

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672

6837 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

Comparison of Public Schools and Private Child Care Programs

	<u>Public Schools</u>	<u>Private Child Care Facilities</u>
Program hours/day:	6.5	11 (average)
Children/teachers:	25+:1	5:1 (under 12 months) 6:1 (under 30 months) 10:1 (preschools) 15:1 (kindergarten) 20:1 (school age)
Student days/year:	180	252 (average)
Facilities:	Designed for children Paid for by government	Seldom designed for children Rented and renovated or donated by churches
Teacher qualifications:	Type A certificate/ 4 year degree	None (18 years old)
Teacher pay:	\$41,000/year, 9 month contract	\$6,890/year, 9 months \$9,186/year, 12 months
State support:	\$435/month/child plus capital appropriations	\$11 to \$25/month/child approximately
Local support:	Approximately 20% of operating budget of school district plus bond support	None, except in occasional rare grants for non-profits in general
Parent funding:	None required	85% to 100%

Assume a child care program with one class of maximum enrollments in each age group with all children attending full time. Enrollment income would be as follows:

5 infants	@ \$425/month	\$ 2,125
6 toddlers	@ \$375/month	2,250
10 preschoolers	@ \$325/month	3,250
15 kindergartners	@ \$225/month	3,375
20 school age	@ \$150/month	3,000
Total		<u>\$14,000</u>

To calculate staff and benefits costs, assume an average wage of \$5.50 per hour, which while higher than the current average is still not adequate compensation for the level of responsibility, commitment and knowledge required to do a good job.

Benefits were computed as follows:

- 1 day/month sick leave
- 10 days per year vacation time (for full-time employees only)
- 7.5% of gross wage for Social Security
- 2.34% of gross wage for ESC taxes
- 0.47% of gross wage for workman's compensation insurance
- 66% of health insurance premium (no dependent coverage)
- No retirement
- 50% reduced child care charge for first child

Based on the above assumptions, the following are staff costs:

<u>Position</u>	<u>Wages and Benefits/Month</u>
1.5 infant teachers	\$1,923
1.5 toddler teachers	1,923
1.5 preschool teachers	1,923
1 kindergarten teacher (6 hours/day)	1,078
1 school age teacher (3.5 hours/day)	553
1 bus driver (5 hours/day)	787
1 janitor/maintenance (5 hours/day)	787
1 cook (8 hours/day)	1,294
1 director (8+ hours/day)	2,596
Total	<u>\$12,864</u>

The difference between income and staff wages and benefits of \$1,136 must cover rent, insurance, food, vehicle maintenance, utilities, supplies and equipment. Receptionists, typists and accountants are luxuries few child care facilities can afford.

—Prepared by Commission member Patty Meritt.

RECOMMENDATION:

Increase the qualifications and availability of day care providers.

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.

H B

2 5 5

3111 C STREET, SUITE 455
ANCHORAGE, ALASKA 99503
(907) 581-7628

WHILE IN SESSION
P.O. BOX V
JUNEAU, ALASKA 99811
(907) 465-3704

ALASKA STATE HOUSE



CHAIR
RULES COMMITTEE

JUDICIARY

SPECIAL COMMITTEE ON INTERNATIONAL
TRADE & TOURISM

LEGISLATIVE COUNCIL

REPRESENTATIVE JOHNNY ELLIS

MEMORANDUM

TO: Representatives Georgianna Lincoln and Pat Carney, co-chairs
House Health, Education and Social Services Committee

FROM: Rep. Johnny Ellis, Chair
House Rules Committee

RE: Scheduling Adolescent Parent and Teen Pregnancy bills

DATE: April 26, 1991

Thank you for scheduling House Bills 253, 254 and 255, as well as House Concurrent Resolution 24 for a hearing before your committee. I am presenting these as a package from the 1990 Alaska Adolescent Parent and Teen Pregnancy Task Force. As Co-Chair of the Task Force, I studied the complex problem of adolescent pregnancy in Alaska and looked for ways to reduce the incidence of teen pregnancy and its social and economic effects. Representative Cheri Davis was a member of the task force and is the sponsor of three additional bills which will come to your committee. The amount of teen pregnancies in Alaska is troubling:

Three teens give birth to babies every day in Alaska.

Alaska was ranked 7th in the nation for the percent of teen pregnancies per capita.

Below is a summary of the legislation.

- HCR 24** A resolution requesting the University of Alaska to compile information relating to adolescent pregnancy and parenthood and its social and economic effects.
- HB 253** Expands the education and training program to open up the current training for employees of licensed day care centers, to include employees of unlicensed day care centers as well as parents.
- HB 254** Requires the Dept. of Health & Social Services to provide for case management for adolescent parents and pregnant adolescents who are not eligible for similar services under Medicaid.
- HB 255** Requires the Dept. of Health & Social Services to provide support to encourage school districts and municipalities to implement peer counseling groups.

I hope you will share in my support for this legislation.



Adolescent Pregnancy Bills By Rep. Johnny Ellis

Last year, Senator Drue Pearce and Rep. Johnny Ellis were Co-Chairs of Alaska's Adolescent Parent and Teen Pregnancy Task Force. Together they studied the complex problem of adolescent pregnancy in Alaska and looked for ways to reduce the incidence of teen pregnancy and its social and economic effects. The statistics of teen pregnancy are startling.

Three teens give birth to babies every day in Alaska.

Alaska was ranked 7th in the nation for the percent of teen pregnancies per capita.

The members of the task force recognize that the situation of teen pregnancy is neither new nor unique to Alaska, and that solutions are not readily available. We also recognize that family and cultural values are important and should be preserved to the greatest extent possible.

When one considers that federal, state, and local governments pay more than \$51 million dollars a year to support needy families of Alaska mothers who had children when they were teenagers, the cost of implementing the legislation recommended by the task force seems miniscule in comparison.

House & Senate Companion Legislation

SB 169 = HB 251 by Ellis • Case Management services

SB 170 = HB 243 By C. Davis • Teen Pregnancy Prevention

SB 171 = HB 253 by Ellis • Training for Child Care Workers

SB 172 = HB 255 by Ellis • Peer Counseling Program/Teen Health

SB 173 = HB 241 by C. Davis • Grants to schools for day care

SB 174 • (no companion) State Aid for School Health Clinics

SB 175 = HB 242 by C. Davis • Teen Health Care Services

SB 176 = HB 7 by Boyer • Public School Health & Safety Education

SCR 15 = HCR 21 by Ellis • Research Reports on Teen Pregnancy

SCR 16 (no companion) • Teen focus by children/youth commission

House Bills sponsored by Reps. Ellis, Boyer, C. Davis

All Senate Bills sponsored by Sen. Pearce



Adolescent Pregnancy Bills
Sectional Analysis
HB 255 Peer Counseling Program

Section 1. Add Section 47.18.010 which requires the Department of Health and Social Services to provide support to encourage school districts and municipalities to implement peer counseling groups. These groups are to provide support to adolescents in the hope of preventing behavioral patterns that are mentally or physically hampering and to spread information about services available to help adolescents.

(b) of this section outlines the technical support the department must provide which would include developed methods to maintain high level support from the community to promote peer counseling groups. Also, the department will organize workshops, seminars, and other training opportunities for the adolescent peer counselors to develop interpersonal communication skills and be made aware of the appropriate health information, emphasizing sexual development. The training should also include a method for publicizing the services in the area for pregnancy prevention, prenatal care, and healthy life skills. A mechanism to evaluate the activities and accomplishments of the peer groups and creating services to encourage other school districts to administer peer counseling programs are also part of the department's coordinating effort.

(c) of this section asks the department to consider the activities and accomplishments of other states and to solicit donations, grants and expertise from the private sector.

Sectional Analysis

AMENDMENT #1

PAGE 2, LINE 5

Teach accurate health information, healthy life skills, responsible decision making and the value of abstinence from teen premarital intercourse.

Or

A primary policy and objective of the technical service to peer counseling shall be to encourage teens to avoid major risk-taking behavior and to reinforce responsible behavior and self control.

AMENDMENT #2

If using the first definition, you will need to amend page 2, line 9 by removing duplicated wording...[,and healthy life skills]

proposed amendment



Alaska State Legislature

S/HESS

Please enter into the record my testimony to the _____ committee name
committee on SB 172, dated 4/18/91
bill/subject

I direct a peer counseling program in 3 schools through the Sitka Teen Resource Center. There are 60 teens involved as peer counselors. Our program is 7 years old and has evolved into a very effective program. This year 5 adolescent suicides have been averted by peer helpers; several adolescent girls have been taken to a family planning health center by peer counselors to support them in prevention of potential teen pregnancies; abused teens have been referred; ~~some~~ counseling has been arranged; and health care/~~and~~ health promotion have been an emphasis. We are funded through Mental Health. This has allowed us to have a very broad agenda of training and assistance for teens. In one 3 month period 20 peer counselors reported helping 191 teens through 394 encounters. Issues of focus in these encounters included, but were not limited to: Relationships with family (56), suicide risk (2), relationships with friends (65), Alcohol & Drugs (24), Sexuality & pregnancy issues (22), depression (14), school achievement (34), loneliness (13), ~~stress~~ stress (23), weight control (12), death & grief (4). continued on next page:

Signed: D. Williamson
Testifier
Sitka Teen Resource Center
Representing (Optional)
Box 1034 Sitka, AK 99835
Address
747-3500
Phone No.

SB 172

4/18/91

S/HESS

Testimony continued from L.K. Williamson

I recommend that your bill address development and provide technical support for peer counseling programs through the division of mental health. With oversight by community mental health clinics there is an assurance of skilled back-up and supervision of the training for these young people. It is essential that peer counselors be supervised by skilled ~~personnel~~ personnel. School district employees do not have time nor adequate community and social service agency support to provide an effective leadership for such a program. If organized through the schools, the program is more expensive and limited by school district policy and by administrative preferences. To be effective, peer counseling programs must be independent, though cooperative, with the schools.

I encourage you to add to SB 172, pg 2 line (23) the following: "(b) to provide family planning or reproductive education."

