

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672

6834 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

incorporated cities and boroughs.

We believe the intent of this bill can be met at reduced cost to the state if the bill is amended to require that incorporated cities and boroughs provide hepatitis B screening and vaccinations to all active emergency medical responders within their jurisdiction, whether paid or volunteer. The state could provide screening and vaccinations to those volunteer emergency medical responders outside incorporated cities and boroughs, of which there are about 200 to 250. This would reduce the cost to the state to implement this program to about \$25,000 (250 x \$100 = \$25,000).

Position

The Department of health and Social Services supports the intent of HB230, but raises the concerned about the potential cost of implementing this bill and subsequent increase demand for equal coverage for other health care and public safety workers which could amount to approximately \$1,100.0 per year.

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

Date: 4/3/91

Approved by: Theodore Mala  
Theodore Mala, MD, MPH  
Commissioner  
Dept. of Health & Social Services

Date: 3 Apr 1991

# HOUSE COMMITTEE REPORT

(7) Date Referred: March 21, 1991 FURTHER REFERRALS: Finance

Date of Committee Action: 4-4-91

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: HB 230

HOUSE BILL NO. 230 HEPATITIS B TESTING AND VACCINATIONS

"An Act relating to hepatitis B testing and vaccinations for volunteer emergency personnel; and providing for an effective date."

- RECOMMENDATIONS:  the same title  
 be replaced with \_\_\_\_\_  a new title
- have attached amendments(s)  
 do pass  
 do not pass  
 no recommendations  
 individual recommendations  
 additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) APPROVES PREVIOUS: (Dept/Date)

fiscal impact DASS  fiscal note(s) \_\_\_\_\_

zero fiscal note \_\_\_\_\_  zero fiscal note(s) \_\_\_\_\_

SIGNING <u>DO PASS</u>	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>Cheri Davis</i>	✓				
<i>Mary Miller</i>	✓				
		<i>Mark Hanley</i> HANLEY		X	
<i>Betty Davis</i>	✓				
<i>J. J. Gonzales</i>	✓	GONZALES			
<i>Kathy Carney</i>	X	CARNEY			
<i>Lincoln</i>	✓	LINCOLN			

*[Signature]*  
 CO-CHAIRMAN'S SIGNATURE

REQUEST: FISCAL NOTE

Revision Date: \_\_\_\_\_ Agency Affect: Health & Social Services  
 Title: An Act Relating to Hepatitis B BRU: State Health Services  
 Sponsor: Kubina, Koponen Components: Epidemiology  
 Requester: House HESS

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services						
Travel						
Contractual						
Supplies	213.1	213.1	213.1	213.1	213.1	213.1
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>213.1</b>	<b>213.1</b>	<b>213.1</b>	<b>213.1</b>	<b>213.1</b>	<b>213.1</b>

<b>CAPITAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
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<b>REVENUE</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
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FUNDING: (Thousands of Dollars)

General Funds	213.1	213.1	213.1	213.1	213.1	213.1
Federal Funds						
Other						
<b>TOTAL</b>	<b>213.1</b>	<b>213.1</b>	<b>213.1</b>	<b>213.1</b>	<b>213.1</b>	<b>213.1</b>

POSITIONS

Full-Time	0	0	0	0	0	0
Part-Time	0	0	0	0	0	0
Temporary	0	0	0	0	0	0

ANALYSIS: (attach a separate page if necessary)

SUPPLIES

Laboratory screening of 2000 persons @ \$8.84/person. As a result of the screening 5% will only receive the initial Hepatitis vaccine @ \$33.70/shot. The remaining 1900 individuals will receive the series of three shots @ \$101.10/series.

Prepared By: Peter N. Nakamura, M.D., MPH *PNN* Phone: 465-3090  
 Division: PUBLIC HEALTH Date: 04/03/91  
 Approved By Commissioner: Theodore Mala, M.D., MPH *T. Mala* Date: 04/03/91  
 Agency: HEALTH & SOCIAL SERVICES

Distribution (by preparer):

Legislative Finance, Legislative Sponsor, Requestor,  
Office of Management & Budget, Impacted Agency(ies)

HB

2411

# HOSPITAL & NURSING HOME

ASSOCIATION

April 9, 1991

Senator Arlis Sturgulewski, Chair  
Committee on Health, Education &  
Social Services  
Alaska State Senate  
Juneau, AK 98111

Dear Senator Sturgulewski and members  
of the HESS Committee:

Hospital and Nursing Home Administrators, along with their governing board members met here in Juneau earlier in the week and had the opportunity to review the report of the Alaska's Adolescent Pregnancy and Parenthood Task Force, and the subsequent legislation introduced by Senator Pearce.

The Association would like to urge your support for the recommendations of the Task Force and support "in principle" for Senate Bills 170, 172, 173, 174, 175 and 176.

We would suggest that SCR 15 and SCR 16 be moved quickly through the legislative process and that those separate pieces of legislation that receive an immediate legislator/public consensus also be moved on. Those bills that need additional review should be referred to HESS subcommittees and given additional review.

The hospital is often the place where an unhealthy young woman, illprepared for motherhood gives birth to an equally or worse unhealthy child.

Hospitals across the state want to work with Senator Pearce, her Task Force and the Legislature in preventing these tragedies. In preventing the "human" tragedy, we also curtail a very high cost in health care dollars.

Enclosed is the April issue of our ASHNA newsletter that features a story on the work of the Task Force.

Sincerely,



Harlan R. Knudson  
President/CEO

Encl: (1)

*letters of support*

# Teen pregnancy gets lawmaker focus

Putting health workers back in Alaska schools, mandating health courses for all Alaska students and training teens to counsel each other are among the recommendations of a state task force on adolescent pregnancy.

The task force, chaired by Sen. Drue Pearce (R-Anchorage), was formed in response to the alarming number of teenage pregnancies in Alaska. A study by the Legislative Research Agency in August 1989 found that Alaska teens give birth to an average of three children a day. In 1985, Alaska had the second-highest reported teen pregnancy rate among the 50 states.

**"It came to my attention ... that many, many of our young women in the rural areas have children. I didn't have any idea how extensive the problem was."**

Pearce, who has introduced a package of legislation in response to the task force's recommendations, said she first

became interested in the issue of adolescent pregnancy when she lived in Kotzebue in the early 1980s.

"It came to my attention ... that many, many of our young women in the rural areas have children," she said. "I didn't



*Sen. Drue Pearce*

have any idea how extensive the problem was."

Part of the task force's task was to

determine the financial costs of teenage pregnancies. For example, it found that it costs more than \$12,000 a year to provide basic public services for one needy teenage parent with one child.

Babies born to adolescent mothers in

**As a group, their babies are more likely to die before their first birthday, to be hospitalized and to die as children of injuries and violence.**

Alaska in 1989 were expected to cost the state \$21.5 million in public assistance by the time they reach the age of 19.

In addition, teen mothers are more apt to have premature and underweight infants who need costly medical attention from birth. Teen mothers are also more likely to abuse their babies by their actions and inactions. As a group, their babies are more likely to die before their first birthday, to be hospitalized and to die as children of

*Continued on next page*

## ASTF: Nurturing Alaskans' creativity

What do crab pots, arctic vegetation and Hepatitis B vaccinations have in common?

The Alaska Science & Technology Foundation.

ASTF, as it's called, was established in 1988 as a public corporation of the Department of Revenue. Funded by a nest egg of \$100 million, ASTF can spend up to \$8.5 million a year on grants for what might be termed innovation.

So far, however, it hasn't spent more than \$3 million in one year. That's because, although it has received hundreds of proposals from people seeking grants, fewer than one of five have been awarded funds.

Grants officer Ann Kampfer said some proposals simply don't fit the foundation's mission -- to promote and enhance economic development and

technological innovation in a variety of fields, including public health.

The most frequent other problem with proposals is they haven't fully discovered who would be the market for their project.

"What we don't want to do is fund a study that is going to sit on a shelf. The objective of having the users involved is not so much that they contribute dollars to the project ... but to ensure that there really is a need, number one, and that it really will make a difference," said Kampfer.

Grants have so far gone to a wide variety of projects, including ways to modify crab pots for harvesting pacific cod, the potential effect of North Slope pollution on arctic vegetation and development of an Alaska-grown malting barley.

In the field of public health, safety and medicine, there were three grants awarded last year.

These include development of an automatic control system for an orthopedic device, development of an integrated system of devices to measure the strength and movement of the neck and lower back and ways to successfully vaccinate premature infants against Hepatitis B.

As of January, ASTF had funded five of 26 (or 19 percent) of the health proposals submitted. This is higher than the 14 percent average for all proposals. Health proposals have been received from physicians, foundations and universities.

For more information, write ASTF, 550 West 7th Ave., Suite 360, Anchorage, Ak. 99501-3555.



P.O. Box 100563, Anchorage, Alaska 99510

April 2, 1991

**Senate Health Education and Social Services:**

The Alaska Health Education Consortium would like to express its support of Senator Pearce's Teen Pregnancy and Parenting Package-- SB-169-176 and SCR 15 and 16.

Teen pregnancy and adolescent parenting cost our society both economically and socially. We support all organized, planned efforts to address teen pregnancy as one at-risk issue of adolescence.

The Teen Pregnancy and Parenting Task Force spent several months studying the problem, and the package Senator Pearce has sponsored addresses some of the issues discussed during the Task Force meetings. The Task Force did not prioritize its recommendations in its report to the Legislature, but all successful plans prioritize actions in order to build a solid program that is long-term and continues to build on efforts from year to year. We are recommending that SCR 15 and 16 be implemented first, followed by SB 176, Comprehensive Health Education, and SB 170, Public Awareness Campaign and Parenting Projects. These bills would provide a sound investment in prevention that could yield long-term benefits.

Next, SB 169, Case Management, would help to augment current DHSS programs and ensure assistance for all teen parents. SB 175, 171, 173, 172, and 174 would be lower in priority but also important in both the short- and long-term.

As professionals in prevention, we urge that legislators consider investing in prevention carefully. For prevention efforts to be successful, they must have long-term commitment and financial support. Programs that last only one or two years cannot possibly hope to produce lasting results. Therefore, we are recommending passage of SB 176 first to build a foundation for other prevention and intervention efforts. While health education alone is not always sufficient to change behaviors or alter attitudes, it is necessary to provide information and skills in order for any other prevention program to succeed.

**KNOWLEDGEABLE CHOICES FOR OPTIMUM HEALTH**

We believe that only a comprehensive, sequential, age appropriate curriculum in health education can hope to begin to produce a reduction in demand for the health and social services funded by the public.

*Delisa Culpepper*

Delisa Culpepper, President  
Alaska Health Education Consortium



April 6, 1991

Senator Arliss Sturgulewski  
Chair, Senate HESS Committee  
P. O. Box V  
Juneau, AK 99811

Dear Senator Sturgulewski,

A number of bills (cs for 169, 170 through 176) concerning Adolescent Pregnancy Prevention and Parenting will be heard very soon in the Senate HESS Committee. On behalf of Planned Parenthood of Alaska, I would like to express our strong support for this proposed legislation and the fiscal notes that are attached.

Adolescent pregnancy and childbirth are social and medical problems of significant proportions in Alaska. Recent legislative reports, such as "Three A Day: Children Having Children in Alaska" as well as the report of the Teen Pregnancy Task Force, have documented the extent of these problems. Alaska leads the United States in the extent of adolescent pregnancy and childbirth, as we do in so many other social and health problems. Perhaps we can be a leader in the solution as well.

