. Nationwide, the percentages of children who are either overweight or obese are on the increase, and Alaska's kids are out-pacing the national average – essentially, our children are getting heavier more quickly.

Obesity puts our kids at risk of heart disease, stroke, certain types of cancers and early onset Type-2 diabetes. Recent studies indicate that many physical conditions that lead to heart disease and stroke begin in childhood. A recent study uncovered an alarming number of adolescents with cardiovascular risk factors usually considered to be conditions of middle-aged adults. (Source: *Circulation*, a medical journal of the American Heart Association, 2003: 108: IV-720).

We know that poor diet and lack of exercise are the two main factors that contribute to obesity. We also know that many schools have responded to budget crunches and pressure to improve test scores by decreasing the time devoted to quality physical education. Yet evidence suggests that time spent in physical education may help improve attention spans in younger children, and that youth who spend less time in other subject to allow for regular physical education do equally well or better in academic classes than their peers who do not receive regular physical education. (Source: The President's Council on Physical Fitness and Sports, 1999).

Additionally, obesity is expensive. Obesity-related pediatric costs have tripled in the past 25 years even when adjusted for inflation. The annual direct cost of obesity in Alaska – including adult obesity-related illnesses – is now estimated at \$195 million, with more than \$29 million of that amount paid via the state Medicaid program. (Source: *Pediatrics*, vol. 109, May, 2002 & the U.S. Centers for Disease Control and Prevention, 2004).

We also know that in Alaska, as in most states, there is room for improvement when it comes to the existing physical education requirements. In Alaska, there is no current statewide requirement outlining a course of study in physical education at the elementary level. At the high school level, there is a statewide regulatory requirement that every student must complete at least one unit of health or physical education prior to graduation. A "unit," however, may be defined by each local school board, so that there is no statewide articulated standard or definition of what one "unit" must include. In 2003, the Alaska Division of Public Health, Department of Health and Social Services, conducted a statewide poll to assess what physical education policies are in place in local school districts throughout the state. The poll revealed significant inconsistencies in the duration, sustainability, and type of physical education required:

- Only 29.6% of Alaska elementary or middle schools have a written policy on physical education, while 93% of high schools have such a policy.
- The average time requirement for physical education at the elementary level is 2 days per week for 30 minutes. This requirement increases to 5 days per week for 45 minutes in both middle school and high school, but tends to only be required for one year out of three for middle school, and just one year out of four in high school.
- Statewide, in 76.6% of all physical education classes are taught by someone other than a certified physical education teacher. Of the schools using teachers lacking physical education certification, 96.6% failed to require any specific training in physical education.

While this bill does not require a specific course of action, it is a step in the right direction. By establishing a task force to examine the state of physical education in Alaska and make informed and creative recommendations on ways to improve the quantity and quality of physical education, the Legislature would send a clear message that it cares about the health of our children. The American Heart Association supports House Bill 128, and believes that it is a step in the right direction.

March 1, 2005

SCOMM

137:19

Alaska State Legislature

Session
State Capitol Building, Room 118
Juneau, Alaska 99801-1182
Phone (907) 465-2995
Fax (907) 465-6592

Interim
716 West Fourth Avenue, Suite 430
Anchorage, Alaska 99501
Phone (907) 269-0250
Fax 9907) 269-0249



Chair, Judiciary Committee
Vice-Chair, House Committee on
Economic Development,
Trade and Tourism

Member
Oil & Gas Committee

Representative Lesil McGuire *House District 28*

MEMORANDUM

To: Representative Neuman, Special Committee on Education Chair

From: Representative Lesil McGuire

A handwritten signature, likely of Lesil McGuire, is written over the "From:" line. The signature is stylized and appears to be "LM".

Date: February 17, 2005

Re: Request for hearing, HB 140 – *"An Act establishing tuition waiver and voucher program for eligible students who were placed in foster care by the state; and providing for an effective date."*

I respectfully request that HB 140, *"An Act establishing tuition waiver and voucher program for eligible students who were placed in foster care by the state; and providing for an effective date"* be scheduled for a hearing at your earliest convenience. Attached you will find the bill packet containing the most current version of the bill, sponsor statement, background information and letters of the support.

If you have any questions or concerns please feel free to contact me personally, or my staff, Shalon Szymanski at (907) 465-6841. Thank you for your time and consideration.

Alaska State Legislature

Session
State Capitol Building, Room 118
Juneau, Alaska 99801-1182
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Chair, Judiciary Committee
Vice-Chair, House Committee on
Economic Development,
Trade and Tourism

Member
Oil & Gas Committee

Representative Lesil McGuire *House District 28*

SPONSOR STATEMENT HB 140

"An Act establishing a tuition waiver and voucher program for eligible students who were placed in foster care by the state; and providing for an effective date."

The purpose of HB 140 is to provide up to fifteen annual college and vocational training tuition waivers to young people who were in Alaska Office of Children's Services "OCS" custody on or after their 16th birthday.

This program will be of no cost to the State of Alaska. The Alaska Office of Children Services will utilize funds received pursuant to the Chafee Foster Care Independence Act and collaborate with the University of Alaska and vocational training programs to provide scholarships to eligible students. Funding for this program has been available to the State of Alaska since August of 2003.

Currently, more than 500,000 American children live in foster care. The most current federal data indicates that more than 19,000 youth between the ages of 18 and 21 "aged out" of the foster care system in fiscal 2001 (U.S. Department of Health and Human Services March 2003). These young people often leave the foster care system with few resources and very little support. By providing these college and vocational training waivers, we can help them navigate the transition to adulthood. Investing in their transition to independent living can enable them to achieve self-sufficiency and avoid many of the pitfalls for which they are at risk.

**Chafee Foster Care Independence and Education and Training Vouchers
Programs**

Chafee Foster Care Independence and Education and Training Vouchers Programs Plan of Work

The State of Alaska, Office of Children's Services provides administration, supervision and oversight for the Chafee Foster Care Independence Program and Education and Training Voucher Program. The State of Alaska will cooperate in national evaluations of the effects of the programs in achieving the purposes of the Chafee Foster Care Independence Program.

1. Education or Vocational Training Voucher Program Plan of Work.

Based on the program accomplishments, identified needs and new information, the following work plan is proposed to identify program objectives and activities to establish, expand and strengthen Alaska's Education and Training Voucher Program over the next grant period.

Objective 1: To prepare youth to enter post-secondary education or vocational training programs.

Activities:

1. Beginning at age 16 include education/career goals in youth's transition plan
2. By age 17, develop exit plan that includes a specific education plan and career development plan.
3. Through transition/exit planning process, inform youth of supports available to them for post-secondary education or vocational training.
4. Establish primary contacts between Regional IL specialists and high school administrators/counselors to develop in-school teacher and peer mentor supports for foster youth.
5. Establish regional foster youth advisory boards to help identify educational barriers and activities to eliminate barriers.
6. Develop resource list of tutors and other supports available, including specific Alaska Native supports, for youth in their community.
7. Include training for foster parents and residential care providers on home to school supports for academic success.