Simply advocating abstinence is not enough. Teens who've already chosen to be sexually active will not trust nor relate with an organization or agency that only addresses abstinence.

I would welcome further discussion of this bill.

BEN W. HOOPER VOCATIONAL SCHOOL

COCKE COUNTY - HEDRICK DRIVE
NEWPORT, TENNESSEE 37821
(615) 623-6072

RONNIE DAVIS
Director

Dear Friend,

I am excited that you are interested in forming a peer helpers group. I have taught school for eighteen years as a Consumer and Homemaking teacher, and I find that peer helpers is the most effective means of helping adolescents learn to handle and overcome problems. This past summer I attended the National Peer Helpers Association Conference and found people from all over the United States doing the same thing my PEERS are doing. These advisors were so willing to share and help each other! I recommend your attending the conference, if you are forming a group or working with a group. You can write to the following address for information about the conference.

National Peer Helpers Association (415) 965-4011
P.O. Box 335
Mountain View, California 94042

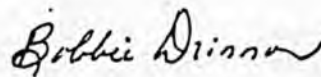
Effective programs result from systematic training which provides for the personal growth of the peer helper and service to others through special projects. We would like to offer the following thoughts as guidelines for establishing and maintaining a successful program.

1. Critical to the success of a peer helping program is the adult trainer or supervisor. An adult staff member should be chosen who has a successful track record with students - someone who is trustworthy, approachable, flexible, and effective with groups.
2. Before you start, identify clearly the purpose of your program. What needs will be met by your program? What are the goals and objectives of your program? Having a definite plan will make it easier to evaluate your program.
3. A peer helping program required the support of others. Enlist the support of administrators, teachers, other staff, and parents. Keep these groups informed of your progress - your successes and your needs. Public relations is a key component of a successful program.
4. Choose your program participants carefully. Although one purpose of peer helping program is the personal growth of the peer helpers, the primary purpose of the program is to train peer helpers to serve others. Students selected for training should be able to relate to the various groups within the school and should desire to help others.
5. Select or develop a curriculum for your training. The training program should be structured to prepare students for the projects they will be undertaking. A variety of training models can be used (i.e. classes, retreats, marathons) in the length of training can be varied to meet the specific needs of your school.
At a minimum, the curriculum should contain the following:
 - A. Communications skills (i.e. listening, responding, and feedback)
 - B. Basic concepts of human behavior (i.e. motivation, perception, and learning)
 - C. A model for decision-making / problem-solving
 - D. Knowing your limitations and how to make appropriate referrals

6. Upon the completion of the training, the adult supervisor should determine which students can undertake which peer helping projects. While some students may have experienced personal growth, they might not be ready to serve others.
7. Provide on-going supervision of all peer helper projects. Students need to share successes and failures on a regular basis with the supervisor and with other peer helpers. Each peer project should have specific goals and procedures that should be followed and monitored. Having specific goals and a regular monitoring system provides the basis for program evaluation.
8. Maintain a membership in the National Peer Helpers Association to stay abreast of current developments and in touch with others who are interested in peer helping. Share your experiences with others by contribution to the Peer Faciliator Quarterly, the official publication of the organization. (Address is included.)

I wish you the very best as you begin your peer helping program. Feel free to call me or write for any assistance my group can give you. I am trying to start a state association of peer helpers, so when you begin your group, please send me the name of your group contact person, address, and telephone number. We can share resources and experiences and work toward having state conferences for advisors and students.

Sincerely,



Bobbie Drinnon

RAILBELT NATURAL HELPERS
OVERVIEW

Coordinator
Kim White
R.N.

683-2743

The Railbelt Natural Helpers Program is funded through DHSS and has been for 3 years now. Our program is unique as it not only exist in the schools but also in the community. We have both student and adult Natural Helpers in Healy and Anderson.

Our program model was taken from the Mercer Island (Washington) model. Every year we do a survey to determine who the students feel are Natural Helpers or peers that they go to when they need assistance or want someone to just listen to them. We mail out an adult survey to every box holder to obtain the same information from the adults. We identify issues that our school and community population feel are relevant to them. We determine our ongoing training for the helpers from that information. After students/adults are identified I speak to them in person to see if they see themselves in the role they have been identified in and ask if they are willing to participate. Most of the selected people do want the training as it makes life less stressful for them as a peer helper.

The training consists of 2 and a half days of learning about communication skills, decision making skills, knowing your limits, resources, confidentiality, and what your role is when you return to your school and community. This training is very special as it provides a time when walls are broken down and students and adults alike feel there are no rigid social barriers or walls between them. You will see people communicating with each other who have never done so before and they live next to each other. The students act as if they were given permission to be mature and the adults act as if they can be young again. Bonding takes place during the training, thus peer support within Natural Helpers itself takes hold.

After the training occurs and everyone returns to their community, regular meetings take place a minimum of 2 times a month but if time permits every week. Adult Natural Helpers attend training sessions when provided but don't usually attend the student meetings at the school. Ongoing training takes place throughout the year. We attempt to make these trainings take place when the group can get together as a whole. Some of the training that has taken place over the 3 years are: date rape, domestic violence, suicide prevention/intervention, a large amount on drugs and alcohol and the effects on the family, grief, sexual abuse, physical abuse, child abuse, stress management, stop the drinking driver, self-esteem, and resources. We usually attempt to bring personnel from an agency that deals with the specific issue so that the Natural Helpers feel comfortable seeking assistance from them.

The Natural Helpers also put on major events that promote healthy life styles both physically and mentally. This also lets the public know more about the Natural Helpers. Here in the Railbelt we receive tremendous amounts of support from the School District,

Lions Clubs, Mental Health Board, City of Anderson, all local businesses and also parents assist with our efforts both financially and with supplies and resources. We work with all service providers in our area and they provide us with assistance when requested.

In our area, Natural Helpers has been the needle that has connected numerous people and agencies and has greatly assisted in promoting acceptance in seeking help for problems before they are out of control. It has assisted in reducing the stigma attached to mental health services. Agencies are working very closely together to provide assistance to people in need without creating a bureaucratic mess. The Natural Helpers have defused numerous problems that if left unattended, would have created major negative effects on families and communities alike.

Information submitted by:

**Kim White R.N. Railbelt Natural Helpers Co-ordinator
Railbelt Mental Health and Addictions
A Satelite Program of Fairbanks Community Mental Health Center
P.O.Box 128
Healy, Ak. 99743
wk#-683-2743
FAX#-683-2598
hm#-683-2757**

teachers, two guidance counselors, and one librarian. Thirty-nine of these observers submitted written evaluation of the classes observed and all were favorable. To indicate parental involvement, 148 parents made a written request that students receive a free booklet on puberty and 15 books were check out of the Family Life Lending Library by parents.

Monitoring pregnancies at all of Washington County Schools will continue. In addition, officials plan to monitor rates of sexually transmitted diseases and use of the Washington County Health Department Family Planning services among teens.

Peer Counseling Funds

Tennessee Programs / what \$ are used for:

The Commission also administers state funds to encourage establishment of teen peer counseling programs in which youth provide information to other youth on dealing with peer pressure, making wise decisions, and the consequences of teen sexual activity and early parenthood. In 1989-90, the Interdepartmental Coordination Council approved small seed money grants to existing and emerging teen peer programs to expand or strengthen their programs. Ten peer programs received one-year grants (See Table 3).

Program	Location	Contract Amount	Annual Expenditures
Alton Park/Dodson Avenue Community Health Center	Chattanooga	\$1,000	
Cannon County Child Protection Council	Woodbury	\$1,000	
CHAAT Team	Chattanooga	\$1,000	
Cocke County PEERS	Newport	\$1,000	
Crittenton Services	Nashville	\$1,000	
Giles "TLC for Teens"	Pulaski	\$1,000	
Grundy County Board of Education	Altamont	\$1,000	

Houston County Students Against Substance Abuse	Erin	\$1,000
PG-13 Players	Nashville	\$1,000
Upper Cumberland Teen Awareness Group	Cookeville	\$1,000

The Alton Park/Dodson Avenue peer project was conducted in conjunction with the R.A.P. replication project. The teen mothers and pregnant teens in the Responsible Adolescent Parenting project produced a newsletter answering questions from other teens on teen pregnancy and parenting. The newsletters were distributed to local schools. Grant money was used to buy computer equipment and paper for printing.

The Cannon County Child Protection Council used their grant to provide training and resource materials for members of their peer group. The PEERS performed for all 7th and 8th grade classes in the county and at a 4-H camp. 319 students attended the performances and discussions which dealt with teen decision making and consequences of behavior. The program has school and community support and will continue and expand this year.

The Chattanooga Adolescent Awareness Team (CHAAT) is a panel of male and female teens (both parents and non-parents) who discuss their decisions about becoming sexually active and answer questions from other youth about the consequences of those decisions. CHAAT used their grant funds to develop and produce public service announcements for broadcast to use in outreach to the community. During the 1989-90 grant period, CHAAT gave 73 performances attended by more than 3272 persons.

Crittenton Services "Teens Talking to Teens" program is a peer panel and a hotline for teens answered by trained peer counselors. Crittenton used its grant to purchase novelty pencils and locker mirrors to publicize the local hotline. The

items were distributed to schools. At out of town presentations the 800 number information was distributed. The program also received broadcast and press coverage in both local and out of town media. The "Teens Talking to Teens" panel made 19 presentations from January - June, 1990, attended by 2165 young people.

Giles County PEERS are part of the "Teaching, Listening, Caring for Teens" replication project. The peer group made seven presentations at schools and other meetings attended by over 600 persons. In addition the group hosted an information booth at the Model Program Showcase Conference in Nashville and participated in a radio program in Pulaski. The program receives local support and will work with civic groups and the Giles County Drug-Free Alliance to coordinate ongoing training.

Grundy County High School Peer Counseling Program organized a peer-tutor program. Peer tutors counseled six students with improvement in the grades of three of these.

Houston County High School Peer Counseling set up a student to student counseling program and trained seven counselors to serve a high school population of 400.

