

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672

7409 SENATE HEALTH EDUCATION & SOCIAL SERVICES

Responses to Major Arguments Opposing Therapeutics in Optometry

A R G U M E N T	O P P O S I N G A R G U M E N T	R E S P O N S E T O		
		H O N E S T F E E L I N G	P R O F E S S I O N A L E G O	E C O N O M I C I N T E R E S T
N E E D	Added access is unnecessary in eye care	Increased access will reduce - delayed care - excess travel		Increased access will produce increased - patient choice - competition - cost controls
	Better quality care is not needed in primary eye care	MDs and ophthalmologist provide satisfactory primary eye care but ODs are specially prepared for primary eye care	General MDs are inadequately trained and ophthalmologists (surgeons) are over trained for primary eye care	Surgeons should not provide primary eye care because - rate of surgery increases - more expense
	Costs are under control in eye care	Fees in eye care and surgical rates are escalating uncontrollably	Surgeons demand higher fees for non-surgical skills than ODs	Increased access and competition effectively controls cost escalation
E D U C A T I O N	ODs lack basic biomedical background	Prerequisite undergrad. require and biomedical courses in optometry school same as medicine/dentistry	Biomedical courses taught by same MDs/PhDs that teach medical students	
	OD pharmacology education inadequate	OD pharmacology education equals or exceed medical/dental schools	Basic content similar with emphasis on ocular pharmacology	
	ODs have no systemic disease education	Extensive courses in systemic pathology, clinical medicine and emergency medicine	ODs systemic education concentrates on systemic diagnosis and eye relationships	Treatment of systemic disease not taught in optometry school
	ODs have insufficient eye disease training	ODs have more eye disease curriculum than any other health professional	Ophthalmologists have more advanced medical/surgical curriculum	Surgical knowledge not critical or appropriately reimbursable by primary care patients
	ODs have insufficient clinical training (live patient) experiences	ODs have more eye care experiences in training than any health professional other than surgeons	Ophthalmologists see double the patients ODs see with more than half being non primary, surgical care	ODs see as much primary care in training as ophthalmologists
	ODs can't deal with medical emergencies	OD training in emergency medical care equals or exceeds other health prof. using therapeutics (i.e. dentists, podiatrists)	Ophthalmologists rely (as would ODs) on emergency physicians, ambulance, etc. in rare cases of drug reaction	

EDUCATION	ED	Only medical education is adequate for use of therapeutics	Other health professions (dentistry, podiatry, osteop.) have dramatically expanded programs over past 10-20 yrs.	Medicine has no mystical, genetic or professional exclusive rights to therapeutic education	The medical license (as any health professional license) is to protect the public not the prof.
	EDUCATION	Older ODs can't come up to grade in therapeutics	"If we can see further, it's by standing on the shoulders of giants." (Sir I. Newton)	Older practitioner in all professions (including optometry) support growth in spirit if not participation	Whoever chooses to use therapeutics must qualify. Many older ODs in therapeutic states are the first.
	EDUCATION	ODs should "educate before they legislate"	Optometry does appropriately educate for any legislation they request. History has proven such for 70 years of safe, effective growth.	The classic "Catch 22!" ophthalmology won't help us educate as they feel necessary. Thus optometry would never grow.	Optometry has subverted the "Catch 22" by using progressive medical professionals and optnl. for many years of training (i.e. hospitals, clinics, multidisciplinary education and practices, etc.)
SAFETY	SAFETY	Delayed referrals will produce increased risks	For years ODs have been required by law to recognize, diagnose and refer appropriately	No change in statutory requirements for proper referral means traditional appropriate OD referral patterns will continue	The primary therapeutic care that ODs can effectively manage need not be referred at added expense to patients.
	SAFETY	Optometric malpractice will increase	The traditionally low optometric malpractice exper. has not increased in existing therapeutic states	Unsubstantiated reports to state board or ophthalmologic "witch hunts" for optometric malpractice are unfair but growing	To paraphrase; "Let that health practitioner without misfortune or misdeed cast the first stone. Comparatively (ODs to ophthalmologists) the issue should cease.
	SAFETY	Patients will be more confused about different kinds of eye practitioners	No doubt some confusion will persist. But a single primary care (family) eye doctor would help create a single resource for first/primary care.	Ophthalmologists should be understood by public as medical/surgical specialists in eye care not as "everything to everybody"	Too many eye surgeons and not enough eye surgery does not help patients understand the value of primary preventive eye care.
	SAFETY	The risk/benefit ratio of therapeutics in optometry is not worth the changes	The factual results of the risk to benefit ratio in every state or health delivery system using therapeutics in optometry has disproven virtually all hypothetical opposing arguments		<ul style="list-style-type: none"> - Added access - Better care - Cost control - Appropriate OD education - Patient safety and satisfaction - Competition - Factual results have proven most beneficial to the public

EDITORIAL

LYMAN C. NORDEN, O.D., EDITOR

“Why don't they go to medical school?”