Objective 2: To increase enrollment of foster youth and former foster youth in post-secondary education or vocational training programs.

Activities:

1. Complete inventory of programs in the state that meet qualifying criteria for institutions of higher education.
2. Establish primary contacts with institutions and develop formal agreements between OCS and the institution that identifies services, finding including match funding available from the institution, specialized supports for youth, progress reporting requirements.
3. Establish primary contacts with Alaska Native organizations with established youth and job development programs and develop formal agreements to identify services,

finding including match funding available from the institution, specialized supports for youth, progress reporting requirements.

4. Provide individual consultation and help with application process for post-secondary education or vocational training.
5. Include contact information in exit packets for all youth leaving custody identifying OCS staff available to help with applying for education or vocational training programs in the future.
6. Establish primary contacts between Regional IL specialists and high school administrators/counselors to link foster youth to scholarship opportunities.
7. Request federal review of eligibility criteria to allow ETV supports for youth who exited custody prior to their 16th birthday or for youth who have not completed their high school education.
8. Identify eligible former foster youth and develop mailing lists with current contact information through Alaska Permanent Fund application mailing lists. Provide information on ETV funding and supports.
9. Establish opportunities for youth to visit college campuses, job shadow and volunteer when they identify career and education goals in their transition or exit plans.

Objective 3: To increase completion and/or graduation rates of youth enrolled in post-secondary programs.

Activities:

1. Establish a mentoring program for youth entering a post-secondary education or vocational training program that will provide individual mentors for each youth approved for ETV funding. Link Alaska Native mentors/mentees. Mentors will on a regular and periodic basis, contact the youth to check on progress, provide support and, if needed, referrals for services. Youth will be required to participate in the mentoring program for a minimum of one year.
2. Require progress reports for youth receiving ETV funds
3. For youth with multi-year funding programs, require application renewal at the end of each academic year.
4. Develop resource list of tutors and other supports available for youth in their community or school to support post-secondary academic success.
5. Conduct exit interview with all youth who complete their program of study and with all youth who drop out to identify challenges, supports and improvements to the ETV program.
6. Revise application documents and interview process to include financial/budget plans, housing, reference specifically addressing their readiness for post secondary education and vocational training.

Objective 4: To establish and expand scholarship opportunities for foster youth

Activities:

1. Conduct review of University of Alaska Presidential Tuition Waiver Scholarship for Foster Youth with University Financial Aid Office
2. Develop formal MOU with University of Alaska for continuation of scholarship opportunity
3. Develop resource list of scholarship opportunities through Alaska Native organizations
4. Establish Alaska corporate scholarship program for foster youth

2. Chafee Foster Care Independence Program.

Based on program accomplishments, identified needs and new information, the following work plan is proposed to identify program goals, objectives and activities to expand, and strengthen Alaska's Independent Living Program over the next grant period.

Goal (a) – To help youth transition to self-sufficiency.

Objective 1 – Establish staffing and supports for management of the IL program.

Activities:

1. Establish four Regional IL specialists in FY 05.
2. Develop job description and get approval to hire from Department of Administration, Division of Personnel
3. Recruit and hire staff for Anchorage Regional Office, South Central Regional Office, Southeast Regional Office and Northern Regional Office.
4. Identify training requirements
5. Delegated authority for budget, funding and procurement and case management for youth

Objective 2 – Develop state and regional strategic plans to guide IL program.

Activities:

1. Review final reports and resource guides produced by IL Task Force grantees
2. Request updates on outcomes realized as result of planning efforts
3. Building on task force efforts establish regional/community based IL partnerships for IL services, referrals and supports for youth
4. Using five-year plan as a guide, develop specific work plans for each year with timelines, staff responsibility and outcome measures.

Objective 3 – Develop capacity for data collection and evaluation for IL program.

Activities:

1. Schedule training on Online Resources for Children of Alaska (ORCA) for Regional IL Specialists

2. Review national data and outcome requirements when published in the federal register and;
3. Work with ORCA staff to include National data evaluation requirements in system.
4. Using data from the Child Welfare Evaluation Project develop proposal for Alaska Supplement to the ACLSA; evaluate need for specific life skills training or development of life skills curriculum modules for use by state and Alaska Natives and training curriculum for caregivers, SW and others.

Objective 4 – Develop systematic procedures to implement program.

Activities:

On-going, update and review procedures as program changes are made

Objective 5 – To provide necessary training and supports for Social Workers, Supervisors, foster parents, residential care providers and non-state program staff on Independent Living policy/procedures, assessment, transition planning, best practices, youth and adolescent development and behaviors.

Activities:

1. Develop training curriculum and schedule regional "road show" training schedule
2. Develop resource guides/handbooks to for Regional trainings
3. Review "Understanding Adolescents" and new SW curriculum to shift focus from behaviors to practice
4. Provide specific training to SW, foster parents, residential care providers on "youth center" case planning to ensue youth are actively involved in the case planning process
5. Provide supports for Transitional Resource Specialist network
6. Develop conference agenda for Statewide fall 2004 convening
7. Review annually the Alaska Foster Parent Training Center contract to update IL training needs for foster parents
8. Review annually contracts with residential care providers to ensure IL case management needs for youth in residential care are met. Participate in program reviews.

Objective 6 – To authorize a range of transitional housing/living options for youth through licensing policy and procedures.

Activities:

1. Set augmented rates for IL licensing specialization
2. Develop regulations to implement Supervised Apartment Living license
3. Develop placement criteria for youth who would benefit from Transitional Living programs
4. Develop program for graduated Transitional Living Program for youth 16 to 21
5. Develop formal partnerships with federal Transitional Living grantees for placement and community supports for foster youth

Objective 7 – To develop a statewide assessment for youth as a component of the case planning process.

Activities:

1. Review active case files to determine frequency of ACLSA completion
2. Review active case files to determine use in developing case plans
3. Identify barriers to ACLSA use
4. Set schedule for regular ACLSA training

Objective 8 – To Provide individual funds for youth to support their transition from foster care to self-sufficiency.

Activities:

1. Develop separate "Request for Funds" form for IL funds
2. Delegate approval for expenditure of funds to Regional IL Specialists
3. Develop guidelines for purchase of goods/services
4. Audit procurement process to ensure funds are disburse to youth in a timely manner
5. Develop Regional resource lists of service providers with expertise in counseling, tutoring etc., for foster youth ages 14 and older.
6. Conduct periodic review of "benefits charts" to make sure they meet the needs of youth
7. Inform SW, foster parents, residential care providers about available services and supports through the IL program on a regular basis.