The PEERS at Cock County High School are one of the Model Teen Pregnancy Programs. The program is made up of 10th, 11th, and 12th grade students including athletes, student leaders, and teens active in extracurricular activities. They receive extensive training on sexuality issues, decision-making and life planning. The PEERS perform skits which they have written and then answer questions from their audiences about the situation in the skits. The PEERS made 36 presentations from July, 1989 - June, 1990 to over 7900 people at schools, health fairs, special events, state and national conferences, and community meetings. The program made presentations or provided information and technical assistance to begin peer

OVER 125 YOUTH GROUPS LINKED WITH ASTAND YOUTH COALITION

The youth coalition, **ASTAND** (**A**laska **S**tudents **T**aking **A** **N**ew **D**irection) links together youth groups across the state that promote healthy drug free lifestyles. Projects and activities are organized on a regular basis by groups in their schools and communities. **ASTAND** is an outgrowth of the Governor's student conferences. It was formed in response to student requests that a coalition be formed which would facilitate networking and represent all groups statewide.

Some of the projects students are doing now:

- * Wrecked Car Simulations
- * Prevention Commercials (P.S.A.)
- * Drug-Free Prom, or Graduation Parties
- * Seat Belt Education and Surveys
- * "No Use" Poster, Button or T-Shirt Contests
- * Cross-Age Teaching and Presentations
- * Student Sponsored Mini-Health Conferences
- * Videos with a "No Use" theme
- * Self Esteem Activities
- * "Lock Ins"
- * Cultural Hobby Clubs
- * Elder Storytelling
- * Student Health Fairs
- * Pledge Programs
- * Puppet Shows

Youth Groups statewide, working on health/safety projects

Akhiok	Dillingham	Juneau	Metlatatla	Port Lions	Delta Junction
Akiachak	Eagle River	Kake	Mt. Village	Pt. Alsworth	Manley Hot Springs
Akiak	Eielson AFB	Katag	Naknek	Red Devil	New Stuyahok
Anchorage	Emmonak	Kasigluk	Nenana	Savoonga	Russian Mission
Anderson	Fairbanks	Kenai	Nikolaevsk	Selawik	Scamnon Bay
Angoon	False Pass	Ketchikan	Newtok	Seldovia	Tanacross
Aniak	Galena	Kiana	Niiki	Seward	Tasitikek
Anvik	Gambell	King Cove	Nome...	Shageluk	Teller
Auke Bay	Glennallen	Klawock	Nondalton	Sheldon Pt	Togiak
Brevig Mission	Golovin	Kodiak	Northway	Shishmaref	Tok
Barrow	Grayling	Kotlik	Nulato	Sitka	Tuntutuliak
Bethel	Gustavus	Kotzebue	Old Harbor	Sleetmute	Tununak
Big Lake	Haines	Koyuk	Palmer	Soldotna	Wasilla
Birch Creek	Healy	Kusigluk	Pedro Bay	St. Marys	Whittier
Cantwell	Hollis	Kwethluk	Petersburg	Stebbins	Wrangell
Chevak	Hommer	Levelock	Pilot Station	Stony River	Yakutat
Craig	Hooper Bay	Marshall	Pitkas Pt.	Talkeetna	Hoonah

House Bill No.255

For an Act entitled: "An Act Relating to a Peer Counselor Program".

Summary

HB 255 directs the Department to develop and implement an on-going program of technical assistance and support to help municipalities and school districts statewide implement adolescent peer counseling groups with the objective to be encouraging adolescents to abstain from premarital sexual intimacy.

Discussion

Peer counseling programs have been found to be effective in reaching teens who are reluctant to approach adults. Since adolescents are heavily influenced by their peers, knowledgeable adolescents can provide an important service to their peers and their community by serving as peer counselors.

The training and education of the adolescents selected to be peer counselors can benefit those individual adolescents greatly. The increased knowledge and self-esteem related to the education and attention received can significantly affect their own choices related to their sexual behavior.

Peer counseling programs have been implemented in the state, in some localities, for the purposes of suicide prevention and other adolescent health issues. It would be important for Department of Education, Department of Regional and Community Affairs and Department of Health and Social Services staff to come together before designing this program to determine if existing peer counseling programs should be expanded to include the reproductive health education being promoted by this effort. Since there is significant cost involved in training adolescents in how to reach their fellow adolescents, how to counsel appropriately etc. it would seem appropriate to utilize them for more than one purpose. Additionally, teens at risk for early sexual activity tend to be the same teens at risk for other unhealthy behaviors. A peer counselor who has earned the trust of these individuals is more likely to be able to reach them on a variety of issues versus a number of peer counselors each trained to deal with a specific problem.

Since the one common access point for reaching adolescents is the local school, it is imperative that the local school districts be involved in the development of this peer counseling program. The adolescent who has already left school is usually a high risk teen in many areas. They are especially at risk for developing high risk sexual behavior patterns, ie. early sexual intimacy, frequent

DHSS Position Paper

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

OVER 125 YOUTH GROUPS LINKED WITH ASTAND YOUTH COALITION

The youth coalition, **ASTAND** (**A**laska **S**tudents **T**aking **A** **N**ew **D**irection) links together youth groups across the state that promote healthy drug free lifestyles. Projects and activities are organized on a regular basis by groups in their schools and communities. **ASTAND** is an outgrowth of the Governor's student conferences. It was formed in response to student requests that a coalition be formed which would facilitate networking and represent all groups statewide.

Some of the projects students are doing now:

- * Wrecked Car Simulations
- * Prevention Commercials (P.S.A.)
- * Drug-Free Prom, or Graduation Parties
- * Seat Belt Education and Surveys
- * "No Use" Poster, Button or T-Shirt Contests
- * Cross-Age Teaching and Presentations
- * Student Sponsored Mini-Health Conferences
- * Videos with a "No Use" theme
- * Self Esteem Activities
- * "Lock Ins"
- * Cultural Hobby Clubs
- * Elder Storytelling
- * Student Health Fairs
- * Pledge Programs
- * Puppet Shows

Youth Groups statewide, working on health/safety projects

Akiak	Dillingham	Juneau	Metlata	Port Lions	Delta Junction
Akiachak	Eagle River	Kake	Mt. Vill.	Pt. Alsworth	Manley Hot Springs
Akiak	Eielson AFB	Katag	Naknek	Red Devil	New Stuyahok
Anchorage	Emmonak	Kasigluk	Menana	Savoonga	Russian Mission
Anderson	Fairbanks	Kenai	Nikolaevsk	Selawik	Scammon Bay
Angoon	False Pass	Ketchikan	Newtok	Seldovia	Tanacross
Aniak	Galena	Kiana	Nikiski	Seward	Tatiltkek
Anvik	Gambell	King Cove	Nome	Shageluk	Teller
Auke Bay	Glennallen	Klawock	Nondalton	Sheldon Pt	Togiak
Brevig Mission	Golovin	Kodiak	Northway	Shishmaref	Tok
Barrow	Grayling	Kotlik	Nulato	Sitka	Tuntutuliak
Bethel	Gustavus	Kotzebue	Old Harbor	Sleetmute	Tununak
Big Lake	Haines	Koyuk	Palmer	Soldotna	Wasilla
Birch Creek	Healy	Kusigluk	Pedro Bay	St. Marys	Whittier
Cantwell	Hollis	Kwethluk	Petersburg	Stebbins	Wrangell
Chevak	Homer	Levelock	Pilot Station	Stony River	Yakutat
Craig	Hooper Bay	Marshall	Pitkas Pt.	Talkeetna	Hoonah

WHAT ARE YOUTH DOING ABOUT ALCOHOL/DRUG ABUSE PROBLEMS

The Governor's Student Health and Safety Conferences are designed to be forums for students to exchange ideas about successful anti-drug or wellness projects they have organized in their schools and communities. The approach for the conferences is quite different from other types of student trainings. First, they are conducted by youth for youth, from the planning and preparation, to the actual presentation of training sessions. Second, the goal is specific: students leave the conference with a firm action plan for activities they will organize for the rest of the school year.

Conferences include knowledge and skill development in these areas:

- | | |
|---------------------------------|----------------------------|
| Drug abuse education/prevention | Suicide prevention |
| Talking to a drug using friend | Smoking/chewing prevention |
| Drinking and driving prevention | Seat belt education |
| AIDS and other STD prevention | Date Rape prevention |
| "Natural High" Activities | Teen pregnancy prevention |

Follow up is provided by

1. Phone Contact - Regular contact is maintained with each group's advisor and youth representative.
2. Materials and Technical Assistance - Materials and technical assistance are made available to help with projects.
3. Youth Newsletter - Each group receives a newsletter designed to share ideas and information about projects and resources.

Additional support includes Mini Grants. Money has been made available to youth groups that want to organize a health/safety project when community resources are not enough. The group may apply by filling out an application and action plan. If the project is funded, the students are responsible for evaluating its level of success.

An outgrowth of the Governor's student conferences is the formation of student action teams or prevention groups whose purpose is to promote health through a variety of projects and activities. Over 125 youth groups have been formed statewide.

The Governor's conferences have been organized on a statewide basis since 1987 by the Alaska Council on Prevention of Alcohol and Drug Abuse. Current funding comes from the Governor's Anti- Drug Fund through grants to the Department of Education and Highway Safety Planning Agency.

House Bill No.255

For an Act entitled: "An Act Relating to a Peer Counselor Program".

Summary

HB 255 directs the Department to develop and implement an on-going program of technical assistance and support to help municipalities and school districts statewide implement adolescent peer counseling groups with the objective to be encouraging adolescents to abstain from premarital sexual intimacy.

Discussion

Peer counseling programs have been found to be effective in reaching teens who are reluctant to approach adults. Since adolescents are heavily influenced by their peers, knowledgeable adolescents can provide an important service to their peers and their community by serving as peer counselors.

The training and education of the adolescents selected to be peer counselors can benefit those individual adolescents greatly. The increased knowledge and self-esteem related to the education and attention received can significantly affect their own choices related to their sexual behavior.