In legislative hearings around the country we often hear the following rhetorical question posed by ophthalmology: “If the optometrists want to practice medicine, why don't they go to medical school?” Obviously, they're not looking for an answer; they're simply trying to win an argument on the basis of a well-accepted fact. Most optometrists don't go to medical school.

There's no need for optometrists to go to medical school. If such a need existed, optometry would have died off long ago. On the contrary, optometry has grown, remarkably. In a relatively short period of time, optometry has established itself as the most cost-effective provider of primary eye care in the health care market place. This is why the military services use far more optometrists than ophthalmologists. This is why HMOs hire far more optometrists than ophthalmologists. Such organizations know the needs of their patients and the limits of their budgets. They know that what they need is optometrists, not optometrists with medical degrees.

This cost-saving principle applies equally to the private practice sector of health care. Someone has to pay for the additional tuition and loss of income incurred in medical training. In our system that someone is the patient and the taxpayer. Most of us fill both roles.

Can our society really afford more medical doctors? An editorial in the *American Journal of Ophthalmology* recently described an actual surplus of medical doctors in some European countries, and predicted a similar surplus (including ophthalmologists) in the United States by the year 2001.¹ There is no reason to expect enough additional need for eye surgery in the future to support all of the ophthalmologists now, and soon to be, in training. The American Academy of Ophthalmology has decided to meet this coming challenge by promoting an organized drive into primary

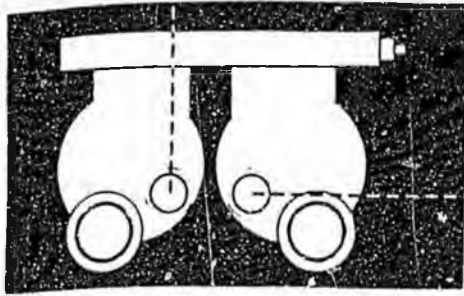
vision care. In its publication, “Comprehensive Ophthalmology: Moving Toward the Future” the American Academy of Ophthalmology cites “. . . a competitive disadvantage for ophthalmology within the primary eye care market. . .” and a need to start “. . . garnering a larger share of the primary eye care market.” This is then taken as justification for trying to establish the ophthalmologist as “. . . the only professional qualified to provide all types of eye care, medical, surgical, and optical.”

In fact, ophthalmology is already well on its way in this evolutionary process. The U.S. Department of Health and Human Services tells us that the second most common ophthalmology office visit is for refractive and accommodative disorders.² So, if we're going to waste people's time with rhetorical questions, let's try this one: “If the ophthalmologists want to practice optometry, why don't they go to optometry school?” They certainly don't learn optometry in medical school, and they learn precious little of it in residency training.

Of course this response won't stop ophthalmology from asking its question, “Why don't the optometrists go to medical school?” But is there a logical answer? Is there an answer that could have meaning to our legislators and their constituents? I think there is, and I can say it in two words: “fiscal responsibility.”

REFERENCES

- 1 Hibbs JS. Editorial: Contracting with managed health care plans in the present health care environment. *Am J Ophthalmol* 1987;103(3):321-7.
- 2 Opening Symposium presentation, 1988 Annual Meeting of the American Academy of Ophthalmology. Office of Planning. American Academy of Ophthalmology, October, 1988.
- 3 Koch H. Practice patterns of the office-based ophthalmologist. National ambulatory medical care survey, 1985. Advance Data from Vital and Health Statistics of the National Center for Health Statistics No. 162(Rev) Jan 31, 1989. US Department of Health and Human Services.



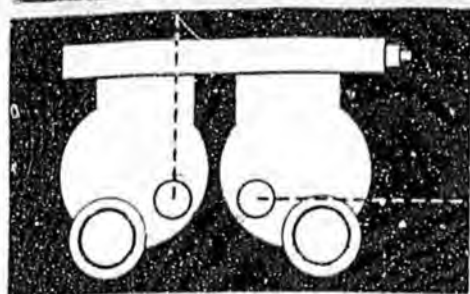
PROS AND CONS

“OPTOMETRISTS DO NOT HAVE EDUCATION OR CLINICAL EXPERIENCE IN DIAGNOSING EYE DISEASE.”