Objective 9 – To provide opportunities for youth and alumni to influence system improvements.

Activities:

1. Provide on-going supports to establish Youth Advisory Board through recruitment of youth as needed, setting yearly schedule for retreats, implementation supports for YAB work plans
2. Develop process to incorporate YAB system improvements recommendations into IL program planning
3. Define and support YAB advocacy role and activities

Goal (b) – To help youth receive the training education and services necessary to obtain employment

Objective 1 – To provide youth with a variety of opportunities to explore career and employment opportunities.

Activities:

1. Complete cost benefit analysis of Independent Living Institute and Computer camp, including evaluations from youth who have attended the events.
2. Develop regional and community-based life skills training opportunities for youth in care

3. Through Regional IL specialists, establish partnerships with local high schools for youth to explore "career" opportunities

Objective 2 – To identify career goals, outcomes and necessary supports for each youth in foster care.

Activities:

1. Regional IL Specialist review of individual case plans with foster youth to ensure career goals and learning plans are developed
2. Provide training and supports to youth on "youth centered" case planning to ensure youth are actively involved in developing their transition and exit plans.
3. Provide opportunities for youth to explore career goals through apprenticeships, job shadowing and employment opportunities.
4. Develop training and supports for SW, care providers and others on transition and exit planning process that highlights career goal identification and learning plans to support goals.

Goal (c) – To help youth prepare for and enter post secondary training and educational institutions.

Objective 1 – To identify education goals and needs in case planning.

Activities:

1. Regional IL Specialist review of individual case plans with foster youth to ensure education goals and learning plans are developed
2. Develop training and supports for SW, care providers and others on transition and exit planning process that highlights education goals and learning plans to support goals.
3. Provide training and supports to youth on "youth centered" case planning to ensure youth are actively involved in developing their transition and exit plans.

Objective 2 – To increase the number of foster youth who complete high school.

Activities:

1. Through Regional IL specialists, establish partnerships with schools to provide in-school teacher and adult/peer mentoring supports for foster youth.
2. Review policy for youth to "require" high school graduation as a condition of self-emancipation
3. Provide individual tutoring, school based study sessions for foster youth to meet and pass requirements for high school exit exam.
4. See also Education and Training Voucher work plan

Goal (d) – To provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults.

Objective 1 – To provide mentors for youth in school settings to promote educational success

Activities:

1. Establish partnerships with local school districts to provide on-site school adult mentors for foster youth
2. Establish community or school base peer support groups for foster youth

Objective 2 – To provide mentors for youth to help them acquire and strengthen daily living skills

Activities:

1. Monitor current mentoring grants awarded in FY 04 with continuation options in FY 05 and 06 to ensure grantees meet special grant conditions.
2. Review and renew continuation grants in 05 and 06 with changes to grant conditions as needed.

Objective 3 – To provide mentors for youth enrolled in post-secondary education and vocational training programs.

Activities

1. Explore contract with Orphan Foundation to provide mentoring services for youth receiving ETV funds
2. Establish a mentoring program for youth entering post-secondary education or vocational training (see ETV Work Plan – Objective 3).

Goal (e) – To provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between the age of 18 and 21 years of age.

Objective 1 – To extend IL funds, services and supports to youth age 18 to 21.

Activities:

1. Audit procurement process to ensure funds are disbursed to youth in a timely manner
2. Conduct periodic review of “benefits charts” to make sure they meet the needs of youth
3. Develop procedures and authority to shift approval and procurement process for out-of-custody funds from Central office IL coordinator to Regional IL Specialists.

Objective 2: To provide case management for youth no longer in custody.

1. Continue case management grant with Covenant House through 05, develop new grant Request for Proposal for case management services for FY 06 – 08.
2. Develop procedures and authority to shift case management services from Central Office IL coordinator to Regional IL staff.

Objective 3 – To provide transitional housing options for youth who need housing and supports when the leave custody.

See Goal (a), Objective 6.

Goal (f) – To make available vouchers for education and training, including postsecondary education to youth who have aged out of foster care

See ETV work plan, Objectives 1 and 2

Services to Youth Ages 18 – 21

Please refer to Goal (e) Objectives 1 and 2

Room and Board:

Alaska defined "room and board" in the first five year plan as 1st months rent and security/damage deposit for youth who age out of custody at 18 and have not yet reached age of 21. During the next four years, the definition was expanded to allow for: (1) crises housing assistance (up to \$850) for youth who have lost their job and need assistance with rent until another job is secured; and (2) housing assistance (up to \$1,500 maximum) where up to three months rental assistance is provided at 100% of 1st months rent, 50% of 2nd months rent and 25% of 3rd months rent. Youth must have in been in care for at least six months and on their 18th birthday to be eligible for housing assistance and provide verification of employment, pending employment or other financial support. This housing support has assisted youth who have obtained some stability through employment, pending employment or other financial support, it does not address needs of youth who need housing for longer periods of time, while they are finishing high school or need a more structured living environment after they leave foster care.

3.Services for youth. Description of how the sate will serve youth of various ages and at various stages of achieving independence.

Youth under age 16. Child Protection Services Policy requires that beginning at age 14 youth in custody are required to have a case plan that includes completion of the Ansell-Casey Life Skills assessment. At age 14 the focus of the ACLSA is on basic life skills that include areas such as personal and self-care, cooking and cleaning, time management. The case plan must also consider objectives that address transition from foster care to self-sufficiency. Youth age 14 and older are eligible to access Independent Living funds for goods and services to support acquisition or improvement of life skills Additionally, case plans must address school progress, achievements and needed improvements. Independent Living funds can also be request for tutoring and other school supports not provided through the school district or not identified in the youth's Individual Education Plan. IL case management and services are provided by the primary social worker in partnership with foster or residential care providers. Youth who live in the Anchorage area can also receive case management services through a

grant with the youth and job development program at Covenant House. Authority to access IL funds and develop and review IL objectives for individual case plans will be delegated to the Regional IL Specialist when the hiring and placement process is complete.

Youth age 16 to 18. Youth at age 16 are required to take the Ansell-Casey Life Skills Assessment and OCS recommends that youth take the assessment every six months.

New OCS policy requires that youth have a transition plan at age 16 and an exit plan at age 17. Youth can access Independent Living funds to support the activities identified in their transition and exit plans and can apply for ETV funds if they have completed high school or obtained a GED. Youth are also eligible to attend the Independent Living Institute and Computer Camp. IL case management and services are provided by the primary social worker in partnership with foster or residential care providers. Youth who live in the Anchorage area can also receive case management services through a grant with the youth and job development program at Covenant House. Authority to access IL funds and develop and review individual transition and exit plans will be delegated to the Regional IL Specialist when the hiring and placement process is complete.