Peer counseling programs have been implemented in the state, in some localities, for the purposes of suicide prevention and other adolescent health issues. It would be important for Department of Education, Department of Regional and Community Affairs and Department of Health and Social Services staff to come together before designing this program to determine if existing peer counseling programs should be expanded to include the reproductive health education being promoted by this effort. Since there is significant cost involved in training adolescents in how to reach their fellow adolescents, how to counsel appropriately etc. it would seem appropriate to utilize them for more than one purpose. Additionally, teens at risk for early sexual activity tend to be the same teens at risk for other unhealthy behaviors. A peer counselor who has earned the trust of these individuals is more likely to be able to reach them on a variety of issues versus a number of peer counselors each trained to deal with a specific problem.

Since the one common access point for reaching adolescents is the local school, it is imperative that the local school districts be involved in the development of this peer counseling program. The adolescent who has already left school is usually a high risk teen in many areas. They are especially at risk for developing high risk sexual behavior patterns, ie. early sexual intimacy, frequent

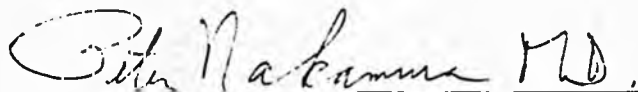
DHSS Position Paper

partners and unprotected sex. Peer counseling programs for these adolescents will need to be very individualized to utilize the programs within specific communities that provide these adolescents with other services.

It is imperative that the specific adults in the community that are trusted by the teens be involved in the peer counseling program and be trained to provide support and technical assistance to the teens, on an on-going basis. It is also important that a variety of adolescents be selected in each community to ensure access to the various subgroups within the community. A really effective program will promote overall adolescent wellness and good reproductive health. It will not focus on pregnancy prevention. Research indicates that when adolescents have good self-esteem, when they have hope for the future and when they believe they have the right to control their own bodies, they are much less likely to become sexually active at an early age.

Position

The Department supports this bill in concept, as it is consistent with the objectives of the Department. However, prior to development of such a program it would seem imperative that a survey of local school districts, municipalities and other entities, who might direct a peer counseling program at the local level, be completed to determine the perceived need, willingness to participate and resources available at the local level; implementation and local support. Coordination with existing counseling programs is essential, as is the evaluation of these efforts to determine what works and what are the problems to be anticipated. It is critical that the Department of Education be involved in the program's development and implementation and that a commitment of DOE staff time be a prerequisite to beginning the program.



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

4/30/91
Date



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

4/30/91
Date

Teen Pregnancy Report 1991

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.

TEEN PREGNANCY

Teenagers who come from lower socioeconomic backgrounds; don't go to school, have difficulties in school, are unemployed or live with only one parent begin sexual activity earlier and are less likely to use contraception than other teenagers. Alaska Natives are affected far out of proportion to their percentage of the population. While divorce and single parenting cut across ethnic and economic lines, Alaska's divorce rate is 60% higher than the national average, second only to Nevada's, and no one comes here to divorce.

Although family life and sex education alone cannot prevent teenage pregnancy, national research shows that states with a higher proportion of high school seniors who have taken sex education have white teenage pregnancy rates 5 points lower than other states. Across and within Alaska's school districts the timing and comprehensiveness of health, sex and life skills education varies widely.

Low birth weight accounts for two of every five Alaska infant deaths. Teenagers have a higher risk of bearing low birth weight babies because of their physical immaturity and because they receive significantly less adequate prenatal care compared with older women.

More than a third of Alaskans are under 18, and the state has the second highest birth rate in the country. Unless we take strong and clear actions now, teenage pregnancy in Alaska will increase and so will the social and economic problems that accompany it: school dropout, unemployment or low wage employment, infants enrolled on Aid to Families of Dependent Children with higher than national rates of anemia and fetal alcohol syndrome, child neglect, single parenting and unstable marriages. These problems cost us money. So teenage pregnancy is a major emerging threat to Alaska's economic health.

- Alaska's teenage pregnancy rate is 13% higher than the national average, the ninth highest in the country.

- The Native teenage pregnancy rate is estimated at 70% higher than the national average.

- Alaska's infant mortality rate is ninth highest in the nation.

- The children of teenagers account for 10% of births, but they account for 16% of infant deaths.

- Only 41% of non-white and 50% of white Alaska teenagers receive adequate prenatal care, resulting in low birth weight babies with a higher chance of death.

- While improvement has been made, Alaska still serves only 27% of those eligible for the federal Women and Infant Care program that provides basic nutrition, education and other services, placing us 48th lowest in the nation.

Adolescent Health Clinics:

72

Comprehensive, adolescent health clinics in or linked closely to schools have reduced teenage pregnancy rates by 30% to 50% in from 18 months to three years. These clinics also offer a major advantage: ease of access. Many teenagers do not plan well, have ready transportation or the funds to obtain health care in scattered locations. School clinics greatly reduce these barriers.

While contraceptive counseling or contraception has been a debated program of these now more than 100 clinics in the U.S., visits for non-family planning reasons account for two-thirds or more of clinic visits. Students seek general health care, including weight reduction, athletic physicals, stress reduction, cancer screening, and ear exams, not just or even mainly family planning. At a per student annual cost of about \$150, they are cost-effective.

The departments of Health and Social Services and Education should jointly fund and monitor a program of pilot comprehensive adolescent health clinics in schools. The clinics should offer a broad array of services related to general physical and mental health, family planning and substance abuse prevention.

Comprehensive, adolescent health clinics in or linked closely to schools have reduced teenage pregnancy rates by 30% to 50% in from 18 months to three years.



Child Care for Teenage Parents:

74

Teenagers who become parents simply cannot stay in school without adequate child care. Teenage pregnancy is the primary reason young women drop out of school. While research shows that a teenager who drops out also has a higher chance of then getting pregnant, a teenager who first gets pregnant and then drops out has half the chance of ever completing her diploma. The occupational, parenting, health and social effects of that failure are well-documented.

Funds need to be appropriated to support a variety of child care options for teenage parents. Teenagers who are not yet parents can also learn parenting skills and the enormous demands of young children if child development centers are housed in schools. Parenting and life skills education that teenage parents receive in school can be made more realistic in the real setting of a good center.

Child care and other supports for teenage parents should be provided to enable them to stay in school.

Teenagers who become parents simply cannot stay in school without adequate child care.

Sex Education and Family Planning Services:

75

Alaska's gonorrhea rate is seventh in the nation and our teen pregnancy rate is the ninth highest. AIDS is an emerging issue in our state as well. Despite these facts, and our best intentions, half of all teens have sexual intercourse before they leave high school. Since research shows that only one-third of sexually active teens regularly use contraception, an increase in contraceptive education as well as increased funding for family planning services for teens is essential as part of a comprehensive pregnancy prevention plan. Education can provide the skills to make choices about sexuality and a forum for discussing the health and emotional risks of early sexual involvement, as well as information about contraceptives that includes both risks and benefits in preventing teen pregnancy and sexually transmitted diseases. Preventing pregnancy among those teens who choose not to abstain is an important goal.

Education about sexuality should be more widely available to teenagers, as should family planning counseling and services to help prevent pregnancy. These programs should stress the health and emotional risks of early sexual involvement and ways to prevent pregnancy and disease if youth choose to engage in sexual activity. Education for parents to help them as sex educators of their own children should also be supported to help delay the onset of sexual activity and improve family communication.


Teenage Prenatal Care:

73

A comprehensive prenatal and infant care program is essential to ensure nutritional and medical care needs for healthy pregnancies and healthy children. In 1986, the U.S. Congress broadened states' ability to provide this care for poor women and their children and appropriated federal dollars to match state dollars. Families with incomes up to the poverty level can be included. Alaska has the ninth highest infant mortality rate in the nation, and the highest rate of postneonatal mortality. Low birth weight, which is significantly reduced by good prenatal care programs, is responsible for 40% of Alaska's infant deaths. Alaska's teenagers, just 50% of whom receive adequate prenatal care now, are more likely to have low birth weight babies. The new federal option allowed under the Sixth Omnibus Budget Reconciliation Act (SOBRA) has already been adopted by more than half the states. If adopted in Alaska, an estimated 974 additional women would receive pregnancy and postpartum coverage, and 5,000 children would have medical insurance coverage under Medicaid for their first five years of life. For every \$1 spent on women at high risk of having low birth weight babies, \$3.40 is saved in the surviving infant's first year of life alone.

Comprehensive prenatal care programs for teenagers and low income women should be created and funded through expanded Medicaid coverage options allowed under SOBRA. The programs would ensure medical care, access to community social services, adequate nutrition, and emphasize home visits to teenage parents by public health nurses or lay companions during the last three months of pregnancy through an infant's first birthday. The visitors should teach parenting skills and monitor the health of mother and infant.

A comprehensive prenatal and infant care program is essential to ensure nutritional and medical care needs for healthy pregnancies and healthy children.