To address these problems will take a concerted effort by the Department of Health and Human Services and a significant amount of monies. However, these monies, more than many others, are buying a healthy future for the state. The social and economic cost to the state of teen pregnancy and childbirth is extensive and lasts for many years. Adolescent pregnancy prevention programs have been show to work - teens remain in their educational programs and later secure employment, contributing to the state economy. What better use of state dollars can there be than to insure such a future?

Planned Parenthood of Alaska stands ready to contribute its wealth of experience in providing family planning and teen pregnancy prevention programs throughout the state to these efforts. We urge the Senate HESS committee to support bills cs169 - 176.

Sincerely,

A handwritten signature in cursive script that reads "Donna E. Hurdle".

Donna E. Hurdle, MSW  
Executive Director



**ANCHORAGE  
SCHOOL DISTRICT**

4600 DeBarr Avenue  
P.O. Box 196614  
Anchorage, Alaska 99519-8614  
AREA CODE (907) 333-9581

**SCHOOL BOARD**

Sharon Richards  
President

Carol Stolpe  
Vice President

Darryl Jordan  
Clerk

Cebal Christianson  
Treasurer

Vince Casey

Walter T. Featherly

Theresa Obermeyer

**SUPERINTENDENT**

Thomas C. O'Rourke

April 10, 1991

The Honorable Arliss Sturgulewski  
Chair, Senate HESS Committee  
Alaska State Legislature  
P.O. Box V  
Juneau, Alaska 99811

Dear Senator Sturgulewski:

At our regular meeting of April 8, 1991 the Anchorage School Board took formal action in support of Senate Bill 173, Senate Bill 174 and Senate Bill 176. We would encourage you to also support this legislation. If you have any questions please feel free to call either Dr. O'Rourke or myself.

Sincerely,

*Sharon Richards*

Sharon Richards, President  
Anchorage School Board

I w

# BPW usa

The Voice of the Working Women

ALASKA FEDERATION OF BUSINESS  
AND PROFESSIONAL WOMEN

8610 Shrub Ct

Anchorage, AK 99504

Senator Drew Pierce  
Juneau, AK

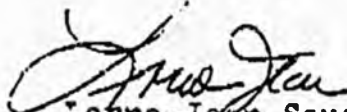
Dear Senator;

The Alaska Federation of Business and Professional Women's  
Club's Executive Committee endorses and supports the following  
bills:

HL69  
HL70  
HL71  
HL72  
HL73  
HL74  
HL75  
HL76

Thank you very much for your help in trying to pass these  
much need bills. Keep up the good work.

Best Personal Wishes;

  
Lorna-Jean Souza  
State President  
AK/BPW  
(907) 338-0380

BPW promotes full participation, equity and economic self sufficiency for women.



**KETCHIKAN GATEWAY BOROUGH  
SCHOOL DISTRICT**

April 30, 1991

Representative Cheri Davis  
Alaska State Legislature  
P. O. Box V  
Juneau, Alaska 99811

Dear Representative Davis,

This communique is in support of H.B. 241. Development of in-school child care has proven to benefit students, staff, the local community as well as the State. Every child has special needs, adolescent parents are growing in numbers at an alarming rate. We must meet this need.

As you are aware, our new high school facility has a day care area as part of its design. Not only will this provide a career opportunity for our students, it will also help some of those young people who probably would just not make it without such support. The Day Care portion of our design holds a very high priority with the Ketchikan community.

Thanks for caring Cheri, I know some kids who are betting on you to get this bill passed.

Sincerely,

A handwritten signature in cursive script that reads "Richard E. Clevenger".

Richard E. Clevenger  
Superintendent of Schools

**RECOMMENDATION:**

Implement day care centers in local schools or at coordinated sites.

Issue

Access to affordable child care in the state of Alaska is extremely limited, especially for infants. Adolescent mothers who desire to complete high school are often prevented from doing so by the lack of affordable, accessible, and acceptable child care services.

In spite of the second highest rate of adolescent pregnancy and the ninth highest birth rate in the nation, Alaskan schools have done little to address the needs of adolescent mothers. Professional attitudes, apathy, and demand on limited resources have prevented the development of drop-out prevention programs such as in-school child care.

The Task Force recommends that a financial incentives program be developed which would encourage the establishment of in-school child care where a need for such services exists.

Implementation

A grant pool should be established within the Department of Education to provide incentive grants for locally developed programs providing in-school child care. Grant applications could be reviewed by appropriate inter-departmental personnel, or a combination of the Governor's Interim Commission on Children and Youth and department personnel.

Regulations and grant application content should be developed encouraging the expansion of existing high school programs (i.e., home economics child care classes) in such a way as to minimize the need for extensive additional financial resources and allow for practical local options.

## Cost

The amount made available in the grant pool could vary widely. It needs to be "new" money as the existent demands on DOE funds are extensive and are intensified by other recommendations in this report.

A \$300,000 grant with preference given to \$25,000 to \$50,000 local grant requests would provide a reasonable start at encouraging programs statewide.

## Benefits

The establishment of in-school availability of child care would remove a significant barrier to completion of high school education by adolescent parents. The benefit to the state is the reduced likelihood of a continuance of both the parents' and the child's dependence on public assistance as a result of lack of education. Inclusion of the parents and possibly other students in the child care program would provide substantive opportunities for meaningful parenting education.

School is a safe, familial place. To an adolescent mother who has just gone through the trauma of pregnancy and birth, a school setting may be the most likely setting for reconstruction of her life and goals.

Completing a high school education along with the job/career counseling offered by most schools, and learning better parenting skills, provides an opportunity to break both a cycle of poverty and inadequate parenting.

Addressing the needs of adolescent mothers benefits both the mother and the child, as well as the human and financial resources of Alaska.

# ALASKA STATE LEGISLATURE

## ELECTIVE DISTRICT 1

HYDER  
KETCHIKAN  
KUPREANOF  
MEYERS CHUCK  
PETERSBURG  
SAXMAN  
WRANGELL



## HOME

P.O. BOX 5723  
KETCHIKAN, AK 99901  
PHONE 225-6304

## DURING SESSION

P.O. BOX V  
STATE CAPITOL BUILDING  
JUNEAU, AK 99811  
PHONE 465-3424

## Representative Cheri L. Davis

Good morning and thank you for scheduling these bills so promptly.

Adolescent pregnancy is not new. Teen pregnancy is a result of a complex combination of factors that vary greatly from one community to the next. The three bills you have before you today are part of a package that resulted from the Teen Pregnancy Task Force, which met throughout last interim.

House Bill 243, relates to teen pregnancy prevention. This bill will allow for the development of a statewide public awareness campaign, relating to adolescent pregnancy prevention and services for adolescent parents and their children. Furthermore, this bill will establish a program to fund teen pregnancy and parenthood projects.

House Bill 242, mandates that the Department of Health and Social Services coordinate the delivery of family planning, prenatal and clinical services to adolescents in all communities of the state. Without these services adolescents are often unable to receive needed education, contraceptives and care.

HB 241 would develop financial incentive programs to encourage the establishment of in-school child care where a need exists. The establishment of a grant program for child care in schools, would provide for access to affordable child care and help the adolescent parent redevelop her life and goals in pursuit of an education.

Adolescent Pregnancy is not a problem that will go away with a "quick Fix" solution. I urge your support of this package of bills. They will form a strong foundation from which we can develop a comprehensive solution.

Thank you, I will be happy to answer any questions you may have on these bills.

Sponsor Statement

7-LS1115D  
Lauterbach  
4/30/91

CS FOR HOUSE BILL NO. 241 ( )  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
SEVENTEENTH LEGISLATURE - FIRST SESSION

BY

Offered:  
Referred:

Sponsor(s): REPRESENTATIVES C.DAVIS, Boyer, Ulmer, Ellis, Foster, Brown

A BILL

FOR AN ACT ENTITLED

1 "An Act providing for grants for school district child care programs; and providing for  
2 an effective date."

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

4 \* Section 1. AS 14 is amended by adding a new chapter to read:

5 CHAPTER 37. SCHOOL CHILD CARE PROGRAMS.

6 Sec. 14.37.010. SCHOOL CHILD CARE GRANT FUND CREATED. The school child  
7 care grant fund is created as an account in the general fund. It consists of appropriations made  
8 to it by law. The department may use money in the fund to make child care grants to school  
9 districts under this chapter.

10 Sec. 14.37.020. MATCHING GRANTS FROM THE STATE. (a) Within the limits of  
11 appropriations for the purpose, the department shall, upon application, make a matching grant  
12 from the school child care grant fund to a qualified school district equal to 50 percent of the  
13 estimated reasonable costs of planning, establishing, and operating a school child care program,  
14 up to a maximum grant of one-half of one percent of its public school foundation support or

1 \$110,000, whichever is greater.

2 (b) To qualify for a grant under this section, a school district shall

3 (1) provide at least as much money or other support from other sources as is  
4 provided by the state grant under this section; the money or other support may include federal  
5 money, municipal money, private contributions or payments of money to the program, state  
6 money other than the grant under this section, locally contributed staff hours, material,  
7 equipment, or other public or private in-kind contributions to the program;

8 (2) establish and consult with a citizens' child care advisory group concerning  
9 establishment and operation of the program; and

10 (3) comply with the grant application requirements under AS 14.37.030.

11 (c) If appropriations in a fiscal year are insufficient to fund the grants authorized under  
12 this section, the department shall award the grants to qualified school districts on a pro rata basis.

13 Sec. 14.37.030. SCHOOL CHILD CARE PROGRAM; APPLICATION FOR GRANTS.

14 Under regulations adopted by the board, a district may submit to the commissioner an application  
15 for a school child care grant. An application must include

16 (1) a description of how the school child care program will be implemented in  
17 the district;

18 (2) evidence of current and anticipated community and public agency support for  
19 and coordination with the program;

20 (3) a description of the role of the child care advisory council in planning and  
21 operating the program; and

22 (4) documentation of the anticipated sources of the district's match for the grant.

23 Sec. 14.37.040. APPLICATION REVIEW; DISPOSITION. The commissioner shall  
24 review and approve, disapprove, or return to the district for modification an application for a  
25 school child care program grant. The commissioner shall solicit advice concerning grant  
26 applications from the Alaska Commission on Children and Youth.

27 Sec. 14.37.050. TECHNICAL ASSISTANCE. On the request of a school district, the  
28 department shall provide technical assistance to a school district in developing and submitting  
29 an application for a school child care grant. The department may use its own staff or consultants  
30 that may be necessary to accomplish this purpose.

31 Sec. 14.37.070. DEFINITIONS. In this chapter,

- 1                   (1) "district" means a district of the state public school system as defined in  
2           AS 14.12.010;
- 3                   (2) "program" or "school child care program" means a program under which a  
4           district provides, directly or by contract, for licensed day care, as defined in AS 44.47.310, that  
5           serves children under the age of three according to the following list of descending priority:
- 6                   (A) children who have a parent who is a public school student in the  
7           district;
- 8                   (B) children who have a parent who is a postsecondary education student;
- 9                   (C) children of school district employees;
- 10                  (D) other children.
- 11   \* Sec. 2. This Act takes effect July 1, 1991.

FISCAL NOTE

STATE OF ALASKA  
1991 LEGISLATIVE SESSION

BILL NO. CS HB 241 (HES)

Revision Date: \_\_\_\_\_ Department Affected: Education  
 Title: Providing for Grants for School BRU: Educational Program Support  
Child Care Programs Component: Basic Education and Instructional  
 Sponsor: House HESS Improvement  
 Requestor: House HESS COMPONENT SERIAL NO. 