Youth age 18 through 20. With the passage and signing of legislation allowing the state to provide services to youth over age 18, this age group is eligible to apply for IL funds and is also eligible for the new ETV funds. Currently youth who are accessing IL funds left custody before the policy change requiring youth have an exit plan that identifies and plans for how IL and ETV funding will be used. Case management and planning for services and supports is currently provided directly by the IL program coordinator and for youth who live in the Anchorage area through a grant with the youth and job development program at Covenant House. Authority to access out of custody IL funds and develop and review individual transition and exit plans will be delegated to the Regional IL Specialist when the hiring and placement process is complete.

Youth likely to remain in foster care. For youth who enter OCS custody at age 16 or who reach age 16 while in custody, the SW and permanency evaluation team would consider the youth's goals, the families' progress towards regaining custody and pending proceedings regarding permanency, such as adoption or self-emancipation. SW may identify the permanency goal as independent living. Youth who are likely to have the goal of independent living are youth who have entered OCS custody on or after age 16.

4. Involvement of the public and private sector. Description of how the State involves the public and private sectors in helping adolescents in foster care achieve self-sufficient independence;

and

5. Consultation with Stakeholders. Description of how the State involves Alaska Native Tribes, public and private organizations in development of the plan.

In July 2000, a statewide planning meeting for key stakeholders – including Tribes and public/private organizations providing services to youth was held. The meeting resulted in the development of a strategic plan to guide program development. In 2001, grants were provided to support five regional Community Task Forces in the communities of Fairbanks, Anchorage, Juneau, Barrow and Mat-Su. These community efforts focused on serving youth both within their respective communities and outlying regions, allowing consideration of the diverse needs in the state, which can vary greatly from region to region. Each task force was required to actively solicit input and membership of Alaska Native organizations. One task force grantee was the Fairbanks Native Association. The FY 05-09 draft plan will be distributed to the original task force grantees so that the regional priorities identified through their efforts can be included in the statewide plan.

An important partnership between Casey Family Programs and the state has developed over the past four years. Casey has provided funds, in-kind support and collaborative planning that has been critical for implementation of the IL program. OCS and Casey have developed a joint work plan and the goals and objectives of that plan have been incorporated into the state plan.

In FY 04, the State in partnership with Casey Family Programs established the Alaska Youth Advisory Board. The Board has held two retreats and two more are scheduled in June and August of 2004. One of the goals of the Board is to advocate for systems change for foster youth. Youth will have an opportunity to comment on the plan at the June retreat and as the Board becomes more active they can request that the plan be updated to include their recommendations.

The IL Program Coordinator participates in the annual statewide ICWA conference and is scheduled on the agenda each year for presentations and updates on the IL program. A draft of the five-year plan is sent directly to Tribal ICWA coordinators for review and comment.

OCS grantees are asked directly to comment on the five-year plan. The IL program has 5 active grants – four mentoring and one case management grant. Comments on the draft plan are also solicited from foster parents through the Alaska Foster Parent Training Academy and from residential facilities that have residential care contracts with OCS.

6. Service Coordination. Description of how the State coordinates with “other Federal and State programs for youth; consults and coordinates with Alaska Native Tribes and ensures benefits are made available to Alaska Native youth.

(i) Alaska does not contract out specific IL services, but uses a system of referrals for services. Primary referrals are to state, federal or community providers. Referrals may include mental health assessment and services, counseling, health care through community health centers or Native Health Corporations, housing assistance through the Alaska Housing Finance Corporation (HUD, Section 8, public housing authority for Alaska), drug and

substance abuse treatment programs, employment services and vocational training programs. The IL coordinator has participated in two task forces focused on youth sponsored by the Division of Mental Health and Developmental Disabilities and the Department of Education and Early Development.

(2) IL benefits are made available to all Native youth in OCS foster care through their primary caseworker, foster or residential care provider. There are 262 federally recognized tribes in Alaska. Alaska Natives are 16 percent of the population, but compromise a much higher percentage of the population in rural Alaska. Natives are a majority in approximately 176 villages and small cities and are a substantial part of the population in over 200 communities. Only one of these cities is located within a "reservation" common to the lower 48. Organized municipal governments may govern native communities and have Native Councils with federally approved Indian Reorganization Act councils. Almost all of the villages have village corporations formed pursuant to the Alaska Native Claims Settlement Act and may also be served by one or more regional non-profit organizations, which provide services to Alaska Natives.

Consulting with Native Tribes is no small task in Alaska. Primary contact for purposes of providing services to foster youth is through the Indian Child Welfare workers and coordinators; and through direct contact with youth services providers in Native Corporations, Councils or Indian Health Organizations. An example of this is the recent partnerships between Case Family Programs, OCS and the Central Council of Tlingit and Haida Indian Tribes of Alaska (CCTHITA). Working together funds and supports were pooled between the ETV funding, CCTHITA youth development program and Casey Family Programs to send a former foster Native youth to a college in Colorado. As a result of this contact, the group has gone on to provide team IL presentations, joint case management for youth; and planning for community supports for housing, job training and development. Service coordination through the Regional OCS offices is primarily sustained through worker-to-worker contact. Service coordination could be enhanced through establishing primary partnerships.

Identified Needs: Establishing primary contacts between each of the Native organizations, corporations or village councils and corresponding OCS Regional IL specialists.

IL funds may be used to purchase services that are not available through community or other public providers. If SW identifies services that are not available in a community, or gaps in services, the IL coordinator will work with agencies to build service capacity.

7. Medicaid Services. Description of how the State has used Medicaid to provide services to youth ages 18 to 21.

Through an existing State Medicaid program, Denali KidCare any youth who reaches age 18 in the foster care system may continue Medicaid coverage until age 20 if they meet income

eligibility guidelines. Another program, under 21 Medicaid, is available for youth age 20; however income limits are more stringent. As part of the transition/exit planning process, youth are informed about health insurance programs and are walked through the eligibility determination and application process. Discussions with youth about the importance of preventive health care, regular and periodic checkups and treatment of illness and injury are included in the agenda for the Independent Living Conference.

8. Determining Eligibility. Discussion of the criteria the State uses for determining eligibility for benefits and services under the IL and ETV programs, including the process for developing the criteria.

Through Child Protective Services Policy and Procedures, any youth in OCS custody beginning at age 14 is eligible for IL services and supports. Need for services is established through the case planning process beginning with the administration of the Ansell-Casey Life Skills assessment, development of a transition and/or exit plan that identifies goals and outcomes to be achieved, develops a learning plan and authorizes the procurement of needed services and supports. Social workers have primary responsibility for this process in partnership with the youth and caregiver and if appropriate the youth's birth family. This criterion was developed through review and approval process for policy and procedures.