214 

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND REGIONAL AFFAIRS
FY90 EDUCATION AND TRAINING GRANTS
FUNDING SUMMARY

Northern & Western Regions

1.	Aniak	Aniak DayCare Association	1,729
		3 one-day staff workshops in basic sign language, self-esteem building in children, and lesson planning; trainers' travel, per diem, and training supplies	1,729
2.	Barrow	Browerville Day Care Center	7,238
		1) Trainers to Barrow	1,724
		2) FAEYC travel	5,514
3.	Point Hope	Point Hope Day Care	2,280
		1) Travel to FAEYC Conference	1,470
		2) Per diem to Fairbanks	810

Central Coastal Region & Kenai Peninsula

4.	Cordova	Odiak Child Development Center	4,112
		1) Conference attendance: travel and per diem for 8 staff to NAEYC-SEA, travel and per diem for 1 to food service conference	2,870
		2) Instructional materials: 5 videotapes and other infant/toddler training materials	1,172
		3) 5 scanner ads	50
		4) Telephone and postage	20
5.	Kodiak	Ak. Family Child Care Society/Kodiak	608
6.	Kodiak	Small World	4,240
7.	Seward	Seward Life Action Council	1,000
		Library Materials ..	1,000
8.	Soldotna	Creative Childcare	1,000
9.	Valdez	Valdez Native Association/Day Care Assistance Program	2,171
		1) CPR/First Aid training and materials for 10 staff	215
		2) Conference travel and per diem up to the requested amount for either the Fairbanks or SE NAEYC conference	1,260
		3) CDA coordinator's salary, trainer's fee, supplies and communication for 5 site visits for 3 staff members beginning CDA training	696

South Central Region and Anchorage

10.	Anchorage	Camp Fire, Alaska Council	2,200
		1) Special needs programming: trainer's fee, printing and supplies for 50 staff members	1,100
		2) Staff program administration training: trainer's fee, printing and supplies for 40 staff members	1,100
11.	Anchorage	Camai Child Care, Inc.	259
		<u>The Creative Curriculum for Early Childhood:</u> trainer's fee, supplies and copying, and postage for center staff training in 5 workshops	259
12.	Anchorage	Denise Monkeliën (TRAINER)	990
		NAFDC Conference: travel and 6 days per diem [note per diem question mark] to San Mateo, Ca.	990
13.	Anchorage	Debra Ward (TRAINER)	933
		North American Montessori Teachers Association Conference: travel and 4 days per diem to Cleveland	933
14.	Anchorage	Midtown Day Care Center, Inc.	1,255
		3 Saturday training days for up to 40 staff per day, from licensed area centers: trainer's fee, supplies, copying and postage	1,255
15.	Anchorage	Anchorage Montessori School	\$ 300
		Computer training for administrative staff: portion of trainer's fee	300
16.	Anchorage	Child Care Connection	15,140
		1) Newsletter, <u>Building Bridges</u> : printing/layout and postage for 4 issues, and upgrading publication software	4,775
		2) Evening and onsite workshop series: coordinator's and trainer's fees, and postage for at least 22 evening workshops and 12 onsite workshops	6,485
		3) Resource library development and promotion: coordinator's and trainer's fees, toys and library equipment, poster layout and printing	3,880

17.	Anchorage	Center for Child Development, Providence Hospital	1,220
		Staff training workshops: coordinator's salary, preparation time, and materials for six preschool and six infant/toddler workshops	1,220
18.	Anchorage	Puffin Heights Montessori School	2,998
		1) Neurological development workshop: trainer's fee, travel, per diem, and material copying	1,471
		2) Science activities workshops: trainer's fee, travel, per diem, and printing for Anchorage workshop; partial travel and all printing expenses for Juneau workshop	1,527
18.	Chugiak	Childrens Services	1,205
19.	Chugiak	FOCUS	7,201
20.	Palmer	Ray's Child Care	2,265
21.	Wasilla	Hobby Horse	984
<u>Southeast Region</u>			
22.	Craig	Craig Child Care Center	3,175
		1) CPR/First Aid training instructor fee	300
		2) NAEYC-SEA travel and per diem for 5 staff for 5 days	2,475
		3) CDA training: 2 observations and advisor per diem for 2 days	400
23.	Ketchikan	Ketchikan General Hospital Child Care Center	1,990
		1) CDA trainer's fees, travel and per diem	510
		2) CDA advisor training: trainer's travel	190
		3) NAEYC-SEA travel and per diem for 3 staff	1,290
24.	Metlakatla	Metlakatla Indian Community Child Care Program	2,924
		1) NAEYC-SEA travel and per diem for 4 staff	2,064
		2) Staff relations/self-esteem workshop: trainer fee, travel, per diem	430
		3) Staff child development workshop: trainer fee, travel, per diem	430
25.	Petersburg	Petersburg Children's Center, Inc.	3,320
		1) Staff in-services by local experts: coordinator and training materials	2,120
		2) NAEYC-SEA travel for 8 staff	1,200
26.	Sitka	Betty Eliason Child Care Center	13,815
		1) Conference travel: 35 staff to NAEYC-SEA, 4 staff to home provider conference	6,189
		2) CDA trainer's fee for 8 staff	3,150
		3) Continuing education reimbursement for approximately 121 individual classes	4,476

27.	Skagway	Skagway Child Care Council, dba Little Dippers Day Care	2,970
		1) NAYEC-SEA travel and per diem for 4 staff	1,200
		2) 3 staff workshops: trainer's fees, travel, and per diem	1,770
28.	Wrangell	wrangell Day Care, Inc.	1,045
		1) CDA assessments: observer travel	352
		2) NAEYC-SEA travel and partial per diem for 3 staff	693
<u>Juneau</u>			
29.	Juneau	Catholic Community Service Child Care Food Program	7,022
		1) "Child Care Resources" newsletter	2,905
		2) Lending library books and supplies	2,075
		3) Travelling workshop series on use of play	2,042
30.	Juneau	Children's Community Center	2,532
		1) Monthly staff training by local experts	1,014
		2) CDA training for 3 staff: coordinator, trainer, and observation fees	1,518
31.	Juneau	Bonnie's Babes	2,330
		1) 2 workshops: 1 5-day infant, 1 3-day toddler	2,240
		2) Red Cross CPR/First Aid training for 9 staff	90
32.	Juneau	Juneau School District Community Schools Latchkey Program	815
		SACC/NAEYC travel for 1 staff member	815
<u>Interior</u>			
33.	Healy	Kid Stop, Inc.	1,475
		1) Health & Safety training	665
		2) Creative Expression workshop	310
		3) FAEYC conference - travel	500

Fairbanks

34. Fairbanks	Fairbanks Resource Agency	1,566
	1) Trainers Fees	280
	2) Add learning materials to Toybrary for SACC and older special needs children	1,286
35. Fairbanks	S.A.F.E. (School-Age/Family Extension)	4,902
	Training for trainers	4,902
36. Fairbanks	Fairbanks Assoc. for the Education of Young Children (FAEYC)	1,500
	Series of workshops for credit at U.A.F.	1,500
37. Fairbanks	S.A.F.E. (School-Age/Family Extension)	1,680
	1) Coordinators fee	720
	2) Trainers fee	660
	3) Training supplies/materials	300
38. Fairbanks	Play N Learn, Inc.	4,480
	1) Master Teacher Observations	1,540
	2) 13 Workshops	1,830
	3) CDA Advisor fees	1,110
39. Fairbanks	Cranberry Hill Preschool, Yellow Brick Road, Emerald City, Childcraft I & II, Child Care Centers	1,650
	CDA training for staff	1,650
40. Fairbanks	Patty Meritt	617
	NAEYC conference - Atlanta	617
41. Fairbanks	Northern Lights Educare	9,138
	1) Red Cross First Aid Classes	2,260
	2) Red Cross Infant/Child CPR	3,119
	3) Red Cross CPR	3,759

Statewide

42. Anchorage	Alaska Family Child Care Society	5,112
	Traveling workshops to 5 communities: trainer fees, travel and per diem; AFCCS Family Child Care Conference travel to Anchorage for one care giver from each of the 5 communities	5,112

43.	Anchorage	Alaska Family Child Care Society	3,750
		1) Family Child Care Conference keynote speaker travel, honorarium and per diem, up to application limit	2,000
		2) Scholarships for 50 participants	1,750
44.	Fairbanks	Fairbanks Assoc. for the Education of Young Children Reimbursement fund	52,864
45.	Fairbanks	Fairbanks Assoc. for the Education of Young Children	4,000
		1) Keynote speaker	2,000
		2) Scholarships	2,000
46.	Juneau	NAEYC-SEA: National Association for the Education of Young Children, Southeast Alaska	4,000
		1) Keynote speakers: portion of honorarium, travel and per diem for 2 speakers	2,000
		2) Participant scholarships for 50 recipients	2,000
TOTAL EDUCATION AND TRAINING GRANT FUNDS			\$200,000

0839C

RECEIVED

FY91 Resource & Referral Resource Development YTD Summary
APR 29 1991

CHILD CARE PROGRAMS	Training Topic	# Participants
Child Care Connection, Anchorage		
December	Trainer training	25
January	CPR/first aid, child development	92
February	CPR/first aid, child development, on-site	112
March	CPR/first aid, on- site training, school age, infant/ toddler	255
Total providers trained to date, CCC		484
RCPC Child Care Options, Fairbanks		
October	School age, child development	55
November	CPR/first aid	17
December	crafts, CPR/first aid	31
January	language development, CPR/first aid	19
February	CPR/first aid, child development, center administration	89
March	CPR/first aid, child development, adminis- tration, child abuse	44
Total providers trained to date, CCO		255
CCS Child Care Resources, Juneau		
February	home provider validator training	1
March	early childhood conference travel, trainer training, early childhood ed.	97
Total providers trained to date, CCR		98
Total statewide providers/employees trained, FY91 YTD		837

Note: Approximately 90 providers statewide have through March been individually reimbursed for classes, workshops, seminars, or home study in early childhood or child care topics.

Outlying Communities Served by R & R's in FY91

Metlakatla
Craig
Ketchikan
Petersburg
Wrangell
Sitka
Cordova

Aniak
Bethel
Wasilla (planned)
Kenai (planned)
Soldotna (planned)
Homer
Kotzebue
Healy
Nenana

Note: In all areas, resource materials are available by mail. Child Care Options (CCO) in Fairbanks is videotaping training sessions to distribute to rural providers who cannot attend, and are purchasing other taped training and curriculum guides as well. Interest has been expressed by interior providers in this type of self-directed training rather than conference attendance or on-site training.