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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES	81.1	81.1	81.1	81.1	81.1	81.1
TRAVEL	4.0	4.0	4.0	4.0	4.0	4.0
CONTRACTUAL	26.4	26.4	26.4	26.4	26.4	26.4
SUPPLIES	5.5	5.5	5.5	5.5	5.5	5.5
EQUIPMENT	5.0					
LAND & STRUCTURES						
GRANTS, CLAIMS	2727.4	2727.4	2727.4	2727.4	2727.4	2727.4
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>2849.4</b>	<b>2844.4</b>	<b>2844.4</b>	<b>2844.4</b>	<b>2844.4</b>	<b>2844.4</b>

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	2849.4	2844.4	2844.4	2844.4	2844.4	2844.4
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>	<b>2849.4</b>	<b>2844.4</b>	<b>2844.4</b>	<b>2844.4</b>	<b>2844.4</b>	<b>2844.4</b>

POSITIONS:

FULL-TIME	1	1	1	1	1	1
PART-TIME						
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)

See attached

Prepared By: Mary Hakala Phone: 465-2800  
 Division: Commissioner's Office Date: 5/2/91  
 Approved by Commissioner: Steve Hole, Acting Commissioner  
 Agency: Education Date: 5/2/91

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

**Fiscal Note Analysis**

**CSHB 241 (HESS): Providing for grants for school district child care programs**

**May 2, 1991**

**Page 2**

Personal Services

1 Full Time Project Coordinator, Range 18 \$56.2

Primary Responsibilities: Assistance to school personnel in establishing child care services including meeting licensing requirements, providing information on federal, state and community services available such as USDA commodities program, day care assistance, etc, overall coordination of services and resources to school districts, and grant program oversight.

1 Part Time Administrative Assistant II, Range 14 \$21.9

Primary responsibilities: Paperwork associated with grant process, response to public inquiries, calculation of grant payments, monthly draws, etc.

1/8 FTE Clerk Typist III, Range 8 \$ 3.0

Clerical support for Child Care Grant program.

Travel

Travel for Project coordinator to provide on-site assistance and grant application/development procedures to schools upon request (estimated at 4 sites per year at an average cost of \$800.00 per trip) \$3.2; meeting with superintendents, principals and school district staff to provide technical assistance on implementation of HB 241: \$.8

Contractual

Training opportunity for school district personnel in child care resources, management and child development through the three regional early childhood education conferences held annually: \$9.0

Xerox, phone, postage: \$2.2

Audioconferencing with school sites in implementing HB 241, ongoing support, training and information exchange with online sites: \$3.2

Newsletter, resource information and materials distribution to child care providers under HB 241: \$2.0

Subgrant accounting/fiscal management, RSA with Administrative Services: \$10.0

**Fiscal Note Analysis**

**CSHB 241(HESS): Providing for grants for school district child care programs**

**May 2, 1991**

**Page 3**

Commodities

Supplies for project staff: \$.5

Reference, lending and resource materials: \$5.0

Equipment

Computer terminal with word processing and AKSAS capacity: \$5.0 (Year 1 only)

Grants

See attached break-out of district entitlement under the proposed formula. For the purpose of this fiscal note it is assumed that all districts will participate in the program and fully match the state grant: \$2,727.4

HB241

ALASKA DEPARTMENT OF EDUCATION  
 SB 173 - CHAPTER 37 C. 14.37.020(a)  
 PREPARED 3/28/91

## COLUMN B

	.5% OF ESTIMATED FY92 FOUNDATION	GREATER OF COLUMN B OR \$10,000
ADAK	\$10,867	\$10,867
ALASKA GATEWAY	21,734	21,734
ALEUTIAN REGION	3,402	10,000
ALEUTIANS EAST	14,583	14,583
ANCHORAGE	810,750	810,750
ANNETTE ISLANDS	6,527	10,000
BERING STRAIT	63,597	63,597
BRISTOL BAY	8,316	10,000
CHATHAM	12,785	12,785
CHUGACH	7,109	10,000
COPPER RIVER	25,437	25,437
CORDOVA	11,328	11,328
CRAIG	10,695	10,695
DELTA/GREELY	21,224	21,224
DILLINGHAM	14,580	14,580
FAIRBANKS	301,188	301,188
GALENA	6,013	10,000
HAINES	11,292	11,292
HOONAH	7,029	10,000
HYDABURG	4,909	10,000
IDITAROD	21,931	21,931
JUNEAU	103,135	103,135
KAKE	5,180	10,000
KASHUNAMUT	6,953	10,000
KENAI	196,680	196,680
KETCHIKAN	51,890	51,890
KLAWOCK	6,452	10,000
KODIAK	59,838	59,838
KUSPUK	23,421	23,421
LAKE AND PENN.	27,370	27,370
LOWER KUSKOKWIM	138,819	138,819
LOWER YUKON	49,542	49,542
MATSU	214,972	214,972
NENANA	7,520	10,000
NOME	24,567	24,567
NORTH SLOPE	40,289	40,289
NORTHWEST ARCTIC	57,323	57,323
PELICAN	2,807	10,000
PETERSBURG	15,257	15,257
PRIBILOF	7,078	10,000
RAILBELT	15,069	15,069
SITKA	31,526	31,526
SKAGWAY	4,114	10,000
SOUTHEAST	25,481	25,481
SOUTHWEST	25,147	25,147
ST MARY'S	6,521	10,000
TANANA	5,843	10,000
UNALASKA	8,343	10,000
VALDEZ	13,496	13,496
WRANGELL	13,019	13,019
YAKUTAT	5,787	10,000
YUKON FLATS	23,944	23,944
YUKON/KOYUKUK	27,107	27,107
YUPIIT	17,519	17,519
TOTALS	\$2,657,305	\$2,727,402

STATE OF ALASKA  
1991 LEGISLATIVE SESSION

BILL NO. HB 241

Revision Date: \_\_\_\_\_ Department Affected: Education  
 Title: Establishing a grant program for BRU: Educational Program Support  
child care programs in public schools Component: Basic Education and Instructional  
 Sponsor: C. Davis Improvement  
 Requestor: House HESS COMPONENT SERIAL NO. 

--	--	--	--

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES	31.1	31.1	31.1	31.1	31.1	31.1
TRAVEL	4.0	4.0	4.0	4.0	4.0	4.0
CONTRACTUAL	26.4	26.4	26.4	26.4	26.4	26.4
SUPPLIES	5.5	5.5	5.5	5.5	5.5	5.5
EQUIPMENT	5.0					
LAND & STRUCTURES						
GRANTS, CLAIMS	5454.8	5454.8	5454.8	5454.8	5454.8	5454.8
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>5576.3</b>	<b>5571.3</b>	<b>5571.8</b>	<b>5571.8</b>	<b>5571.8</b>	<b>5571.8</b>

CAPITAL						
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REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	5576.8	5571.8	5571.8	5571.8	5571.8	5571.8
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>	<b>5576.8</b>	<b>5571.8</b>	<b>5571.8</b>	<b>5571.8</b>	<b>5571.8</b>	<b>5571.8</b>

POSITIONS:

FULL-TIME	1	1	1	1	1	1
PART-TIME						
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)

See Attached.

Prepared By: Mary Hakala Phone: 465-2800  
 Division: Commissioner's Office Date: 4/25/91  
 Approved by Commissioner: Steve Rowe, Acting Commissioner  
 Agency: Education Date: 4/25/91

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

**Fiscal Note Analysis**

**HB 241: Establishing a grant program for child care in public schools**

**April 10, 1991**

Page 2

Personal Services

1 Full Time Project Coordinator, Range 18 \$56.2

Primary Responsibilities: Assistance to school personnel in establishing child care services including meeting licensing requirements, providing information on federal, state and community services available such as USDA commodities program, day care assistance, etc, overall coordination of services and resources to school districts, and grant program oversight.

1 Part Time Administrative Assistant II, Range 14 \$21.9

Primary responsibilities: Paperwork associated with grant process, response to public inquiries, calculation of grant payments, monthly draws, etc.

1/8 FTE Clerk Typist III, Range 8 \$ 3.0

Clerical support for Child Care Grant program.

Travel

Travel for Project coordinator to provide on-site assistance and grant application/development procedures to schools upon request (estimated at 4 sites per year at an average cost of \$800.00 per trip) \$3.2; meeting with superintendents, principals and school district staff to provide technical assistance on implementation of HB 241: \$.8

Contractual

Training opportunity for school district personnel in child care resources, management and child development through the three regional early childhood education conferences held annually: \$9.0

Xerox, phone, postage: \$2.2

Audioconferencing with school sites in implementing HB 241, ongoing support, training and information exchange with online sites: \$3.2

Newsletter, resource information and materials distribution to child care providers under HB 241: \$2.0

Subgrant accounting/fiscal management, RSA with Administrative Services: \$10.0

**Fiscal Note Analysis**

**HB 241: Establishing a grant program for child care in public schools**

**April 10, 1991**

**Page 3**

Commodities

Supplies for project staff: \$.5

Reference, lending and resource materials: \$5.0

Equipment

Computer terminal with word processing and AKSAS capacity: \$5.0 (Year 1 only)

Grants

See attached break-out of district entitlement under Part A. of the proposed formula. For the purpose of this fiscal note it is assumed that all districts will participate in the program and fully match part B. of the formula.

Part A: \$2,727.4

Part B: up to \$2,727.4

Total \$5,454.8

COLUMN B

	.5% OF ESTIMATED FY92 FOUNDATION	GREATER OF COLUMN B OR \$10,000
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YUPIIT	17,519	17,519
<b>TOTALS</b>	<b>\$2,657,305</b>	<b>\$2,727,402</b>

HOUSE COMMITTEE REPORT

(7)

Date Referred: March 27, 1991

FURTHER REFERRALS:

Finance

Date of Committee Action: 05/03/91

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 241

HOUSE BILL NO. 241

GRANTS TO SCHOOLS FOR DAY CARE

"An Act establishing a grant program for child care programs in public schools; and providing for an effective date."

RECOMMENDATIONS:

be replaced with CSHB 241 (HES)  the same title

a new title

have attached amendments(s)

do pass

do not pass

no recommendations

individual recommendations

additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of Intent

ATTACHES NEW FISCAL NOTE(s): (Dept)

APPROVES PREVIOUS: (Dept/Date)

fiscal impact DOE

fiscal note(s) \_\_\_\_\_

zero fiscal note \_\_\_\_\_

zero fiscal note(s) \_\_\_\_\_

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>Cheri Davis</i>	<input checked="" type="checkbox"/>				
<i>Valley</i>	<input checked="" type="checkbox"/>				
<i>Betty Davis</i>	<input checked="" type="checkbox"/>	<i>J. G. Temple</i>		<input checked="" type="checkbox"/>	

*[Signature]*  
CHAIRMAN'S SIGNATURE

***ALASKA'S ADOLESCENT PREGNANCY  
AND  
PARENTHOOD TASK FORCE***

**REPORT TO THE LEGISLATURE**

**January 1991**

**Co-Chairs:  
Senator Drue Pearce  
Representative Johnny Ellis**

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This publication was released by the Adolescent Pregnancy and Parenthood Task Force, produced at a cost of \$3.92 per copy, to report to the Alaska State Legislature the recommendations of the Task Force for preventing adolescent pregnancy and improving services to pregnant and parenting adolescents. This publication was printed in Juneau, Alaska, January, 1991.