The State has authorized IL and ETV supports can be extended to youth who are no longer in custody. The law states that youth ages 16 to 21 are can apply for benefits. The State has refined eligibility criteria to stipulate that youth must have been in custody for at least six months. Room and Board supports are allowed only for youth who left OCS custody at age 18 as per federal guidelines. These criteria were developed through legislative hearings and through passage of a bill and signature into law by the Governor in June 2002.

IL and ETV funds are directly available for youth to purchase goods and services. Criteria and limits on the use of these funds are established through published "Benefits Charts." The benefits charts are continually reviewed to make sure they are reasonable and meet the needs of youth. Benefits are based primarily on the federal guidelines for IL and ETV funds.

9. Fair and Equitable Services. Discussion of how the state ensures fair and equitable treatment of benefit recipients.

Alaska has established policy and procedures to direct the Alaska IL Program. Funds are assigned to each Regional office to support procurement of goods and services for youth in custody and funds for youth no longer in custody are distributed through the Central Office IL coordinator. SW staff in each Regional Office have assigned responsibility for implementing IL program policy and procedure if they have youth age 14 and above in their caseload. Training and supports are provided to staff through a statewide training system and to foster parents through the Alaska Foster Parent Training Center. Staff for residential care facilities are included in training opportunities.

Technical support and training on an as needed basis is available through the IL Program Coordinator for staff, residential care providers, and foster parents. Grants to private and non-profit organizations for mentoring, case management and other services are used to extend services directly to youth. The IL Program Coordinator is responsible for program oversight, service coordination, grant management and planning, and program development. In FY 05, the program will be expanded to place a Regional IL Specialist in each Regional Office. These staff will report directly to the IL Program Coordinator. This system of staffing, training, supports and program coordination ensures all eligible youth are identified, assessment and case planning is accomplished, and IL services are identified and provided to youth.

10. Public Comment. Description of how comments from the public, (both written and oral) influenced the content of the plan.

A draft plan was made available to all service providers, state staff, public and private program partners, Alaska Native Tribal organizations, the Alaska Foster Youth Advisory Board and the general public for comment. Comments, both written and oral, were accepted, reviewed and incorporated into the plan if appropriate. Comments were also solicited on an on-going basis on barriers to services, program improvements and identified needs. During FY 04, the following meetings, trainings and conferences were used as a forum to offer the opportunity to comment on the pending five year plan: Tribal/State meetings, Residential Care Providers annual meeting, Licensing staff annual meeting, IL program grantee RFP process, Casey Family Programs/OCS work plan development, Ansell-Casey Life Skills Certification Training.

Individual conversations with foster parents, youth, staff, public school teachers, counselors, services providers and others were also used as opportunities to gather information on program improvements.

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB140-DHSS-OCS-02-06-06

() Publish Date: _____

Revision Date/Time (Note if correction): 02/06/2006

Dept. Affected: Health & Social Services

Title TUITION WAIVERS AND VOUCHERS FOR
FOSTER CHILDREN

RDU Children's Services

Component Foster Care Special Need

Sponsor MCGUIRE

Requester HOUSE (EDU)

Component No. 2238

Expenditures/Revenues

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
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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CHANGE IN REVENUES (0)						
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FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2006) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal: ☐

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS:

(Attach a separate page if necessary)

Currently the University of Alaska provides on a year-to-year basis, five tuition waiver scholarships for youth who were in the care and custody of the Office of Children's Services (OCS). Scholarship applications are reviewed and awarded through OCS. Youth must meet the eligibility criteria for participation in the state's Foster Care Transition Program (AS.47.18.300-390); and be accepted for admission to the University of Alaska. These scholarships cover the cost of tuition only and are awarded for eight semesters of study or completion of a degree/certificate program, whichever comes first. (cont. on page 2)

Prepared by: Sherry Hill, Special Assistant

Division Office of the Commissioner

Approved by: Karleen Jackson, Commissioner

Agency Department of Health and Social Services

Phone (907) 465-1618

Date/Time 02/06/2006

Date 02/06/2006

FISCAL NOTE
FN #

STATE OF ALASKA
2006 LEGISLATIVE SESSION

BILL NO. HB140-DHSS-OCS-02-06-06

ANALYSIS CONTINUATION

(cont. from page 1)

In addition to expanding the scholarship program, HB 140 establishes an Education Voucher program designed to pay for undergraduate fees, housing, meals and other education related expenses. Since the funding for this program is determined by federal allocation, there is no fiscal impact for the Office of Children's Services.

HB 140 would (1) increase the number of scholarships available from 5 to 15; (2) establish a tuition waiver scholarship program as a permanent opportunity for youth in foster care; and extend the scholarship opportunity to include other state-supported post-secondary and vocational education programs. HB 140 would also extend the scholarship program to youth who were or are in custody of the Division of Juvenile Justice. The fiscal cost of providing these scholarships does not affect the department.

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: HB140-DHSS-OCS-04-12-05

() Publish Date: _____

Revision Date/Time (Note if correction): _____

Dept. Affected: Health & Social Services

Title TUITION WAIVERS AND VOUCHERS FOR
FOSTER CHILDREN

RDU Children's Services

Component Foster Care Special Need

Sponsor MCGUIRE

Requester HOUSE (EDU)

Component No. 2238

Expenditures/Revenues

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
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						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES (0)						
-------------------------------	--	--	--	--	--	--

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal: ☐

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Currently the University of Alaska provides on a year-to-year basis, five tuition waiver scholarships for youth who were in the care and custody of the Office of Children's Services (OCS). Scholarship applications are reviewed and awarded through OCS. Youth must meet the eligibility criteria for participation in the state's Foster Care Transition Program (AS.47.18.300-390); and be accepted for admission to the University of Alaska. These scholarships cover the cost of tuition only and are awarded for eight semesters of study or completion of a degree/certificate program, whichever comes first. (cont. on page 2)

Prepared by: Sherry Hill, Special Assistant
Division: Office of the Commissioner
Approved by: Joel S. Gilbertson, Commissioner
Agency: Department of Health and Social Services

Phone (907) 465-1618
Date/Time 04/12/2005
Date 04/12/2005

FISCAL NOTE
FN #

STATE OF ALASKA
2005 LEGISLATIVE SESSION

BILL NO. HB140-DHSS-OCS-04-12-05

ANALYSIS CONTINUATION

(cont. from page 1)

In addition to expanding the scholarship program, HB 140 establishes an Education Voucher program designed to pay for undergraduate fees, housing, meals and other education related expenses. Since the funding for this program is determined by federal allocation, there is no fiscal impact for the Office of Children's Services.

HB 140 would (1) increase the number of scholarships available from 5 to 15; (2) establish a tuition waiver scholarship program as a permanent opportunity for youth in foster care; and extend the scholarship opportunity to include other state-supported post-secondary and vocational education programs. HB 140 would also extend the scholarship program to youth who were or are in custody of the Division of Juvenile Justice. The fiscal cost of providing these scholarships does not affect the department.