REQUEST: FISCAL NOTE

Revision Date: 4/25/91 Agency Affect: Health & Social Services
 Title: Peer counselor program BRU: State Health Services
 Sponsor: Ellis, C. Davis, Ulmer Components: Maternal, Child & Family Health
 Requester: House HESS

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
Personal Services	93.8	93.8	93.8	93.8	93.8	93.8
Travel	9.0	9.0	9.0	9.0	9.0	9.0
Contractual	55	55	55.0	55.0	55.0	55.0
Supplies	1.5	1.5	1.5	1.5	1.5	1.5
Equipment	7.5					
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	166.8	159.3	159.3	159.3	159.3	159.3

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
----------------	------------	------------	------------	------------	------------	------------

REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
----------------	------------	------------	------------	------------	------------	------------

FUNDING: (Thousands of Dollars)

General Funds	166.8	159.3	159.3	159.3	159.3	159.3
Federal Funds						
Other						
TOTAL	166.8	159.3	159.3	159.3	159.3	159.3

POSITIONS

Full-Time		2	2	2	2	2
Part-Time		0				
Temporary		0				

ANALYSIS: (attach a separate page if necessary)

Please see attached analysis

Prepared By: Peter M. Nakamura, MD, MPH, Director
 Division: PUBLIC HEALTH

Phone: 465-3090
 Date: 04/30/91

Approved By Commissioner: Theodore Mala, M.D., MPH
 Agency: HEALTH & SOCIAL SERVICES

Date: 04/30/91

Distribution (by preparer):
 Legislative Finance, Legislative Sponsor, Requestor,
 Office of Management & Budget, Impacted Agency(ies)

FISCAL NOTE ANALYSIS FOR HB 255

FY 92

Personal Services: \$93.8

Permanent full time Health Program Specialist (Rg.19) and Clerk Typist III (Rg.8) for service coordination with the School Districts, Department of Education, Alaska Area Native Health Services, Regional Health Corporations, Municipalities, community agencies and the Division of Mental Health and Developmental Disabilities peer counseling project staff. (In addition, grant management of the projects funded by SB 170).

Travel: \$9.0

Travel for the Health Program Specialist II to provide on site service training for community base agencies, program development and services coordination between the involved agencies.

Contractual: \$55.0

Staff operating cost associated with communications, space rental, and printing of education material. (approximately \$15.0)

Professional contract services for peer councilor program to include specialized peer training services, councilor supervision. (approximately \$40.0)

Supplies: \$1.5

Office and computer supplies for the professional and clerical staff.

Equipment: \$7.5

Computers, printer and office furniture for the professional and clerical staff.

FY 93 FY 96

Personal Services: \$93.8

Permanent full time Health Program Specialist (Rg.19) and Clerk Typist III (Rg.8) to service coordination with the School Districts, Department of Education, Alaska Area Native Health Services, Regional Health Corporations, Municipalities, community agencies and the Division of Mental Health and Developmental Disabilities peer counseling project staff. (In addition grant management of the projects funded by SB 170).

Travel: \$9.0

Travel for the Health Program Specialist II to provide on site service training for community base agencies, program development and services coordination between the involved agencies.

Contractual: \$55.0

Staff operating cost associated with communications, space rental, and printing of education material. (approximately \$15.0)

Professional contract services for peer councilor program to include specialized peer training services, councilor supervision. (approximately \$40.0)

Supplies: \$1.5

Office and computer supplies for the professional and clerical staff.

Library

5/1/91

this is needed
today!

AMENDMENT #3 for CSHB 255 HESS

Page 1, line 7 ...school districts [and] , municipalities and non-profit corporations
incorporated under AS 10.20

Page 2, line 14 add the same language.

This amendment will allow Native Corporations and other non-profit corporations concerned with health and peer counseling to join municipalities and school districts when competing for grant money to implement peer counseling available through the fiscal note to CS HB 255.

HOUSE COMMITTEE REPORT

(7)

Date Referred: April 3, 1991

FURTHER REFERRALS:

Finance

Date of Committee Action: 5-2-91

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 255

HOUSE BILL NO. 255

PEER COUNSELING PROGRAM/TEEN HEALTH

"An Act relating to a peer counselor program."

RECOMMENDATIONS:

be replaced with _____

CS HB 255 (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 DHSS

fiscal note(s) _____

zero fiscal note _____

zero fiscal note(s) _____

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>Mark Handley</i>	<input checked="" type="checkbox"/>				
<i>Betty Davison</i>	<input checked="" type="checkbox"/>				
<i>John E. Samples</i>	<input checked="" type="checkbox"/>	(GONZALES)			
<i>Bill Jones</i>	<input checked="" type="checkbox"/>	(CARNEY)			
<i>Dean [unclear]</i>	<input checked="" type="checkbox"/>	(LINCOLN)			
<i>Mary Miller</i>	<input checked="" type="checkbox"/>				
<i>Chris Davis</i>	<input checked="" type="checkbox"/>				

[Signature]
CO-CHAIRMAN'S SIGNATURE

7-LS1148D
Lauterbach
4/30/91

CS FOR HOUSE BILL NO. 255 ()
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES ELLIS, C.Davis, Ulmer

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to a peer counselor program."

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

3 * Section 1. AS 47 is amended by adding a new chapter to read:

4 CHAPTER 18. ADOLESCENT PROGRAMS AND SERVICES.

5 Sec. 47.18.010. PEER COUNSELOR PROGRAM. (a) The department shall develop
6 and implement a continuing statewide program of technical support and assistance to encourage
7 school districts and municipalities that initiate implementation, or that are considering
8 implementation, of adolescent peer counseling groups for

9 (1) prevention of adolescent behavioral patterns that jeopardize physical and
10 mental health and that hamper social, educational, and personal development; and

11 (2) spreading information about services that are available to adolescents to help
12 them with their health needs.

13 (b) The program of technical support required under (a) of this section must include

14 (1) suggested methods for maintaining a high level of adolescent, parental, and

- 1 community support for peer counseling groups;
- 2 (2) workshops, seminars, or other training opportunities for adolescent peer
- 3 counselors and their adult leaders; this training must include sessions to
- 4 (A) develop interpersonal communications skills;
- 5 (B) teach accurate health information, emphasizing sexual development;
- 6 and
- 7 (C) provide information about services that are available in the peer
- 8 counselors' areas and how those services can be obtained for pregnancy prevention,
- 9 prenatal care, and healthy life skills;
- 10 (3) assistance in selecting appropriate resource materials for the groups;
- 11 (4) recommended mechanisms for effectively monitoring and evaluating the
- 12 activities and accomplishments of the groups; and
- 13 (5) other similar services to assist and encourage school districts and
- 14 municipalities in establishing and administering adolescent peer counseling groups.
- 15 (c) In developing the program of technical support and assistance required under (a) of
- 16 this section, the department shall review and consider the activities and accomplishments in other
- 17 states that have developed peer counseling networks. The department shall solicit contributions
- 18 of money and expertise from the private sector that may be available for this type of program.

H B

2 5 8

State of Alaska

Committees

CO-CHAIR, HOUSE JUDICIARY
VICE-CHAIR, HOUSE LABOR AND COMMERCE
HOUSE HEALTH, EDUCATION
AND SOCIAL SERVICES



P.O. BOX V
JUNEAU, ALASKA 99811
(907) 465-4712
465-4968/4986
(SESSION)
914 CLAY COURT
ANCHORAGE, ALASKA 99503
(907) 276-6844

Representative Max F. Gruenberg, Jr.
District 11
Spenard, Upper Midtown Anchorage

M E M O R A N D U M

DATE: April 15, 1991

TO: Representative Georgianna Lincoln, Co-Chair, House HESS
Committee

FROM: Representative Max F. Gruenberg, Jr. *Max*

SUBJECT: Sponsor Statement for HB 258

Thank you for scheduling a hearing on HB 258, which appropriates funds for the purchase of automatic defibrillators statewide and provides for training.

Automatic defibrillators are used to sustain cardiac arrest victims by restarting their hearts, thereby providing enough time to transport the victim to a hospital for advanced life-support treatment. Defibrillators can frequently make the difference between life and death. Installing a defibrillator on emergency vehicles increases the chances of saving the victim by at least 50%.

In the first six months after they were installed citywide, defibrillators were used twelve times by the Anchorage Fire Department. Six lives were saved; the remaining six people were basically beyond help when the emergency personnel arrived. 1990 statistics are still being compiled, but it appears that additional lives have been saved.

By consolidating the order statewide through the Southern Region Emergency Medical Services Council, Inc., we have been able to receive a substantial 20% discount from the manufacturer.

I urge you to support the proposed CSHB 258 (HESS), which adds to the list the four defibrillators still needed by the Anchorage Fire Department.

Thank you very much.

SPONSOR STATEMENT

HOUSE BILL 258 WILL PROVIDE AUTOMATED DEFIBRILLATORS (LIFEPACK 300'S) TO THE FOLLOWING LOCATIONS:

- 1. TOK EMS
- 2. KOTZEBUE EMS
- 3. KAKTOVIK
- 4. NUIQSUT
- 5. NOME
- 6. UNALAKLEET
- 7. KLAWOCK
- 8. METLAKATLA
- 9. KAKE
- 10. HOONAH
- 11. CHUGIAK EMS (2)
- 12. ANCHOR POINT EMS (1)
- 13. COPPER RIVER EMS (2)
- 14. WHITTIER EMS
- 15. CORDOVA EMS
- 16. SEWARD EMS
- 17. HOMER EMS (2)
- 18. SAND POINT EMS
- 19. BETHEL FIRE DEPARTMENT

1-19
Included in original bill

Added by Proposed CS



- 20. ANCHORAGE FIRE DEPARTMENT (LIFEPACK 200'S) (4)
 - 1. STATION 5-SPENARD & MCRAE
 - 2. STATION 3-AIRPORT HEIGHTS
 - 3. SQUAD 1-7TH & C
 - 4. BACK UP & TRAINING (HELD AT AIRPORT HEIGHTS)

THE COMMUNITIES WERE SELECTED BY A NATIONALLY ESTABLISHED PROFILE. ADVANCED LIFE SUPPORT FACILITIES, LIKE A HOSPITAL, MUST BE NO MORE THAN 20 MINUTES AWAY AND A PHYSICIAN MUST BE AVAILABLE FOR SPONSORSHIP. THE REGULAR COST FOR A LIFEPACK 300 IS \$7490. BY CONSOLIDATING THE ORDER WE WERE ABLE TO OBTAIN THEM FOR \$5992 EACH, SAVING 20%. LIFEPACK 200'S COST \$4080 EACH. FUNDS FOR TRAINING ARE INCLUDED IN HB 258.