## **TASK FORCE MEMBERS**

### **Co-Chairs:**

Senator Drue Pearce

Representative Johnny Ellis

### **Legislative Members:**

Senator Fred Zharoff

Senator Rick Uehling

Representative Cheri Davis

Representative Judy Salo

### **Departmental Members:**

Myra M. Munson, Commissioner, and  
Karen Pearson, Department of Health and Social Services

David G. Hoffman, Commissioner, and  
Janice Brewer, Department of Community and Regional Affairs

Rochelle Plotnick-Weller, Department of Education

### **Public Members:**

Stephanie Dotson, Barrow

Stella Howard, Juneau

Carol Merritt, Fairbanks

Mayor Bill Noll, Seward

Rabbi Harry L. Rosenfeld, Anchorage

Nancy Yeaton, English Bay

### **Subcommittee Chairs:**

Pregnancy Prevention

Stephanie Dotson

Prenatal and Parenting Services

Representative Cheri Davis

## ACKNOWLEDGEMENTS

The Adolescent Pregnancy and Parenthood Task Force would like to thank several individuals who contributed their time and effort in helping the Task Force develop its recommendations.

Maureen Weeks, of the Senate Research Council, who authored "Three a Day: Children Having Children in Alaska" gave the Task Force its foundation research.

Ley Schleich, President-elect of Alaska Health Educators Consortium, deserves a special thanks for all her useful suggestions, many of which are included in these recommendations, and for her contribution of a great deal of time through-out the Task Force meetings.

In addition, we would like to thank Kay Lahdenpera of the Municipality of Anchorage for her active contributions to the Task Force.

Gwen Grimke, who sat in on meetings for Nancy Yeaton when she was unable to make it to Anchorage from English Bay, also contributed greatly to the Task Force recommendations.

Jo Fenety, of Senator Kelly's staff, who did much of the original research and helped in this final report preparation certainly deserves our appreciation.

Judi Jordan also deserves our thanks. She was the staff person for the Task Force, did a great deal of research, made presentations before the Task Force, and coordinated meetings and the production of this report.

The following individuals made formal presentations to the Task Force, and we would like to thank them for sharing their expertise and their first hand knowledge of working with adolescents:

Maureen Weeks, Legislative Research Agency, Juneau  
Dr. Joyce Murphy, Salvation Army Booth Memorial Home,  
Anchorage

Rochelle Plotnick-Weller, Department of Education, Juneau  
Camille Connelly Terhune, Fairbanks Counseling and Adoption  
Center

Colleene Mileham, Oregon Department of Education, Salem  
Barbara Ross, Coordinator for Oregon's Committee on  
Adolescent Pregnancy and Parenthood, Salem

JoAnne Meckstroth, Crisis Pregnancy of Anchorage

Laura Fair, Valley Crisis Pregnancy Center, Mat-Su

Patty Boylan-Donnelly, Anchorage Neighborhood Health Center

Lavonne (Vonnice) Carole, Indian Health Service, Anchorage

## EXECUTIVE SUMMARY

In 1989, Senator Drue Pearce introduced Senate Concurrent Resolution 38 which established the Adolescent Pregnancy and Parenthood Task Force. The Resolution passed the Legislature and was read into law (Legislative Resolve 101) in May of 1990. Recognizing the enormity and complexity of the problem of adolescent pregnancy in Alaska, the Legislature resolved to find ways to reduce the incidence of teen pregnancy and its social and economic effects.

Maureen Weeks, of the Senate Advisory Council, prepared a report for Senator Pearce titled "Three A Day: Children Having Children in Alaska." This referred to the fact that three adolescents give birth to babies each day in Alaska. The report revealed other startling facts. For instance, Alaska's adolescent birth rate is higher than rates in most other countries in the world including many undeveloped nations, and in 1985 Alaska's rank was higher than that of 41 other states.

The Task Force recognizes that the situation of adolescent pregnancy is not new nor is it unique to Alaska, and that no "quick fix" exists. It also recognizes that family and cultural values are important and should be preserved to the greatest extent possible. It is not the intent of the Task Force to ascribe "right" or "wrong" judgments about those adolescents who become pregnant. Rather, the Task Force wants to present recommendations that will allow teens access to the greatest number options their world has to offer.

The main body of the work performed by the Task Force took place in subcommittee. The Prevention Subcommittee focused on the prevention of adolescent pregnancy, while the Prenatal and Parenting Services Subcommittee concentrated on the care and services necessary to minimize the impacts once a pregnancy commences.

In addition, the Prevention Subcommittee recommends development of a Peer Counselor Program. This program introduces a local, relevant source of information and guidance, regardless of whether one lives in urban or rural Alaska. By its very nature the program is sensitive to the particular culture of the community and to the subculture of adolescence.

The Prevention Subcommittee further recommends increasing the availability and acceptability of family planning services to adolescents in every area of the state through coordination of delivery of clinical, family planning, and prenatal care services

to adolescents. Implementation would be through the Department of Health and Social Services.

Because the one word that surfaced again and again when discussing the prevention of adolescent pregnancy was education, the Prevention Subcommittee strongly recommends that each school district provide comprehensive, sequential, age-appropriate, culturally relevant, school health education in grades K-12. While the State Board of Education would establish the health education guidelines, local school districts would be responsible to establish the specific curriculum in their own districts with the help of a health education advisory committee. The topics to be addressed are so inclusive as to suggest a holistic approach to the well being of the child in defining his or her personal role as well as their larger role in the family and in the community.

The Prevention Subcommittee takes a page from the Division of Mental Health Suicide Prevention Projects when it recommends funding for small annual grants to communities. Adolescent pregnancy is a result of a complex combination of factors that vary greatly from one community to the next. Curing the problem and/or mitigating the impacts may be easier when local communities are allowed ownership of the issue and some flexibility in finding solutions.

In the discussions of the Prenatal and Parenting Subcommittee, they recognized that the families of teen parents are the major source of support, but the support system is usually strained beginning at the time when the pregnancy of a teen is discovered. This strain causes a crisis situation and the families own resources may be stretched by an unplanned child.

The first reaction of the family and the teen when they learn of the unplanned pregnancy may be embarrassment. A sense of isolation and increased tension within the family system usually follow. In their eagerness to do the right thing, parents often don't know what message to give their teen. They are torn between "you're on your own now" and "taking over."

All new parents regardless of their age need support. They need income, education, good health for themselves and their children, healthy behaviors, healthy families and good relationships. Many parents obtain that support from a spouse, parents, or other family members. Most adolescent parents each have some if not all of these supports.

A key component to good outcomes for adolescent parents is completion of at least a high school education. However, a barrier frequently stands in the way of completion of this level of education: day care for their child.

Therefore, The Prenatal and Parenting Subcommittee recommends that the Legislature fully fund the Day Care Assistance Program to assist all eligible families. Most adolescents who become pregnant have not completed high school and their prospects for graduation from high school are statistically low. One reason is that adolescent parents are currently low in priority for day care funding that would enable them to complete their education and subsequently to become employed.

Currently providers of day care do not meet the demand for child care needs, particularly for infants and non-standard care hours and days. In order to meet this need, the Prenatal and Parenting Subcommittee recommends that additional funding be provided to educate and train licensed and unlicensed providers, including those currently ineligible to participate in the Day Care Assistance Program.

Assuming that infant care is available, adolescent parents should receive information in how to identify quality day care for their child. The Prenatal and Parenting Subcommittee understood that by definition adolescent parents have fewer life experiences than more mature parents, and are less likely to know how to locate quality day care for their child.

Another source of day care for the children of adolescents, and perhaps the most accessible and reliable location, is in a day care center located within the high school. The availability of on-sight day care could prove to be the greatest motivating factor for an adolescent parent to complete their high school education.

A lack of familiarity with "the system" by adolescents and their families is one of the greatest deterrents to receipt of services to this group. Currently coordination of services and referrals is not being done, allowing pregnant and parenting adolescents to slip through the existing net of available services. Prenatal care, child support, AFDC, WIC, child care, education, employment, and transportation issues are examples of support services that may be a mystery to adolescent parents and their families. Therefore, the Prenatal and Parenting Services Subcommittee recommends the adoption of a "case management model" through contracts between the Department of Health and Social Services and local resource agencies.

The recommendations of the Task Force are not an end in themselves. Some organization or group should be designated to guide the recommendations of the Task Force through the legislature and the executive branch. The Task Force believes the Governor's Commission on Children and Youth was set up to deal with the problems of all of Alaska's children including adolescents and is, therefore, the logical and best qualified

organization to follow up on the recommendations of the Task Force.

Having made that recommendation, the Task Force encourages the Governor's Commission on Children and Youth to give more consideration to the needs of adolescents than has been given in the past. Increased emphasis might be accomplished through replacing retiring members of the Commission with appointments of individuals having the problems of adolescents as their primary interest and/or expertise.

The Task Force believes that every child in Alaska deserves the opportunity to lead a healthy and productive life. From research undertaken by the Task Force, members have concluded that offering school based health clinics is the most effective way to ensure that the largest number of children have that opportunity. Clinics in each school district would offer counseling on healthy life skills and family planning, physicals, immunizations, and treatment for acute and minor injuries and illnesses.

In evaluating information and recommending solutions, the Task Force acknowledges that some of its recommendations may be controversial. Some may even say that the cost of implementing the recommendations is too great. However, when one considers that federal, state, and local governments pay more than \$51 million a year to support needy families of Alaska mothers who had children when they were teenagers, the cost of implementing the recommendations of the Task Force assume minuscule proportions.

In order to have firm data on all of the costs to society of supporting adolescent parents and their offspring, the Task Force recommends that the Institute for Social and Economic Research develop a statistical data base on these costs. This information is necessary to provide baseline data to be used in justifying state expenditures for the prevention of adolescent pregnancy and the benefits of supporting services for parenting adolescents and their children. In addition, it would provide standards for measuring program effectiveness.

The Task Force has not prioritized its recommendations because they are presented as a total program. All are equally important in the full picture. While any one recommendation can stand alone, adolescent pregnancy is a multifaceted problem which requires a multifaceted approach.

There are three sets of recommendations. Four come from the Pregnancy Prevention Subcommittee; five from the Prenatal and Parenting Services Subcommittee; and, the full Task Force provided an additional four recommendations. All of the recommendations were approved by the full Task Force.

## INTRODUCTION

As Mandated by Alaska Statute, Legislative Resolve 101, the Adolescent Pregnancy and Parenthood Task Force presents the following recommendations to the 17th Legislature of the State of Alaska.

The purpose of the recommendations is to improve the delivery of services to pregnant and parenting adolescents and to reduce the rate of adolescent pregnancy in Alaska.

### Background:

The Alaska Legislature passed Senate Concurrent Resolution 38 in May of 1990 and created the Adolescent Pregnancy and Parenthood Task Force of Alaska. The purpose of the Task Force was to:

- 1) gather additional evidence and testimony on the extent and effects of adolescent pregnancy and parenthood in Alaska;
- 2) review options and recommend a statewide plan with guidelines for implementation to reduce the rate of adolescent pregnancy in Alaska;
- 3) examine existing state and local programs and services in Alaska and in other states and recommend ways to improve the delivery of information and services for the prevention and medical treatment of adolescent pregnancy in Alaska;
- 4) examine the relationship between the issues of adolescent pregnancy, alcohol and drug use by adolescents before and during pregnancy, and the effects of alcohol and drug use on the health of the parents and the child;
- 5) recommend ways to inform children and young adults about the consequences of early parenthood, including information about child support obligations for both parents and their other rights and responsibilities.

The Task Force began meeting in late August of 1990 and held six statewide teleconferenced meetings before presenting this report in its final form for consideration by the Legislature.