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number:

Bill Version:

HB140-EED-ESS-04-12-05

() Publish Date:

Revision Date/Time (Note if correction):

Title "An Act establishing a tuition waiver and voucher-
ing, and intervention program related to the hearing of newborns"

Dept. Affected: Education & Early Development

RDU

TLS

Component Student and School Achievement

Sponsor House Special Committee of Education

Requester Education Special Committee

Component No.

2796

Expenditures/Revenues

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	0.0	*	*	*	*	*
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The Department of Education & Early Development identifies no costs at this time.

Prepared by: Barbara Thompson, Director

Division: Teaching & Learning Support

Approved by: Karen Rehfeld, Deputy Commissioner

Agency: Education & Early Development

Phone: 465-8727

Date/Time: 4/12/05 9:46 AM

Date: 04/12/2005



HOUSE SPECIAL COMMITTEE ON EDUCATION

STATE CAPITOL, ROOM 106

MEMORANDUM

COMMITTEE MEMBERS

Rep. Mark Neuman,
Chairman
Room 432
465-3820

Rep. Carl Gatto
Vice-Chair
Room 411
465-3743

Rep. Bob Lynn
Room 415
465-4931

Rep. Bill Thomas
Room 428
465-3732

Rep. Peggy Wilson
Room 108
465-3824

Rep. Les Gara
Room 418
465-2647

Rep. Woodie Salmon
Room 114
465-4527

Date: February 2, 2006

To: Members of House Special Committee on Education

From: Representative Mark Neuman, Chairman *[Signature]*
House Special Committee on Education

Re: Scheduled bills in Education Committee

Thursday, February 9, 2006, at 11:00 a.m. in Room 106

HB 140 TUITION WAIVERS FOR FOSTER CHILDREN
Representative McGuire

HB 345 RAISE COMP SCHOOL ATTENDANCE AGE TO 17
Representative Weyhrauch

** Committee will be taking public testimony **

** Meetings will be teleconferenced **

Committee hearings may be postponed to 5:30 p.m.
depending on length of floor session.

Beth Schneider

From: Chris Wyatt [chris_wyatt@gov.state.ak.us]
Sent: Tuesday, February 07, 2006 1:46 PM
To: Beth Schneider
Subject: Re: Fiscal Notes requested - HB 140; HB 345
Attachments: HB140-DHSS-OCS-02-06-06.pdf

Here is one from HSS. I am still waiting for the University.....

Beth Schneider wrote:

Hi Chris,
Any luck with HB 140 I need to have copies to the committee by tomorrow morning.

Thanks,
Beth

From: Chris Wyatt [mailto:chris_wyatt@gov.state.ak.us]
Sent: Thursday, February 02, 2006 9:56 AM
To: Beth Schneider
Subject: Re: Fiscal Notes requested - HB 140; HB 345

Here is HB 345.... I will find out where 140 is.....Chris

Beth Schneider wrote:

RE: HB 140; HB 345 - scheduled for February 9

SCOMM

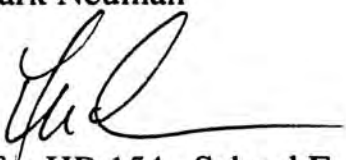
137:20

ALASKA STATE LEGISLATURE



REPRESENTATIVE LES GARA

MEMORANDUM

DATE: February 23, 2005
TO: Representative Mark Neuman
FROM: Rep. Les Gara 
RE: Hearing Request for HB 154, School Formula Funding

I respectfully request that HB 154, School Formula Funding, be scheduled for hearing in the House Special Committee on Education. Please feel free to contact me, or my aide Cindy Smith, with questions or thoughts at 465-2647.

Attached you will find a background packet for HB 154. This includes the original bill, a sponsor s statement, and backup materials.

Thank you for your consideration.

SPONSOR STATEMENT

House Bill 154 Education Formula Funding

House Bill 154 addresses needed increases to the K-12 education formula funding. The bill would increase the base student allocation to \$5,120. It would also require that at a minimum the foundation formula is inflation-proofed in each subsequent year.

Until last year, the school formula fund allocation had lagged behind inflation for more than five years running. Many schools around Alaska made substantive cuts to their curriculum and programs during that time.

Even with last year's increase, schools are still struggling to meet increased costs in PERS/TERS, in fuel costs, and in increased requirements imposed by the federal No Child Left program.

In testimony before committees, and in letters to the legislature many districts have indicated that in order to make even modest progress in the coming year, the foundation formula needs a significant increase.

House Bill 154 will provide funds so that schools, rather than cutting staff or struggling to stay even, will be able to make modest improvements. The base student allocation in HB 154 has been supported by Alaska Kids Count!, by the Anchorage School District, the Juneau School District, the Kake School District and others.

**KAKE CITY SCHOOL DISTRICT
RESOLUTION #021605-01**

**RESOLUTION IN SUPPORT OF INCREASED STATE FUNDING FOR
STUDENTS ATTENDING ALASKA PUBLIC SCHOOL DISTRICTS**

WHEREAS, state funding for public schools is essential to maintain an education system that meets the needs of the children of Alaska; and

WHEREAS, Governor Frank Murkowski has recognized the importance of increasing public school funding by recommending that foundation formula funding for public schools be increased; and

WHEREAS, public school students will require adequate education programs in order to meet student achievement requirements imposed under both state and federal law; and

WHEREAS, adequate education programs will require a significant increase in state education funding to allow school districts to have the education resources to meet student needs; and

WHEREAS, school districts are experiencing increased fixed costs in their retirement systems and in other areas including fuel and electricity; and

WHEREAS, improvements to the public school system require a combination of strategies including improving instructional quality, developing curricular offerings to meet the needs of all students, providing adequate opportunities for participation in Fine Arts curriculum, and providing adequate employee compensation; and

WHEREAS, providing increased education funding benefits all the public schools in the state and all residents of the state by developing our most precious natural resource - children, and providing a foundation for economic growth; and

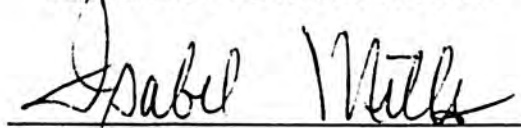
WHEREAS, in order to prevent program cuts, and to assure a maintenance level of public school funding, public school funding will need to be increased by \$112 million dollars for the next fiscal year;

BE IT RESOLVED, that the Kake City School District strongly supports increasing state support for public schools; and

BE IT FURTHER RESOLVED, that the Kake City School District requests the Governor and legislature to increase the base student allocation in the foundation formula to \$5,120, which would provide an additional \$112 million dollars in state support for public schools.

DATED this 16th day of February 2005.