AUTOMATIC DEFIBRILLATORS REQUESTED

<u>Community</u>	<u>Instructor Fee*</u>	<u>Travel**</u>	<u>Total</u>
Interior Region			
Tok EMS	\$ 300	\$ 300	\$ 600
Manilaq (Nana)			
Kotzebue EMS	300	500	800
No. Slope Borough			
Kaktovik	300	400	700
Nuiqsut	300	200	500
Norton Sound			
Nome	300		300
Unalakleet	300	200	500
Southeast Region			
Klawock	300	200	500
Metlakatla	300	200	500
Kake	300	200	500
Hoonah	300	200	500
Southern Region			
Chugiak EMS (2)	300		300
Anchor Point EMS (1)	300		300
Copper River EMS (2)	300	300	600
Whittier EMS	300	100	400
Cordova EMS	300	300	600
Seward EMS	300		300
Homer EMS (2)	300		300
Sand Point EMS	300	1,000	1,300
Yukon-Kuskokwim			
Bethel Fire	300	500	500
TOTALS	\$5,700	\$4,600	\$10,300

* Instructor Fee based on 12 hour classes @ \$25.00 per hour.

** Travel is estimated on the basis of whether or not a community currently has the appropriately trained level of instructor - this could change by the time we look at actually scheduling classes.

*****TRANSMITTAL*****

TO: DIANE
 DEPT: M. GRUENBERG FAX #: 465-4565
 FROM: DECKIE PHONE: 562-6449
 CO: SREMS FAX #: 563-4731

NO. OF PAGES
1

HOUSE COMMITTEE REPORT

(7)

Date Referred: April 3, 1991

FURTHER REFERRALS:

Finance

Date of Committee Action: _____

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 258

HOUSE BILL NO. 258

APPROP: DEFIBRILLATORS AND TRAINING

"An Act making an appropriation to the Department of Health and Social Services for a grant for the purchase of defibrillators and for defibrillator training; and providing for an effective date."

RECOMMENDATIONS:

be replaced with CS HB 258 (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 _____

fiscal note(s) _____

zero fiscal note _____

zero fiscal note(s) _____

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>[Signature]</i>	✓				
<i>Cheri Davis</i>	✓				
<i>Bettye Davis</i>	✓				
<i>Mark [Signature]</i>	✓				
<i>[Signature]</i>	✓				

[Signature]
CHAIRMAN'S SIGNATURE

7-LS1029D
Utermohle
4/18/91

CS FOR HOUSE BILL NO. 258 ()
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - FIRST SESSION

BY

Offered:

Referred:

Funding Information:	General Fund	\$158,820
	Other Funds	<u>-0-</u>
		\$158,820

Sponsor(s): REPRESENTATIVES GRUENBERG, Koponen, Kubina, Mackie, Baker, Bruckman, B.Davis, C.Davis, Donley, Foster, Gonzales, Grussendorf, Hudson, Ivan, MacLean, M.A.Miller, Parnell, G.Phillips, R.Phillips

A BILL

FOR AN ACT ENTITLED

1 "An Act making an appropriation to the Department of Health and Social Services for
2 a grant for the purchase of defibrillators and for defibrillator training; and providing for
3 an effective date."

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

5 * Section 1. The sum of \$158,820 is appropriated from the general fund to the Department of Health
6 and Social Services for payment as a grant under AS 37.05.316 to the Southern Region Emergency
7 Medical Services Council, Inc., for purchase of defibrillators to be distributed throughout the state and
8 for defibrillator training.

9 * Sec. 2. The appropriation made by this Act lapses June 30, 1993.

10 * Sec. 3. This Act takes effect immediately under AS 01.10.070(c).

7-LS1029D
Utermohle
4/16/91

CS FOR HOUSE BILL NO. 258 ()
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - FIRST SESSION

BY

Offered:

Referred:

Funding Information:	General Fund	\$158,820
	Other Funds	<u>-0-</u>
		\$158,820

Sponsor(s): REPRESENTATIVES GRUENBERG, Koponen, Kubina, Mackie, Baker, Bruckman, B.Davis, C.Davis, Donley, Foster, Gonzales, Grussendorf, Hudson, Ivan, MacLean, M.A.Miller, Parnell, G.Phillips, R.Phillips

A BILL

FOR AN ACT ENTITLED

1 "An Act making an appropriation to the Department of Health and Social Services for
2 a grant for the purchase of defibrillators and for defibrillator training; and providing for
3 an effective date."

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

5 * Section 1. The sum of \$158,820 is appropriated from the general fund to the Department of Health
6 and Social Services for payment as a grant under AS 37.05.316 to the Southern Region Emergency
7 Medical Services Council, Inc., for purchase of defibrillators to be distributed throughout the state and
8 for defibrillator training.

9 * Sec. 2. The appropriation made by this Act lapses June 30, 1992.

10 * Sec. 3. This Act takes effect immediately under AS 01.10.070(c).

HB
208

Alaskan Communities that Currently Have Paramedic Services, EMT-III Services, or Basic Emergency Medical Services With Defibrillation Capabilities.

Anchor Point *
Anchorage *
Anderson
Barrow
Bethel *
Big Lake
Butte
Chignik Lake
Chugiak *
Cooper Landing
Cordova *
Craig
Delta Junction
Denali Park
Dillingham
Dutch Harbor
Eagle River
Eielson AFB
Fairbanks and (Suburban Fairbanks)
Ft. Yukon
Ft. Greely
Ft. Wainwright
Girdwood
Haines
Healy
Homer *
Houston
Juneau
Kake
Kaktovik
Kenai
Ketchikan and (Suburban Ketchikan)
King Salmon
Kodiak
Meadow Lakes
Naknek
Nenana
Nikiski
Ninilchik
North Pole
Palmer
Pelican
Petersburg
Prudhoe Bay
Seldovia
Seward *
Sitka

Skagway
Soldotna
Sterling
Sutton
Talkeetna
Tok
Trapper Creek
Unalaska
Valdez
Valdez Creek
Ward Cove
Wasilla
Willow
Wrangell
Yakatat

McGrath
Galena



Alaska State Legislature
House of Representatives
 COMMITTEE ON HEALTH, EDUCATION
 AND SOCIAL SERVICES

SUBJECT OF MEETING:
 HB258 APPROP: DEFIBRILLATORS & TRAINING

DATE: April 17, 1991

PLACE: Capitol Room 106

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
MARK S. JOHNSON	EMS, DWSS	P.O. BOX 14, DWSS 99811-0616	99811-0616	463-5807	465-3027	(Y) N	HB 258
RONNI R. SULLIVAN	SOUTHERN REGION EMS COUNCIL	6130 TUTTLE PLACE ANCHORAGE, AK 99507	99507	488-2170 572-6449	562-6449	(Y) N	HB 258
KYLE WITT	PHYSIO-CONTROL	11811 WILLOWS RD NE REDMOND, WA 98073	98073	206 488-6571	800 426-8047	(Y) N	HB 258
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	

News Release

Physio-Control Corporation/11811 Willows Road Northeast/Post Office Box 97006/Redmond, WA 98073-9706 USA/Telephone: 206/867-4000

February 11, 1991

For immediate release

Contact: Kyle Witt

Toll free: 1-800-426-8000

A NEW AUTOMATIC DEFIBRILLATOR JOINS THE PHYSIO-CONTROL LIFEPAK FAMILY OF PRODUCTS

Physio-Control Corporation announces the release of the LIFEPAK® 300 automatic advisory defibrillator, the newest unit in the company's family of defibrillator/monitors.

The LIFEPAK 300 system goes several steps beyond what is on the market to provide a superior product designed for easy operation by first responders, such as emergency medical technicians (EMTs), firefighters, ambulance drivers, and police officers.

Outstanding features include a comprehensive EMT-D data review and reporting system, CODE SUMMARY™ critical event record built into the system for on-site information, voice prompts to reinforce display messages, optional manual mode, a backlit screen for easier reading, and a battery that does not need to be removed from the system in order to be charged.

(more)

**PHYSIO
CONTROL**

LIFEPAK 300

page 2

According to Kyle Witt, Physio-Control product manager for the new LIFEPAK 300 system, the device is certain to set the industry standard.

"This product goes beyond anything currently available for the prehospital market," he says. "Although it is by far our most technologically advanced product, it is easy to use."

He adds that customer response portends the popularity of the LIFEPAK 300 system. "Within days of its release, we received the largest order in company history, an order in which this device made up the bulk."

In addition, the new LIFEPAK 300 automatic advisory defibrillator was designed to work in tandem with a product manufactured by Ambu® Inc. exclusively for Physio-Control. Ambu Man VIP-D is the first voice, interactive automatic external defibrillator system to facilitate training of first responders.

Based near Seattle, Washington, Physio-Control is the recognized world leader in the manufacture, sale and service of defibrillators and other medical instruments for both the prehospital and hospital market.

Importance of Early Defibrillation

An ambulance weaves its way through noon-day traffic to a downtown office high-rise. Paramedics race to a man who has collapsed. They check his vital signs, discover that his heart has stopped contracting efficiently, and defibrillate him. The powerful electrical charge quiets his heart muscle so it can begin to beat normally, and he is placed in the ambulance. At the hospital, an emergency room team begins to stabilize him. They monitor his cardiac rhythm and admit him to the coronary care unit.

*This patient is lucky. He was discovered -- and received care -- in time.**

1,500,000 Americans suffer heart attacks every year. Over 500,000 die, the vast majority before reaching the hospital. When you're talking about cardiac arrest, every second counts. Brain damage occurs in the first four to six minutes. For best chances of success, a defibrillation shock must be applied as quickly as possible.

Emergency medical service personnel in the Seattle area report that over three fourths of their calls are cardiac-related. But the vast majority of those who will arrest do so *before emergency help arrives*. Speedy defibrillation by firefighters and other first responders is therefore of paramount importance in saving lives.