With the help of over 200 individuals representing organizations from all across the state, the Task Force was able to develop its recommendations which considered the opinions of a wide range of individual interests. The Task Force membership and participants represented all walks of Alaskan life from health care providers from the bush communities to the commissioners of state departments. In the formal committee, there were fifteen Task

Force members. They were joined by a concentrated working group of approximately 30 individuals.

In October, the Task Force divided up into two subcommittees: the Prenatal and Parenting Services Subcommittee; and the Pregnancy Prevention Subcommittee. In November these two subcommittees began drafting their recommendations and continued to do so at their December meetings. In January, the subcommittees presented their recommendations to the full Task Force for a vote on those to be included in this final report to the Legislature.

## MISSION STATEMENT

The Task Force will make specific recommendations regarding the prevention of adolescent pregnancy and will recommend ways to mitigate the impacts of adolescent pregnancies when they occur.

In the course of developing recommendations, the Task Force will gather information, review options, examine existing state and local programs and services in Alaska as well as in other states, and will examine the relationship between adolescent pregnancy and drug and alcohol abuse.

## GOALS AND OBJECTIVES

Considering the mandates from the Alaska Legislature, the Adolescent Pregnancy and Parenthood Task Force identified the following as its Goals and Objectives:

- 1) identify strategies that have proven successful in preventing teen pregnancy;
- 2) choose the mix that best fits Alaska;
- 3) determine what type of programs already exist in Alaska and how to build on that base by introducing new methods or programs;
- 4) identify teen parent support efforts presently in place;
- 5) note the barriers to receiving support and determine how to remove those barriers; and
- 6) identify methods to avoid subsequent pregnancies.

While the Task Force was mandated to "examine the relationship between the issues of adolescent pregnancy, alcohol and drug use by adolescents before and during pregnancy, and the effects of alcohol and drug use on the health of the parents and the child", they decided that this mandate was best addressed by the Task Force on Fetal Alcohol Syndrome.

**RECOMMENDATIONS PROPOSED BY THE  
PREGNANCY PREVENTION SUBCOMMITTEE**

---

**RECOMMENDATION:**

The State should fund the development of a Peer Counselor Program.

---

Issue

All across the state, and more frequently in rural areas, access to services is lacking or insufficient. In both rural and urban areas of Alaska, adolescents do not know where to receive services or advice on healthy life skills, pregnancy prevention, contraceptive services, and/or prenatal care. They frequently delay taking positive action in particular for prenatal care because they are uninformed about how to utilize existing programs. Because adolescents frequently go to other adolescents for advice rather than to adults, the Task Force recommends the development of a Peer Counselor Program.

Implementation

The Department of Health and Social Services should be mandated to provide training coordinators for peer groups selected from each community. The training coordinators would:

- 1) conduct training sessions to:
  - a) develop interpersonal communications skills;
  - b) teach accurate health information, emphasizing sexual development; and
  - c) provide information about services available in their areas and how to access those services for pregnancy prevention, prenatal care, and healthy life skills.
- 2) be readily available to the peer counselors to answer specific questions and provide supportive counseling; and
- 3) provide updated information for the peer counselors.

## Cost

For program development, training of the training coordinators, provision of materials, and operation for the first year the cost would be approximately \$300,000. Costs for future years program operations would be considerably less.

## Benefits

The establishment of a statewide peer counseling program focused on reproductive health needs would ensure, 1) the dissemination of accurate information regarding human reproduction, and 2) timely referral to professional services. From time immemorial, adolescents have shared information about sexual development and reproduction, the classical "back behind the barn" conversation. The peer counseling program would tap into this time honored ritual, but this time the information would be accurate and appropriate. Teenagers who are reluctant to approach adults would now have access to adult wisdom and support through trusted and knowledgeable peers.

This increased access to information and available services has far reaching potential. Accurate information regarding family planning and support of abstinence would decrease the number of unplanned teen pregnancies, thus reducing the tax burden upon the state of Alaska. The dissemination of accurate health information and concomitant referral service would reduce the social and economic cost of obstetrical and gynecological care through early intervention in life threatening conditions such as ectopic pregnancy, preterm labor and delivery, and other medical emergencies. Reduction of sexually transmitted infections, and the resulting infertility, holds promise for our families of tomorrow. The soaring costs of medical care are most efficiently controlled through, 1) prevention, and 2) early detection and treatment. The peer counseling program is a tool to achieving both.

Development of a peer counseling program introduces a resident and constant source of information and referral in all our communities. This presence would not only be sensitive to the particular culture of that community, but to the subculture of adolescence. The information would be accessible and comprehensible. The resident resource is of special importance in our smaller communities where information is needed in a timely fashion, but it is not feasible to have professional services continually available in the community.

The training and responsibility of the peer counselor would also benefit that specific adolescent, giving him or her additional education and responsibility. Additional education is a factor known to be associated with a delay in the onset of sexual activity and pregnancy.

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**RECOMMENDATION:**

Mandate that the Department of Health and Social Services coordinate the delivery of clinical, family planning, and prenatal care services to adolescents in all communities of the state.

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Issue

Many Alaskan communities currently lack clinical, family planning, and prenatal care services. Without these services, adolescents are often unable to receive needed education, contraceptives and care. While family planning counseling may be provided, the care providers are frequently not able to prescribe or provide contraceptives.

Implementation

- 1) In small rural villages itinerant medical care currently exists on a semiannual basis. These services must be augmented to include: an outreach component to encourage adolescents to visit the provider; and, provide educational information in a non-threatening and positive environment. This could be accomplished by the addition of health educator services to physician care or in a more cost efficient manner by utilizing mid-level practitioners who are competent in clinical, educational, and outreach services. Since the target population is adolescent girls, a female clinician would be the most appropriate service provider.
- 2) In larger rural communities, clinicians employed or contracted by the state should visit a minimum of once per month throughout the year, providing outreach and clinical services.
- 3) Urban communities should receive augmentation of current services as needed. This need would be assessed by the Maternal Child and Family Health Section of the Department of Health and Social Services.
- 4) The Section of Maternal/Child and Family Health shall facilitate the coordination between all existing providers.

## Cost

The estimated cost of this recommendation is \$500,000 in the first year for clinician time, travel and per diem. Future years may differ.

## Benefits

Tying provision of family planning, prenatal, and health screening services to health education and outreach would increase the likelihood of these services being utilized.

Increasing the availability and utilization of clinical care, especially in our rural areas where the teen birth rate is the highest, would reduce the number of unplanned pregnancies and their resulting social and economic costs. The expanded use of routine screening exams would aid in the early detection and treatment of many reproductive diseases, such as cervical cancer which is picked up by the common and cost efficient pap smear. Increased utilization of prenatal care would reduce the costly occurrence of preterm delivery and complications of child birth more common among adolescent mothers.

Increasing the availability and acceptability of family planning services to adolescents would logically reduce the teen pregnancy rate. This would result in obvious savings in medicaid and AFDC payments. It would also result in less obvious savings: teen pregnancies are more likely to produce babies with medical needs that then become a tax burden and/or aid in the escalation of medical and health insurance costs. These medically compromised newborns are more likely to grow up into minimally productive or welfare dependent adults, thus adding to the burden of future generations. Adolescent parents are also more likely to raise children who then become teenage parents themselves with all its associated problems. We can break this socially, spiritually, and financially expensive cycle with a multifaceted, comprehensive approach. Increased availability of family planning services is a logical and essential part of any plan.

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**RECOMMENDATION:**

Require that each school district provide comprehensive, sequential, age-appropriate, culturally relevant, school health education in grades K-12.

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Issue

Currently, Alaska Statutes encourage, but do not require, public school health and personal safety education. Although most school districts in the state report that they do have a "program" in health education, the instruction in many cases tends to be sporadic, incomplete, culturally insensitive, and/or taught by teachers lacking appropriate training in health education. Often, reproductive health issues are omitted altogether. In general, youth have no opportunity to become informed about inter-related health issues, nor to learn skills to enhance their health and prevent a variety of self-defeating events, including adolescent pregnancy.

Implementation

- 1) The health education curriculum guidelines will be established by the State Board of Education, but the specific curriculum will be developed by each school district.
- 2) Each school district must establish a health education advisory committee.
- 3) Regardless of specific curriculum, the following topics will be addressed:
  - a) community health
  - b) consumer health
  - c) dental health
  - d) family health and human sexuality
  - e) human growth and development
  - f) mental and emotional health, including suicide prevention
  - g) nutrition
  - h) personal health and physical fitness
  - i) prevention and control of diseases
  - j) safety first aid and injury control
  - k) substance use and abuse, including alcohol and drug related birth defects

4) Districts' programs will include specific ways to assist parents and other members of the community to participate in health and personal safety education.

5) Parents or guardians will have the option to exempt their child from part or all of the reproductive health portions of the curriculum. If exercising this option, the parent or guardian must make arrangements for the student to acquire the knowledge in some other way. All students will be required to pass an examination on this portion of the curriculum.

6) An in-service program which includes age-appropriate information about student pregnancy, student health issues and local community health resources shall be required. In addition, training and periodic staff development for administrators and teachers will be provided.

7) A transition period for implementing the health curriculum in schools will be determined by the State Board of Education.

#### Cost

Funding for the implementation of this recommendation could be accomplished through: 1) local district funds; 2) increased foundation funding; 3) increased categorical funding; or 4) a combination of any of the three.

#### Benefits

In the short term, a required K-12 sequential, comprehensive, health education program in schools will maximize the likelihood for youth to acquire the knowledge and skills necessary for living healthy, stable lives. When given the opportunity to learn about health with peers in school, especially when combined with interaction with parents and/or other caring adults, more young people will be able to recognize and effectively deal with the circumstances in their lives which could lead to early pregnancy and related consequences. In addition, this is an opportunity for adults to become more involved and informed about children's issues and to develop their own skills in guiding youth.

The expected long term benefits of implementing this recommendation include a reduction of adolescent births (and adolescent pregnancies, although this cannot be adequately measured), more positive outcomes of adolescent pregnancies, and a population of future adults better prepared to contribute to the society in which they live.

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## RECOMMENDATION:

Mandate that the Department of Health and Social Services direct a statewide public awareness campaign and fund and monitor a program of comprehensive adolescent pregnancy prevention projects modeled after the Division of Mental Health Suicide Prevention Projects.

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## Issue

The magnitude of the problem of adolescent pregnancy is a result of a complex combination of factors that vary greatly from one community to the next. These factors are diverse and cannot be solved by a single approach; therefore, this Task Force has learned that the most successful approach to solving the problem of adolescent pregnancy will have to include a wide variety of programs and services. By forming diverse coalitions, respecting community cultures, and addressing adolescent pregnancy in context, set backs can be minimized and the potential for success maximized. Preventing adolescent pregnancy means changing the decisions adolescents make about sexuality and child bearing. These decisions are bound up in the adolescents ideas about family life, education, and their perception of their own abilities and opportunities. A variety of other circumstances related to mental health, family violence, substance abuse, and community development also impinge on the making of these decisions.

If the state is to reduce rates of adolescent pregnancy, it must employ a comprehensive approach. The various political entities must have the support and confidence of the public as a whole, and certainly changing people's values and attitudes takes time.