KAKE CITY SCHOOL BOARD

A handwritten signature in cursive script, appearing to read "Isabel Mills", is written over a horizontal line.

Isabel Mills, President

Stanley Adams, Vice President
Kimberly Moler, Secretary/Treasurer
Delbert Kadake, Member
Patti Handy, Member

Eric Gebhart, Superintendent

**ANCHORAGE SCHOOL DISTRICT
ASDR 2004-2005-10**

**RESOLUTION IN SUPPORT OF INCREASED STATE FUNDING OF THE
ALASKA PUBLIC SCHOOL FUNDING PROGRAM**

WHEREAS, state funding for public schools is essential to maintain an education system that meets the needs of the children of Alaska; and

WHEREAS, Governor Frank Murkowski has recognized the importance of increasing public school funding by recommending that foundation formula funding for public schools be increased; and

WHEREAS, public school students will require adequate education programs in order to meet student achievement requirements imposed under both state and federal law; and

WHEREAS, adequate education programs will require a significant increase in state education funding to allow school districts to have the education resources to meet student needs; and

WHEREAS, school districts are experiencing increased fixed costs in their retirement systems and in other area including fuel and electricity; and

WHEREAS, improvements to the public school system require a combination of strategies including improving instructional quality, decreasing class sizes, providing safe and efficient transportation, and providing adequate employee compensation; and

WHEREAS, providing increased education funding benefits all the public schools in the state and all residents of the state by developing our most precious natural resource - children, and providing a foundation for economic growth; and

WHEREAS, in order to prevent program cuts, to assure a maintenance level of public school funding, and to make modest reduction in class sizes, public school funding will need to be increased by \$112 million dollars for the next fiscal year;

BE IT RESOLVED, that the Anchorage School District strongly supports increasing state support for public schools; and

BE IT FURTHER RESOLVED, that the Anchorage School District requests the Governor and legislature to increase the base student allocation in the foundation formula to \$5,120, which would provide an additional \$112 million dollars in state support for public schools.

DATED this 7th day of February 2005.

ANCHORAGE SCHOOL BOARD

Tim Steele

Tim Steele, President

Crystal Kennedy
Jake Metcalfe
Macon Roberts

John Steiner
Jeff Friedman
Mary Marks

Carol Comeau, Superintendent

**CITY AND BOROUGH OF JUNEAU
BOARD OF EDUCATION
RESOLUTION #05-05**

A RESOLUTION ON STUDENT FUNDING

WHEREAS, the Governor recognizes the challenge of creating a quality educational system and desires to continue to improve education; and

WHEREAS, the Governor said in the State of the State Address: "...increases in the retirement system costs and unforeseen energy expenses have put too great a burden on local governments in the short term," and he introduced a funding bill to increase the foundation funding by \$62 million resulting in a base allocation of \$4,880; and

WHEREAS, increasing student achievement and improving school performance (required by both the No Child Left Behind Act and Alaska statute and standards) will require schools to go beyond status quo operations and institute new or improved programs over the long term to address the specific unique needs of each student; and

WHEREAS, increasing student achievement and improving school performance require resources *beyond* those needed to simply address the increased costs of the retirement system and the unforeseen energy expenses; and

WHEREAS, the City and Borough of Juneau School District recognizes that improving student achievement will require at a minimum a combination of the following strategies and at a cost of \$5,120 base student allocation (BSA):

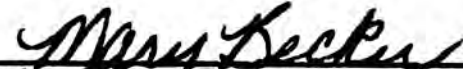
- reduce pupil teacher ratio
- support students to meet district, state and federal achievement expectations
- enhance graduation rate; and

WHEREAS, reaching a level of truly adequate foundation funding that will lower pupil teacher ratio, increase student achievement and improve school performance will require a reasonable and dependable trend of funding increases over a number of years; and

WHEREAS, the Association of Alaska School Boards (AASB) \$4,995 is a base that relates to a financial trend line and whereas we accept the positive trend line, the Juneau School District's financial needs for its students requires more than this base student allocation;

NOW THEREFORE BE IT RESOLVED, that the City and Borough of Juneau School District respectfully requests that the Legislature and the Governor approve additional funding beyond a base student allocation proposed by AASB in order to put children first in the State of Alaska.

ATTEST:


Mary Becker, President


Rhonda Belfort, Clerk

Alaska Kids Count! Juneau

Our Goals for Foundation and Local Funding for Public Schools

Juneau's class sizes continue to grow and as a result the quality of our children's education continues to erode. For example, Harborview School has a kindergarten class with 26 children and Auke Bay School has a third grade class with 30 children this year. As parents, we see the need for smaller class sizes and know how fewer children in a classroom allow teachers more time for individual attention to meet each child's learning needs.

Alaska Kids Count supports reducing average class size to reach the Juneau School Board's published class size goals. These are modest ratios and do not reflect an ideal.

<u>Grades</u>	<u>Board Goal</u>	<u>Current Average Class Size</u>
K-2	20	K-5 combined at 25
3-5	25	
6-8	30	32
9-12	30	32

Alaska Kids Count also supports meeting specific instructional needs that affect the classroom such as special education and English as a Second Language, and matching requirements for independent Arts for Kids grant initiatives. These services directly impact the quality of education available to Juneau's students.

To meet these goals, Alaska Kids Count supports an increase in Foundation funding of approximately \$112 million statewide, \$50 million more than the Governor's proposed funding level. This would generate an increase of approximately \$1.8 million in state education funding for Juneau. This requires an estimated Base Student Allocation of \$5120.

The Governor's proposal is a \$62 million increase with \$38 million for retirement and \$24 million to compensate for inflation. Even assuming a \$900 thousand local contribution (to the "cap"), the Governor's proposal requires \$600 thousand in cuts to Juneau's schools. While Alaska Kids Count appreciates the Governor's proposal, we ask the Governor and the Legislature to do more for Alaskan students. Our example is specific to Juneau, but is representative of other school districts' needs.



[Click here to return to the original story](#)

Alaska's schools seek more money

Students in some classrooms at Juneau-Douglas High School have chairs but are without desks

Gov. Frank Murkowski's proposed increases in education funding aren't enough to stave off cuts, school officials from around the state told the House Education Committee on Tuesday.

Superintendents and school board members talked about rising fuel costs in the Bush, principals who cover three schools near Seward, and large class sizes everywhere.

Students in some classrooms at Juneau-Douglas High School have chairs but not desks, said student Cynthia Katzeek.

"Wow," said Rep. Peggy Wilson, R-Wrangell.

"I think the biggest problem the school has right now is the dropout rate," said JDHS student Audrey Ackerman. "And a major contributing factor is the ratio of students to teachers is too high to provide them with the environment to motivate them to stay in school."

Because of the federal No Child Left Behind Act, schools are under pressure to increase student achievement, said Nick Stayrook, chief information services officer for the school district in Fairbanks. Murkowski has addressed only the minimal level of funding, he said.