Physio-Control developed cardiac defibrillators specifically to meet this need. Their LIFEPAK® defibrillators, recognized world-wide for their quality and state-of-the-art features, allow paramedics and first-responders to defibrillate almost anywhere, reestablishing the patient's normal cardiac rhythm. Other LIFEPAK defibrillators are designed for crash cart use in a hospital setting. Increasingly popular are automatic advisory defibrillators, which monitor a patient's heart activity and signal the user when defibrillation is necessary. Using sophisticated computerized analysis, automatic advisory defibrillators extend defibrillation capabilities to fire fighters and emergency medical technicians, permitting much broader -- and faster-- service to communities before paramedics arrive.

###

Corporate Backgrounder

Physio-Control is a world leader in the manufacture, sale and service of defibrillator/monitors. It also markets and services 12 Lead electrocardiography equipment and other medical instrumentation.

The company was founded in 1955 by renowned cardiovascular surgeon, Dr. K. William Edmark, who was determined to reduce the number of sudden deaths related to cardiac surgery. His research in treating the chaotic, abnormal heart rhythm of ventricular fibrillation with a direct current (DC) electric shock led to development of the first commercial DC defibrillator. This product soon became a prototype for medical instrumentation used world-wide by hospitals and emergency medical services.

In 1965 Physio-Control developed the LIFEPAK® 33 defibrillator/monitor, a battery-powered unit which revolutionized the defibrillator marketplace forever. Giving health care providers flexibility for use in and outside a hospital setting, the product became the unquestioned standard for emergency paramedic teams nationwide. Its flexibility for use both in and outside hospital settings led to the creation of a long line of LIFEPAK defibrillator/monitors.

Since the early '80s, the company's products have broadened defibrillation capabilities to emergency technicians and first responders, helping deliver life-saving measures to patients in the field. A trained firefighter today, for example, can use an automatic advisory defibrillator to administer a live-saving shock without having to wait for a paramedic's arrival. Patient monitoring, noninvasive blood pressure and noninvasive cardiac pacing products have also been developed and refined.

In 1980 Physio-Control was purchased by pharmaceutical manufacturer Eli Lilly and Company. Physio-Control entered into an alliance in 1989 with Mortara Instrument Inc. to market 12 lead electrocardiography products to hospitals and emergency medical services.

Physio-Control has sales and service offices throughout the world. Listed in the past two editions of the book, *The 100 Best Companies to Work for in America*, the company is known for its innovative work environment. It employs about 1,000 people known as Team Members who enjoy a continuing education system, financial aid for adoption and a high-tech facility nestled in a rural setting. Many work a four-day work week. Physio-Control led the nation in offering the first supported work program for people with developmental disabilities.

###

LIFEPAK[®] 300

PHYSIO CONTROL CORPORATION

Physio-Control...
the world
leader in
prehospital
defibrillation.



PHYSIO
CONTROL



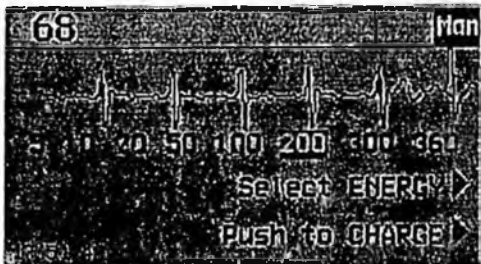
Simple operations

- Display graphics keep messages concise
- Voice prompts reinforce display messages



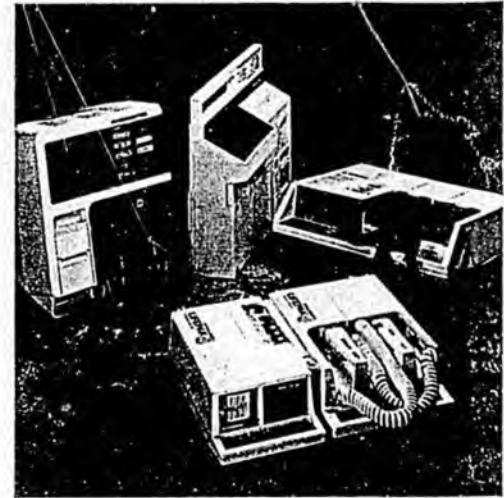
Patented motion detection system

- Excludes analysis of motion distorted ECG.
- Yields higher degree of accuracy.



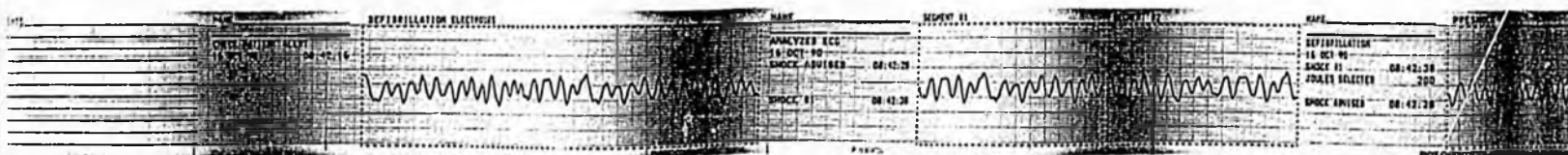
Optional manual mode

- Provides wide range of energies.
- Saves precious time when ALS personnel arrive on scene.
- Enables responder to get one complete record.



The LIFEPAK 300 defibrillator is part of a family of products

- The LIFEPAK 300 defibrillator uses the same defibrillation electrodes as other prehospital and hospital LIFEPAK defibrillators, saving time and money.

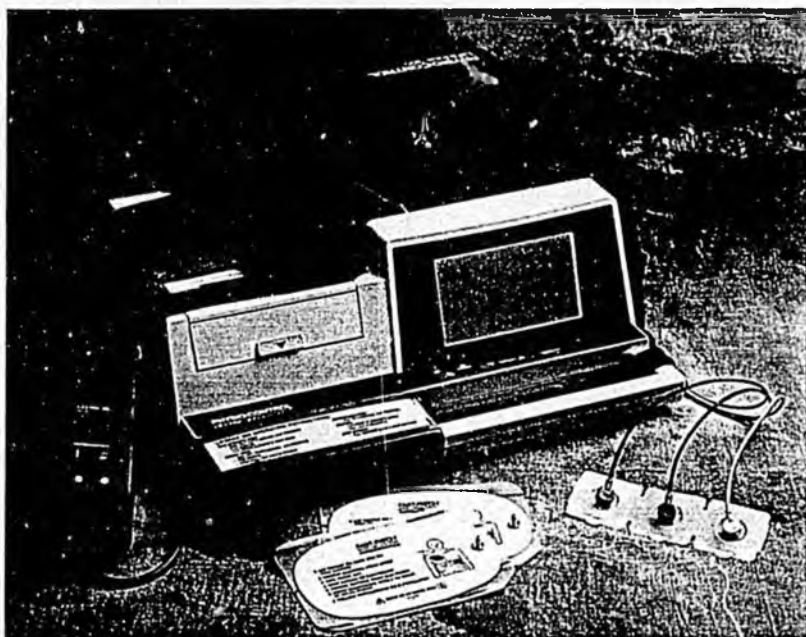


CODE SUMMARY™ critical event record

- Records selected patient ECG and device operations automatically.
- Summarizes chronological events so you don't need to sift through hours of ECG information.
- Integral to the unit - requires no separate

LIFEPAK 300

automatic advisory defibrillator



Smart battery system

- Charger adjusts charge rate according to battery temperature for extended battery life.
- Battery doesn't need to be removed from the device to be charged - one less thing to remember.

Optional ECG Monitoring Cable

- Monitors ECG using conventional ECG electrodes.
- Offers superior baseline stability over 2-lead cable with ECG electrodes.



Comprehensive EMT-D data review and reporting systems

- Incident report forms, when combined with CODE SUMMARY critical event record, save review time.
- PC and Macintosh® compatible statistical report software available for tracking and evaluating your emergency system's performance.

CODE SUMMARY	
CRITICAL EVENT RECORD	
16 OCT 90	
POWER ON	08:41:57
TOTAL ENGINE	3
CLIPPER TIME	00:24:44
CONFIGURATION	221211



TESTED TOUGH

THE LIFEPAK 300 DEFIBRILLATOR IS BUILT ON THE STRENGTHS THAT MADE US NUMBER ONE.

At Physio-Control, we believe it's critical to prove the integrity of our products for field use. Our goal is to equip you with a comprehensively tested, reliable instrument - designed for your needs.


Durable

Versatile

Simple to use

Just what you'd expect from Physio-Control. The LIFEPAK 300 automatic advisory defibrillator is no exception. Features carefully chosen and packaged into one unit make your job - the job of saving lives - easier.

To help manage your equipment, Physio-Control offers the largest field service team in the industry. Our field representatives can provide on-site periodic check-ups to help keep your equipment calibrated and functional as well as on-call repair service.



Training is critical for the success of a rapid defibrillation program. Through a partnership with Ambu, Incorporated, Physio-Control offers a unique interactive training system for users of automated

SPECIFICATIONS

DEFIBRILLATOR

ECG PRINTER

AC BATTERY CHARGER

ENVIRONMENTAL

INTEGRAL ECG/VOICE RECORDER

ECG OUTPUT SIGNAL

PHYSICAL CHARACTERISTICS

ECG MONITOR/DISPLAY

BATTERY PAK

The Chain of Survival

The "Chain of Survival" is a metaphor to articulate the essential elements of a successful rapid defibrillation program. While ultimately the EMT and the EMS organization are the vital strength of this chain, PhysioControl provides unique medical products and training aids to make your job — the job of saving lives — easier.



Early Access

Early CPR

Early Defibrillation

Early ACLS

PHYSIO
CONTROL

**PHYSIO
CONTROL**

Corporate Headquarters
11811 Willows Road Northeast
Post Office Box 97006
Redmond, WA 98073-9706 USA
Telephone: 206/867-4000
Telex: 990211 D PHYSIO RDMD
Telefax: 206/883-2988

Kyle D. Witt
EMS Market Manager
Telephone: 206/867-4774