## Implementation

- 1) The statewide public awareness campaign shall:
  - a) coordinate all interested and appropriate agencies in the state;
  - b) develop a multi-media program that communicates to the public the scope and magnitude of the adolescent pregnancy problem;
  - c) call for volunteers from other state agencies as well as the private sector;

- d) encourage community activities which will educate adults and adolescents alike about the importance of reducing adolescent pregnancy;
  - e) coordinates with existing programs for National Family Sexuality Education Month in October of each year.
- 2) Funded projects shall incorporate the following concepts:
- a) Adolescent pregnancy addressed in a holistic context, recognizing the interconnectedness of adolescent pregnancy and a broad array of related circumstances such as:
    - 1. low self-esteem
    - 2. domestic violence
    - 3. substance abuse
    - 4. economic security
    - 5. financial responsibility of bearing a child
    - 6. cultural integrity
    - 7. parenting skills
    - 8. educational and vocational opportunities
    - 9. access to reproductive health services
  - b) Projects will be defined and designed with maximum input from local community members who represent the variety of interests, cultures, and perspectives on teen pregnancy.
  - c) Projects should be based upon sound research, to the maximum extent possible.
  - d) Projects will maximize collaboration among all relevant agencies involved in the issues being addressed.
  - e) Projects will incorporate an evaluation component to measure project effectiveness.
  - f) Projects will include a public awareness campaign.

### Cost

The cost of a statewide public awareness campaign would be dependent upon the complexity and type of media used. However, an adequate campaign could be mounted for approximately \$100,000.

The cost of the community based projects is estimated to be much the same as those for the Suicide Prevention Projects and to be dependent upon the number of projects funded. At the very least, the Task Force recommends that various level grants be designed to meet the needs of rural, semi-rural, and urban communities.

According to the office fiscally responsible for suicide prevention projects, grants average \$15,000 per year per project, and there are nearly 50 projects around the state. Grants are given to communities who have developed a proposal for preventing suicide in their localities. A copy of a grant application for a suicide prevention project is included in Appendix B.

### Benefits

Initially, the expected benefits include a greater focus on the problem of adolescent pregnancies in many communities, which itself would result in better clarity. In addition, strategies for preventing adolescent pregnancy that are relevant to individual communities would be developed and implemented, evaluated, and possibly shared with other communities.

Over time, the number of adolescent births (and pregnancies, although this cannot be adequately measured) would decline. Additional benefits, perhaps not directly related to adolescent pregnancy, such as enhanced cultural pride, greater local support for domestic violence victims, or improved vocational training opportunities, are also likely.

**RECOMMENDATIONS PROPOSED BY THE  
PRENATAL AND PARENTING SERVICES SUBCOMMITTEE**

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**RECOMMENDATION:**

Adopt the "Case Management Model" to serve adolescent parents.

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Issue

All parents need support. They need income, education, good health for themselves and their children, healthy behaviors, healthy families and good relationships. Many parents obtain that support from a spouse, parents, or other family members. Most adolescent parents have some, if not all, of these supports.

The families of adolescent parents are the major source of support, but the support system is usually strained beginning at the time when the pregnancy of an adolescent is discovered. This strain causes a crisis situation, and the familie's own resources may be stretched by an unplanned pregnancy and child.

The first reaction of the family and the adolescent when they learn of the unplanned pregnancy may be embarrassment. A sense of isolation and increased tension within the family system usually follow. In their eagerness to do the right thing, parents often don't know what message to give their child. They are torn between "you're on your own now" and "taking over."

Because of the emotional immaturity of adolescent parents and an unfamiliarity with "the system" by the adolescents or their families, a situation may occur that interferes with using resources or acquiring resources that will mitigate the problems usually experienced by adolescent parents.

Prenatal care, child support, AFDC, WIC, child care, education, employment, and transportation issues are examples of support services and resources that may be a mystery to adolescent parents and their families.

The coordination of services and referrals is not currently being done. Most current case management services do not specifically address all the specialized needs of adolescent parents in all areas of the state.

## Implementation

- 1) The Department of Health and Social Services should contract with local resource agencies to carry out a case management program for their localities.
- 2) In order for an agency to contract with the Department of Health and Social Services, the agency must agree to provide at a minimum the following services:
  - a) an evaluation of the needs of each adolescent seeking help;
  - b) a discussion of services available to the adolescent;
  - c) a list of service providers (AFDC, WIC, day care, 12 step programs, etc.);
  - d) transportation to these services, if needed;
  - e) help in completion of applications for services from other agencies;
  - f) follow up to insure that appointments are kept; and
  - g) continued assessment of the adolescent's needs as judged necessary for each case.

## Cost

Medicaid offers case management to its clients. The cost estimate the Task Force reports here is based on the same figure used by Medicaid of \$80 per month per adolescent. Alaska has approximately 1,000 adolescent births per year and approximately one-third of these adolescents could qualify to receive Medicaid coverage. For the remaining two-thirds the cost is estimated to be \$640,000 for one year of case management and \$1,280,000 if all cases are followed for two years.

## Benefits

Case management for adolescent parents and pregnant adolescents would improve outcomes by providing built in, consistent support that would monitor the needs of the whole adolescent person, teach them how to access the community and services and enable them to make wise decisions. When there is lack of follow through or success by the adolescent, case management serves as a safety net to assist in reacting to the consequences.

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**RECOMMENDATION:**

Fully fund the Day Care Assistance Program (DCAP) to assist all eligible families.

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Issue

The Day Care Assistance Program (DCAP) is a subsidy program which assists in the cost of child care for low to middle income parents while they are working and/or training. Historically, the DCAP funds have not met demand within the state for parents needing assistance. The programs base funding level must be adjusted annually to meet the estimated demand. There are 294 families (464 children) currently on waiting lists statewide who will not be assisted this year.

Implementation

The Legislature should appropriate sufficient funds to eliminate the waiting list and to meet the needs of all parents qualifying for day care assistance across the state.

Cost

Full funding of the Day Care Assistance Program to include all families would cost approximately \$2,000,000 in FY 1992.

Benefits

Full funding of the Day Care Assistance Program would allow adolescent parents, who are currently low in priority for day care funding, to continue their education/training. In the long run, this funding would reduce welfare costs for these individuals and their families by enabling them to become self-supporting and to get off the public assistance rolls by educating them so they could obtain higher levels of employment.

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**RECOMMENDATION:**

Increase the qualifications and availability of day care providers.

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Issue

Quality child care is another issue of major concern to federal, state and local child advocates. Currently providers of day care do not meet the demand for child care needs, particularly for infants and non-standard care hours and days. In order to meet this demand, DCAP needs funding to provide education and training for providers. Current statutes (AS 44.47.305(d)) limit participation in such training programs to those providers participating in the Day Care Assistance Program. In addition, individuals are frequently overwhelmed by the licensing process and give up before they get started. These individuals are in need of assistance in understanding how to meet day care licensing requirements.

Implementation

- 1) Change Alaska Statute 44.47.305(d) to allow for training of non-licensed day care providers and those not currently in the DCAP program.
- 2) Provide additional funding to prevent current DCAP providers from dropping out of the program.

Cost

Additional education and training of additional providers would require approximately \$300,000 for FY 1992. Funding for the expansion of day care providers would require approximately \$200,000 in FY 1992.

Benefits

With approximately 600 State licensed homes and centers and 276 military certified homes and centers plus the numerous employees working in these centers, the \$200,000 would equate to a few

dollars per person per year at best but could prevent current care providers from dropping out of the system. Funding appropriate education and training activities is a method whereby large strides can be taken to increase quality care at a minimum cost.

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**RECOMMENDATION:**

Educate and aid adolescent parents in obtaining quality day care.

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Issue

Parent education is needed on "what" parents should look for in obtaining quality day care for their child. A media campaign and circulation of a list of items a parent should consider in selecting quality care is needed. Adolescent parents in particular lack this knowledge; therefore, assistance in locating quality child care should be made available to all families. Resource and referral agencies (newly formed on a major scale this year due to the federal Family Support Act (FSA) program) are mandated to provide this service to AFDC families. However, they are only available to subsidized families.

Implementation

- 1) The Department of Health and Social Services should coordinate the distribution of materials designed to educate adolescent parents on the selection of day care for their child.
- 2) Provide funding to allow the expansion of resource and referral agencies to include all families, not just AFDC subsidized families.

Cost

There would be a one time cost of \$25,000 for development of materials. The expansion of the Resource & Referral Agencies to include all families would cost approximately \$350,000 in FY 1992.

Benefits

While licensing staff are only on site once a year, parents are on site twice a day. They are the best ones to detect early problems if they are likely to be present. Adolescent parents are most in need of education in what to look for when seeking quality child care. They are the least likely to have the attitude, skills and knowledge to choose quality child care; however, through education, they will be able to make the best selection for their child.

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**RECOMMENDATION:**

Implement day care centers in local schools or at coordinated sites.

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Issue

Access to affordable child care in the state of Alaska is extremely limited, especially for infants. Adolescent mothers who desire to complete high school are often prevented from doing so by the lack of affordable, accessible, and acceptable child care services.

In spite of the second highest rate of adolescent pregnancy and the ninth highest birth rate in the nation, Alaskan schools have done little to address the needs of adolescent mothers. Professional attitudes, apathy, and demand on limited resources have prevented the development of drop-out prevention programs such as in-school child care.

The Task Force recommends that a financial incentives program be developed which would encourage the establishment of in-school child care where a need for such services exists.

Implementation

A grant pool should be established within the Department of Education to provide incentive grants for locally developed programs providing in-school child care. Grant applications could be reviewed by appropriate inter-departmental personnel, or a combination of the Governor's Interim Commission on Children and Youth and department personnel.

Regulations and grant application content should be developed encouraging the expansion of existing high school programs (i.e., home economics child care classes) in such a way as to minimize the need for extensive additional financial resources and allow for practical local options.

### Cost

The amount made available in the grant pool could vary widely. It needs to be "new" money as the existent demands on DOE funds are extensive and are intensified by other recommendations in this report.

A \$300,000 grant with preference given to \$25,000 to \$50,000 local grant requests would provide a reasonable start at encouraging programs statewide.

### Benefits

The establishment of in-school availability of child care would remove a significant barrier to completion of high school education by adolescent parents. The benefit to the state is the reduced likelihood of a continuance of both the parents' and the child's dependence on public assistance as a result of lack of education. Inclusion of the parents and possibly other students in the child care program would provide substantive opportunities for meaningful parenting education.

School is a safe, familial place. To an adolescent mother who has just gone through the trauma of pregnancy and birth, a school setting may be the most likely setting for reconstruction of her life and goals.

Completing a high school education along with the job/career counseling offered by most schools, and learning better parenting skills, provides an opportunity to break both a cycle of poverty and inadequate parenting.

Addressing the needs of adolescent mothers benefits both the mother and the child, as well as the human and financial resources of Alaska.

RECOMMENDATIONS OF THE FULL TASK FORCE

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**RECOMMENDATION:**

Identify the Governor's Commission on Children and Youth as the oversight body for implementation of the Adolescent Pregnancy and Parenthood Task Force recommendations.

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Issue

The Task Force recommendations were designed to help Alaska's adolescents avoid pregnancy, as well as to help adolescents who do become pregnant to receive prenatal care and help in improving their parenting skills. However, simply making recommendations will not bring about the desired goals. If we stop here, without some organization pushing the recommendations through the legislature and through their implementation and follow up stages, the Task Force's efforts will have been wasted. Adolescents will continue to become pregnant, and the rate of adolescent pregnancy will continue to escalate.

Not all programs suggested here will be perfect, and none will be effective over night. Minor adjustments to programs will be necessary to assure their maximum effectiveness, and some organization must be responsible to see that these programs are both implemented and adjusted accordingly.

The Governor's Commission on Children and Youth was set up to deal with the problems of all of Alaska's children, including adolescents; and as such, is the logical organization to follow up on the Task Force recommendations.