The panel did not pass along any of the funding bills it is considering. The committee is scheduled to meet again at 11 a.m. Thursday.

The administration has proposed raising the base student allocation from \$4,576 to \$4,880 next school year and to \$5,190 the year after. Setting two years of funding at once would help school districts plan their budgets, Murkowski has said.

The governor also has asked the Legislature to set the amount of education funding earlier in the legislative session. That way, school districts wouldn't have to send layoff notices to teachers in May only to keep them after state funding is set in June.

Part of Murkowski's proposed funding - about 61 percent - is intended to help districts make increased mandatory payments into employee retirement funds. The rest would cover a year of inflation at nearly 2.5 percent.

Wilson wants to raise the base funding to \$4,901. Rep. Carl Gatto, R-Palmer, would raise it only to \$4,589, but would deal with retirement costs separately.

School district administrators on Tuesday praised Murkowski for supporting early funding and forward funding.

"That truly would be a momentous change in the state, and would stabilize education," said Melody Douglas, chief financial officer for the Kenai Peninsula schools.

But the districts also asked for more money.

The Kenai Peninsula Borough School District asked for a base student allocation of \$5,086 to add 65 employees.

The Kenai Peninsula district cut 70 positions several years ago, partly because of declining enrollments, and now uses regional librarians, principals and counselors, Douglas said.

Under Murkowski's budget, the district would have to dip into its savings or cut costs to balance the budget, she said.

The Anchorage School District recently passed a balanced budget for next school year, assuming Murkowski's level of funding. But it cut 20 teachers and other services, and took \$6.5 million from its reserves, officials said.

Fuel costs for Kodiak Island schools went up 76 cents a gallon, Finance Director Dave Jones said. Murkowski's budget leaves the district short by \$90,000.

Joe Banghart, superintendent of the off-road Iditarod Area School District, said it faces a \$500,000 shortfall next school year, not including a projected jump in fuel costs of 25 percent.

Carol Doyle, superintendent of the Tok-based Alaska Gateway School District, said Murkowski's proposal leaves it \$559,000 short.

The district already has dropped the visual arts and vocational programs at its small schools. The 450-student district cut 11 teachers and about 10 support staff in recent years. Grants have kept the district alive, Doyle said.

She asked for base funding of \$5,362 just to keep the status quo. Cuts worth \$559,000 "in this district would impact every student, and they will not receive anything close to an adequate education," she said.

The Matanuska-Susitna Borough School District, the state's second-largest,

has balanced next year's budget, with no cuts, based on Murkowski's proposal, Superintendent Robert Doyle said. But he asked for a higher level of funding so that programs could be improved.

The Juneau School District, whose officials didn't get a chance to testify Tuesday, faces about \$625,000 in cuts under Murkowski's proposal.

Click here to return to story:

http://www.juneauempire.com/stories/020905/loc_20050209002.shtml

adn.com

Anchorage Daily News

Print Page

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Let 'em have it**School District makes a sound case for eye-catching budget increase***(Published: February 14, 2005)*

Anchorage is blessed with a strong public school system and strong leadership. Superintendent Carol Comeau and the School Board are asking for another \$40 million investment in K-12 public schools, an increase of roughly 8 percent. With inflation running less than 3 percent and enrollment dipping slightly, that increase caused some sticker shock in the community. On close examination, though, the district makes a good case.

*(Peter Dunlap-Shohl)*

Seven major areas account for more than 90 percent of the increase:

- \$11.9 million of special contributions to cover pension shortfalls.
- \$3.1 million to pay raises already negotiated with staff and contractors.
- \$7.9 million for labor and other contracts to be negotiated this year.
- \$2.7 million for special education, largely driven by legal mandates.
- \$2.6 million to open the voter-approved Eagle River High School.
- \$7.3 million in voter-approved debt service.

On that list, the only items where the district has much discretion are current and future labor cost increases. Two-thirds of the \$40 million increase are either voter-approved or legally unavoidable.

On the labor front, Ms. Comeau notes recent district contracts have been austere. Anchorage teacher salaries are now the lowest of the state's five urban districts.

In lean years past, the district had encouraged more experienced teachers to leave because they were more expensive. That "brain drain" was not good for student learning. Ms. Comeau wants the district to attract and keep good talent, both teachers and principals. The money set aside in the budget for coming negotiations is prudent.

As costs increase, current state law would shrink Anchorage's state funding by \$6.2 million. Roughly half that drop is due to special education funding changes. The other half is driven by adjustments arising from increased city property values. Superintendent Comeau and the board believe Gov. Frank Murkowski and the Legislature will increase the state aid formula, netting about \$20 million. That won't cover all the district's increased costs, but it surely will help.

To cover remaining increases, the district will have to collect the full amount allowed under the city's tax cap. The district will take \$6.5 million from reserves for one-time expenses like

technology upgrades and textbooks. The district can draw the money and still meet the recommended levels of reserves for emergencies.

There are cuts in this budget too. Balancing revenues and spending required the district to trim \$3.5 million worth of salaries by slightly increasing the student-teacher ratio.

Superintendent Comeau and the School Board are wrestling to keep up with ever more complicated and expensive demands on a modern, urban school system. Their budget does a fine job for Anchorage students under less-than-ideal financial circumstances.

BOTTOM LINE: The Anchorage School District is asking for a big spending increase but it's a sound and defensible request.

Landmarks

Within a week came word of major changes for Anchorage institutions.

Marc Marlow gained financing to renovate the MacKay Building blight.

The downtown La Mex is going out of business.

So is Brewster's department store in Mountain View.

Anchorage residents who have been around for awhile will remember when other outfits like the Book Cache and Gary King's Sporting Goods were rock-solid parts of the retail scene here. They were names that said "home."

Same for Brewster's and the downtown La Mex.

Going, going, gone.

It does no good to lament their passing. For good or ill, whether done in by time or market forces, their day is done. Artificial preservation would be a bogus exercise. They'll have their places in collective history and individual memories.

There is a chill, however, in the comment by Pat Belarde, an old Brewster's customer: "We're losing all of our stores with personality."

We're not losing them all. But even though Alaskans staff the local outlets of national chains, those don't say "home" the way a homegrown business does.

It's a little curious that Mr. Marlow must preserve the original look of the MacKay Building as a concession to historic preservation while places like the downtown La Mex and Brewster's pass into history. Many in Anchorage would happily consign the "historic" look of the MacKay to history but keep the present trade at La Mex and Brewster's alive.

Win some, lose some. If business doesn't pay, it doesn't stay. The MacKay renaissance is good news; even with an old-look exterior, it should bring new life downtown. But we're losing some good old life downtown and in Mountain View. The least we can do is pay our respects before we carry on.

-- Frank Gerjevic