Cost

The Governor's Commission on Children and Youth has already set up a network to address problems of children in Alaska. Making use of this network and experience would be the most efficient means of assuring the effectiveness of the Adolescent Pregnancy and Parenthood Task Force recommendations. No additional cost to the State is anticipated.

## Benefits

With an oversight agency such as the Governor's Commission on Children and Youth, all of the recommendations of the Adolescent Pregnancy and Parenthood Task Force can be coordinated. This will help assure that the duplication of services is minimized and those areas where services are lacking are covered. Since our recommendations include programs run at all levels of government, and involve private agencies and organizations as well as state agencies, the Children's Commission would be best qualified to coordinate the implementation of our recommendations. The Children's Commission was designed to represent all sectors.

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**RECOMMENDATION:**

Encourage the Governor's Commission on Children and Youth to give more consideration to the needs of adolescents than has been given in the past.

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Issue

The Task Force commends the Governor's Commission on Children and Youth for the efforts they have made in addressing the problems of pre-adolescent children. However, probably because the Commission feels the needs of younger children are more urgent, a proportionate amount of effort has not been given to the problems of adolescents. The Task Force encourages the Governor's Commission to go to the source of many of the problems they are having to deal with in addressing the needs of younger children. Many of these children are the product of adolescent parents. A significant number of adolescent mothers give birth to infants of lower birth weight and with more developmental problems than children of older parents. These offspring frequently suffer more from child abuse, neglect, lack of good nutrition, and financial instability. In addition, these children of adolescents are frequently more at risk of repeating the cycle of early pregnancy, of having lower self-esteem, and of having a higher school drop out rate.

Implementation

Replace retiring members of the Governor's Commission on Children and Youth with individuals having the problems of adolescents as their primary interest and/or expertise.

Cost

This recommendation should have no additional cost. It merely requests a more equal distribution of effort from the Governor's Commission on Children and Youth. That commission is already mandated to deal with the problems of all children, including adolescents.

## Benefits

The Task Force believes that with more attention paid to the problems of adolescents in all areas of prevention and prenatal and parenting services, the greater the benefits to society. Alaska can reduce the \$51 million a year it spends annually to support needy families of Alaska mothers who had children when they were teenagers and the \$4 million a year spent to support parents who are still teenagers. While these figures cover only the costs of AFDC, Food Stamps and Medicaid, other costs such as those for child care, protective services for abused adolescent mothers and their children, housing and counselling can also be reduced.

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## RECOMMENDATION:

The State should provide adequate funding to school districts for school health services.

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### Issue

Every Alaskan child deserves the opportunity to lead a healthy and productive life. Health services and healthy life skills training are often not available to our children (particularly in rural Alaska). Members of the Task Force have come to the conclusion that school health services are important. These services need to be adequately funded, and yet they have suffered considerably from budget cuts in the recent past. The Task Force looked at various programs which provide health services to school aged children. Research from other states such as Oregon, Michigan and Arkansas demonstrates that school based health clinics may be the most effective way of assuring that the largest number of children can receive these services.

### Implementation

- 1) School districts should provide needed health services by bringing services up to adequate levels.
- 2) The Task Force encourages local school districts to explore models from those states with school based health clinics and to establish such clinics where appropriate.

### Cost

The State should fund the cost of upgrading school health services to a reasonable level. Funding could be accomplished through: 1) increased foundation funding; 2) increased categorical funding; or 3) a combination of the two.

### Benefits

We have the opportunity to impart to our children a higher sense of self-esteem, better decision-making capabilities, and career and interpersonal skills which will benefit them for a lifetime. These

skills will help give Alaskan children the ability to avoid many of the problems which they now face--for example, the ability to say no to drugs and the education to help reduce the incidence of sexually transmitted diseases as well as to avoid adolescent pregnancy and its associated consequences. School based health services would serve as reinforcement for the instruction students would receive during regular class time on healthy life skills, human sexuality, family planning, interpersonal skills, decision making skills and self-esteem building.

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## RECOMMENDATION:

Develop a report on the costs of supporting adolescents and their offspring as compared to the costs of preventing adolescent pregnancies.

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### Issue

Both the causes and effects of adolescent pregnancy and parenting are complex and far reaching. The state must examine not only the costs of preventing adolescent pregnancy and supporting adolescent parents, but must also examine the costs of not preventing these pregnancies and the generational cycle of poverty thus created.

### Implementation

1) Request that the Institute of Social and Economic Research (ISER) establish and maintain a body of statistical information assessing the costs to the state of adolescent pregnancies in Alaska compared to the estimated cost of preventing these pregnancies and of promoting healthy life-styles in existent adolescent parent families.

2) Request that ISER prepare an initial report which projects comparative financial costs and social implications into the next century (at least a 10 year projection). Data should be maintained in such a way as to allow for the timely update of reports.

### Cost

ISER estimates that the cost of this report would be approximately \$75,000.

### Benefits

The development of a comparative costs report would: 1) provide justification for state expenditures; 2) provide standards for the measurement of program effectiveness; and 3) provide data for public information and support of programs.

APPENDIX A

# Alaska State Legislature

Senate Advisory Council



P.O. Box V  
State Capitol  
Juneau, Alaska 99811  
Phone: (907) 465-3114

August, 1989

Alaska has the second highest adolescent pregnancy rate, the sixth highest adolescent abortion rate and the ninth highest adolescent birth rate in the United States -- which has the highest adolescent pregnancy, abortion and birth rates of any industrialized nation in the world. The state's Alaska Native adolescent birth rate is more than double the national rate for all races and it is increasing, while other state and national rates are slowly falling.

The attached report, Three A Day: Children Having Children in Alaska, describes the extent and costs of adolescent pregnancy and parenting in our state. Three teenagers a day give birth in Alaska. One a day is between 15 and 17 years old; one a month is 14 or younger. Nearly one in five of these young women are having their second, third or even fourth children. Nearly three in five are unmarried and 96 percent of unmarried U.S. teenage mothers keep their babies. Since 1984, more than 2,500 children have been born in Alaska to mothers who are still not yet 20 years old today.

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## STUNTED LIVES

While adolescents in Alaska are bearing and caring for children, teenagers in other countries and other states are going to school and learning the work and life skills necessary to become self sufficient adults. Girls who have babies when they hardly more than children themselves frequently become permanent dropouts from school and society, dependent on government support. Their children are at risk for early death, abuse, school failure, injury, emotional difficulties -- and teenage parenting.

The poverty, absence of goals, and sense of futility frequently spawned by adolescent childbearing are also often its causes in the next generation. The infant for whom society has sympathy today may be the child-parent society blames in a decade and a half for yet another untimely pregnancy and birth.

## A PROBLEM TOO COSTLY TO IGNORE

It costs more than \$12,000 a year to provide basic public services (food, medical care and essential living expenses only) to one needy teenage parent with one child. Babies born to adolescent mothers in Alaska this year alone will cost \$21.5 million in public assistance (1988 dollars) by the time they reach the age of 19. Every year, it costs more than \$51 million to support needy families of Alaska mothers who had their first baby when they were under the age of 20.

These are conservative cost estimates which do not include any of the public services often needed if very young parents are to become self sufficient: remedial and special education for parent and child; foster care; physical and sexual abuse counseling; child care and transportation, among others.

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## SOMEONE'S DAUGHTER

A 15-year-old mother lives anywhere in Alaska. She is someone's daughter, impregnated by someone's son. She is urban or rural, poor or middle class. She can be your neighbor, your babysitter, your child. The attached report describes the risk of lasting negative consequences for both mother and child and current research into the causes of teenage pregnancy. It presents a range of workable solutions already in place in other parts of the United States.

A topic so personal, so intimate, so compelling is easy to describe but difficult to control. The intimidating search for solutions generates diverse opinions and sometimes heated controversy. This report offers suggestions by state and national teen pregnancy experts, examples of recent legislation and descriptions of public and private programs from other parts of the United States. But Alaska's geographic situation and demographic blend are unique among the 50 states and the sample of programs listed here is intended only as a springboard for the ideas of those who want to attack this important social problem in Alaska.

## EXECUTIVE SUMMARY

### INTRODUCTION

The introduction briefly summarizes the problems facing adolescents who bear children and the public cost of supporting those who cannot support themselves. A pregnant teenage girl and her boy friend play a cameo role. The introduction includes definitions of terms.

The paper shows the extent, the causes and the consequences of untimely pregnancy and parenthood. It presents options other entities have used to deal with what most authorities label a grave and growing social problem. So personal, sensitive and immediate a topic generates diverse opinions on how to solve it. The range of these sometimes disparate proposals is presented for discussion.

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### Chapter I: ALASKA PORTRAIT: SOMEONE'S DAUGHTER

Teen parenting is more than a distant symbol of hopelessness in an East St. Louis slum filling the television screen between advertisements on 60 Minutes. A 15-year-old mother lives anywhere in Alaska. She is someone's daughter, impregnated by someone's son. She is urban or rural, poor or middle class. She can be your neighbor, your child, your grandchild. This chapter is a portrait of nine young Alaska women who have recently faced the inevitable decisions which come with untimely pregnancy. Among the true stories told here: A 13 year old Alaska girl was pregnant in late 1988 with her second child; both children were fathered by her own father. A 16 year old recently

## THREE A DAY: CHILDREN HAVING CHILDREN IN ALASKA

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gave birth to her fourth child; abused, she abuses her own children. A 17 year old with her baby in her arms learned from a public health nurse that she was pregnant again. A college-bound senior who was so drunk the world seemed "warm and fuzzy" the night she got pregnant says she saw her childhood slip away with every push on the delivery table. She isn't going to college because she can't afford it -- "plus, where would I ever find the time?"

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## Chapter II: THREE A DAY: ADOLESCENT BIRTHS IN ALASKA

This chapter is of a statistical nature. The statistics, summarized, include:

One in eight female teenagers in Alaska becomes pregnant. One in 17 has a baby. Between six and seven Alaska adolescents a day become pregnant. Three a day have babies. Two births a day are to 18 and 19 year olds; one a day is to a teenager between 15 and 17; one a month is to a girl age 14 or younger. Of every 11 babies born in Alaska, one is the child of an adolescent mother. About one in five Alaska adolescents who give birth have already had a baby. More than 2,500 children have been born in Alaska to mothers who are not yet 20 years old today.

In 1985, Alaska had the second highest reported teen pregnancy rate among the 50 states and the ninth highest birth rate. Among every one thousand adolescent girls, four give birth in Japan, 51 give birth in the U.S., 60 give birth in Alaska and 110 give birth among Alaska Natives. Alaska's teen birth rate is more than 80 percent higher than that of the Yukon Territory, the state's nearest neighbor. Although adolescent birth rates are falling in the nation and in Alaska as a whole, they are rising among Alaska Natives. Nearly three fifths of Alaska adolescent mothers are unmarried when they give birth. The state keeps no record of abortions but national adolescent pregnancy experts estimate that 41 percent of Alaska teen pregnancies are terminated (very close to the national average).

Chapter III: IN ALASKA: THE PUBLIC COST

Because they are at risk to lack education and job skills, teenage parents may require public assistance for a number of years. U.S., Alaska and local governments pay more than \$51 million a year to support needy families of Alaska mothers who had children when they were teenagers. Of this, \$4 million is spent each year to support needy parents who are still in their teenage years today. Basic costs to support one needy teen mother and her child are more than \$12,000 a year. Each cohort of babies born in one year will cost the public \$21.5 million (1988 dollars) by the time the group reaches age 19.

These are conservative cost estimates. They include only Aid to Families with Dependent Children, Food Stamps and Medicaid costs. They do not include costs of pregnancies which end in miscarriage or abortion or costs of intervening to prevent repeat pregnancies in young girls who may be caught in unhealthy and sometimes incestuous cycles. Nor do they include costs of educating and training a teenage mother to enter the job market, costs of child care while the mother completes her education, costs of foster care if the mother is homeless, protective services for abused adolescent mothers and their children, housing, counseling and partial loss of mother and child as productive members of society.

In one typical month, 335 Alaska teenage parents and their families receive public assistance. Because teenage parents, like other welfare recipients, move on and off the public assistance rolls, the total number of Alaska adolescent-headed families receiving welfare in a year is larger than 335. The majority of Alaska teen heads of household receiving welfare in a typical month are 18 and 19 years old and have one child.

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## THREE A DAY: CHILDREN HAVING CHILDREN IN ALASKA

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### Chapter IV: STUNTED LIVES: THE CONSEQUENCES OF ADOLESCENT CHILDBEARING

The injuries inflicted by teenage childbearing are not confined to the youthful mother and her children. They spread outward to society and forward to succeeding generations. Every child needs certain opportunities in order to become a healthy, self sufficient adult. But children born when their parents are still children themselves may miss out. Parenting is a difficult enough task for anyone; it is much harder when attempted in the poverty, isolation, depression, hopelessness, marital instability and unpreparedness which beset many very young parents. Although not all offspring born to adolescents suffer stunted lives, statistics show that as a group, they are more likely than other babies to die before their first birthday, to be hospitalized and to die as children of injuries or violence. They display more physical, emotional, behavioral and developmental difficulties than do children of older parents. They are more likely to fail in school and to score lower on standardized tests. Finally, in a phenomenon that compresses generations, children of adolescents tend to become adolescent parents themselves.

The adolescent mother is more likely than other mothers to be single, poor, isolated, depressed and a school dropout. One authority says the suicide rate among teen parents is seven times that of teens who are not parents. Teen mothers are likely to have poor math and language skills and only half attain a high school diploma. They tend to have larger families and more closely spaced children than do older parents. They may be more authoritarian and rigid than older parents. One study shows they begin conversation with, talk to and look at their infants less frequently than older mothers.

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Chapter V: THE CAUSES OF ADOLESCENT PREGNANCY: A DOUBLE EDGED SWORD

Too-early pregnancy and parenting are linked to poverty, low academic achievement, unsatisfactory school experiences and a feeling of futility or hopelessness. Also implicated are the influence of the media, community attitudes and lack of positive communication with parents.

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Chapter VI: WANTED: "A LEADER WITH GUTS AND COURAGE"

The litany of risks facing children of very young parents -- poverty, unemployment, academic failure, futility -- is similar to the list of circumstances which threaten to lead them into precocious parenthood. Without intervention, the child for whom the public has sympathy today may be the child-parent one blames for yet another early pregnancy in a decade and a half. This chapter presents concrete suggestions by two Alaska experts and numerous national experts on combatting the problems of adolescent pregnancy. The strategies, summarized, include:

- \* Show disadvantaged teenagers there are options other than too-early parenting by: teaching them life skills, social connectedness and parenting; providing adult mentors as examples; reducing the school dropout rate (Alaska ranks 41st among the 50 states in rate of high school students who graduate); and making school a more meaningful and more positive experience for marginal students.
  
- \* Help teens postpone sexual activity by: encouraging sex and family life education courses; teaching assertiveness and decision making skills; involving parents in decisions. Encourage the media, with its "pervasive influence" on adolescents to alter its message. Some experts find a

### THREE A DAY: CHILDREN HAVING CHILDREN IN ALASKA

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strong and growing sentiment that schools can do more to help teens delay pregnancy.

- \* Make alternatives to child bearing available to the pregnant adolescent. These include adoption and abortion.
  
- \* Help the family of the adolescent parent. Encourage child support enforcement (at a time when states are adopting "workfare" for young mothers, it is appropriate to consider something similar for young fathers, one panel of experts says); help the mother get education and job training so she can become self sufficient; provide child care and counseling; make school meaningful for the at-risk child. The public must make up-front contributions to a population in which we have only "punily and grudgingly" invested, says one advocacy group.
  
- \* Contraceptive education: cause or cure? Many national groups urge contraceptive education and counseling for adolescents who choose to be sexually active. Several experts suggest school-based clinics to provide comprehensive health care to the "most underserved" segment of our society -- adolescents. They say clinics on or near schools have the advantage of being accessible and of attracting males (for such needs as athletic physicals) as well as females. Other advocates object that "modern" sex education classes haven't worked, that promiscuity breeds psychological and physical harm, that birth control clinics for adolescents are the latest step in a movement to transform schools into social welfare agencies and that school health clinics are destroying the old morality of family, church and neighborhood.

The section begins with an historical overview. Sexual activity among unmarried adolescents rose dramatically in the 1970's and leveled off in the early 1980's. Indeed, so many more adolescents are sexually active that the pregnancy rate among all teenage women has increased although the pregnancy rate among sexually active teenagers has decreased. Birth rates among all adolescents have fallen, while birth rates to unmarried

adolescents have increased. Adolescent abortion rates increased sharply after 1973 but increased by less than three percent from 1980 to 1985.

The arguments against making contraceptives available to adolescents are offered by Barrett Mosbacker of the Family Research Council, Dr. Dinah Richards of the San Antonio Pregnancy Centers and Allen C. Carlson of the Rockford Institute. Arguments for making contraceptives available to sexually active teens are summarized from the National Research Council, the Children's Defense Fund, the Urban Institute, the Council of State Policy and Planning Agencies, the National Governors' Association and the Alan Guttmacher Institute.

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#### Chapter VII: IDEAS

This chapter describes state and national programs to fight teen pregnancy. Names and addresses of programs are provided for those who might want to consider replicating ideas.

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#### Chapter VIII: WHAT STATES ARE DOING

This chapter summarizes initiatives proposed and taken by individual states to solve the problem of teenage pregnancy. It is up to date to mid-1989.

# Alaska State Legislature

Legislative Research Agency



P.O. Box Y  
Juneau, AK 99811-3100  
Phone: (907) 163-3991  
Fax: (907) 163-3351

September 20, 1990

## MEMORANDUM

TO: Senator Drue Pearce

FROM: Maureen Weeks <sup>MW</sup>  
Legislative Analyst

RE: Adolescent Pregnancy in Alaska: 1988 Update  
Research Request 91.007

This brief report updates statistics on births to Alaska adolescents in 1988, the latest year for which data are available. An expanded version was delivered orally before the Teen Pregnancy Task Force, August 21, 1990 in Anchorage. Statistics through 1987 can be found in *Three A Day: Children Having Children in Alaska*, published last year by the Senate Advisory Council at your request.

Numbers of births were provided by Al Zangri, Vital Statistics Research, Alaska Department of Health and Social Services; population estimates were provided by Greg Williams, Division of Research and Analysis, Alaska Department of Labor. In this memorandum, an adolescent is defined as a woman between the ages of 15 and 19.

### Births v. Pregnancies

Because Alaska keeps no record of abortions among women of any age, no one knows how many pregnancies among adolescents end before term. Stanley K. Henshaw of the Alan Guttmacher Institute, which specializes in family planning issues, estimates that an average of one in every seven to eight Alaska adolescent females becomes pregnant. In 1988, one in every 17 gave birth.

Mr. Henshaw estimates that in 1985, Alaska had the second highest adolescent pregnancy rate (after California), the sixth highest adolescent abortion rate (after California, New York, New Jersey, Hawaii and Maryland), and the ninth highest adolescent birth rate (after Mississippi, Texas, Arkansas, Louisiana, Georgia, New Mexico, Arizona and Oklahoma.)

### Number of Births to Adolescents in Alaska

In 1988, 13 girls under age 15 gave birth in Alaska. In that year, 334 babies were born to mothers age 15 to 17 and 702 to mothers age 18 to 19. In other words, in 1988, an average of almost two births a day were to mothers age 18 to

19, while almost one a day was to a mother from 15 to 17 years old. About once a month, a baby was born to a mother age 14 or younger.

Table 1, attached, shows the number of births to adolescents from 1982 to 1988. Although the number of births fluctuated from year to year, the total number fell from 1,235 in 1982 to 1,049 in 1988.

### Rate of Births to Adolescents in Alaska

#### Definition

The number of births is useful when policy makers want to estimate demand for services, such as the number of adolescent parents who need welfare. However, the number tells nothing about the comparative size of the group of adolescent mothers. For that, statisticians prefer to use rate: the number of births per 1,000 adolescent females.

The difference between rate and number becomes clear when comparing Alaska, which has a small population, and New York, which has a large population. In 1985, some 25,500 New York adolescents had babies. This is a far higher *number* than the 1,099 Alaska adolescents who became mothers that year. However, among every 1,000 adolescents, there were 66 births in Alaska, compared to 39 in New York. Alaska's *rate* is higher, although its number of births is lower.

#### Alaska's Rate in 1988

In 1988, the Alaska adolescent birth rate was 58.1 per 1,000 adolescent females. This was higher than the 1988 U.S. adolescent birth rate of 53.6 per 1,000.

Table 2, attached, shows the Alaska adolescent birth rate for 1970 to 1988. The table shows that the Alaska rate has dropped from 93.9 births per 1,000 adolescent females in 1970 to 58.1 such births in 1988.

#### The Native Rate Compared to the White Rate

Alaska Native adolescents are far more likely to become mothers than are their white counterparts. In 1988, the birth rate among white adolescent females in 1988 was 44.9 per 1,000; among Natives, the birth rate was 111.3. In other words, an Alaska Native adolescent that year was about two-and-a-half times as likely to have a baby as was her white counterpart.

In 1988, Native teens of high school age gave birth to almost as many babies as did white teens, although there were far fewer Natives than whites in that age group. In that year, 172 babies were born to white mothers age 15 to 17 and 143 babies were born to Native mothers of the same age. Although the number of

births was roughly equal (separated by just 29 births), only one in five of all the girls in that age group were Native.

Table 2 shows birth rates for Alaska by race. In this report, race is limited to white and Native because the number of adolescent females who are black and other (Asian, Hispanic, etc.) is too small to be statistically significant.

The Alaska Native birth rate in 1988 was higher than the U.S. black rate, a rate which U.S. experts consider alarmingly high. The birth rate among Native adolescent females is so high that when we quoted it to experts at the Alan Guttmacher Institute, they believed (erroneously) that we were describing the Alaska Native pregnancy rate.

#### Trends in Birth Rates

Table 2 shows that between 1970 and 1988, the trend in birth rates dropped in Alaska and the U.S. Similarly, the trend among whites dropped during those years in Alaska and the U.S., as did the trend among U.S. blacks. The table shows, however, that the birth rate rose for Alaska Natives.

#### Rate of Marriage Among Adolescent Mothers in Alaska

In 1988, 62 percent of Alaska adolescent mothers were unmarried when their baby was born. Nationwide, 94 percent of unmarried teen mothers keep their babies.

#### Infant Mortality and Low Birth Weight Among Babies Born to Adolescent Mothers

In 1988, among every 1,000 babies born to Alaska adolescent mothers, 14.5 babies died before their first birthday, compared to 8.2 deaths among babies born to older mothers. Similarly, among every 1,000 babies born to Alaska adolescent mothers, 61.8 were low birth weight, compared to 48 low birth weight births among every 1,000 older mothers.

#### Attachments