The professional training of the optometry student is similar to that of the medical, dental and podiatric student. The optometric curriculum includes training in human anatomy, neuroanatomy, ocular anatomy, human physiology, biochemistry, microbiology, pharmacology — both general and ocular — general and ocular pathology, diagnosis and treatment of ocular disease, ocular motility, physiological and geometric optics, with internship/externship programs.

The proposed legislation will require optometrists to be certified by the Michigan Board of Optometry as educationally qualified to use and prescribe medications for therapeutic purposes.

It is important to note that in Michigan, other health-care professionals, such as dentists and podiatrists, have fewer hours of professional training in pharmacology, yet have an unrestricted use of therapeutic medication to care for their patients.



PROS AND CONS

"DISEASE TREATMENT TIME WILL BE DELAYED."

In fact, the truth is exactly the opposite. By having to refer a patient to a second health-care professional, an optometrist is forced to delay the needed treatment.

Presently, in Michigan, optometrists are required to refer patients who may be suffering from common, localized eye diseases to another health-care professional. For the majority of patients, this means that their eye doctor, the optometrist, must stop providing care (which prolongs the patient's discomfort and may worsen the eye condition) and refer that patient to another health-care professional for treatment.

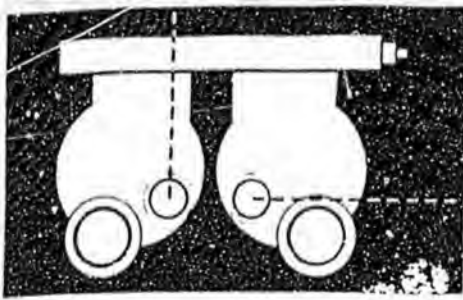
This legislation will authorize doctors of optometry to fully utilize their diagnostic and therapeutic skills to minimize the number of their patients who must be referred for costly specialty care when a common eye ailment is diagnosed.

"ALLOWING OPTOMETRISTS TO TREAT EYE DISEASE WILL INCREASE THE COST OF EYE CARE."

This statement is totally unsubstantiated. All evidence suggests that allowing optometrists to treat patients with drugs will save Michigan citizens money.

Allowing doctors of optometry to treat the conditions they now diagnose will save the public money because:

- 1) Optometrists' fees are generally lower than those charged by physicians and hospitals for the same procedure;
- 2) the cost of a visit to a second doctor or hospital will be eliminated;
- 3) extra travel time will be eliminated; and
- 4) extra time away from work will be eliminated.



PROS AND CONS

“NEW OPTOMETRISTS MAY BE WELL TRAINED, BUT MANY OF THOSE IN PRACTICE IN MICHIGAN GRADUATED FROM FAR LESS SOPHISTICATED PROGRAMS WITH VIRTUALLY NO EDUCATION IN TPAs.”

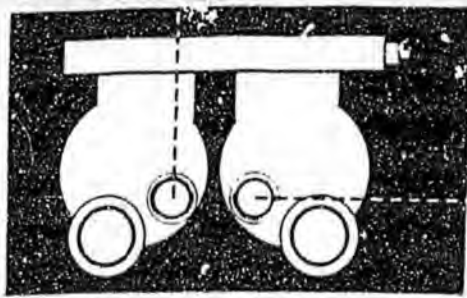
The proposed legislation includes comprehensive safeguards to assure competency:

- Currently licensed doctors of optometry would not be able to use or prescribe TPAs unless they successfully complete a postgraduate course approved by the Michigan Board of Optometric Examiners. **There is no “grandfathering.”**
- Continuing education required for license renewal must include courses in treatment of ocular disease.
- Any health-care professional who uses or prescribes medication without proper certification is subject to disciplinary procedures, including license revocation and possible criminal penalties.

“IS THERE A DIFFERENCE BETWEEN A PRIMARY EYE-CARE EXAMINATION GIVEN BY AN OPTOMETRIST OR AN OPHTHALMOLOGIST?”

Yes, the optometrist generally provides a more thorough primary-care eye examination than the ophthalmologist. This is because the optometrist is more extensively educated and trained in providing primary care and is, therefore, better able to recognize when additional tests are needed.

Although both professionals utilize a basic group of tests to evaluate vision and eye health and both use identical service codes when filing Medicare and Medicaid claims, optometrists routinely provide more tests in their primary-care eye examination than do ophthalmologists. For example, the *Audits and Surveys* report found that 38 percent of optometrists include a visual field test (one test used in diagnosing eye disease) in their routine primary-care eye examination, while only 7 percent of ophthalmologists do.



PROS AND CONS

“OPTOMETRISTS ARE TRYING TO PRACTICE MEDICINE.”

Some argue that drugs should be administered only by graduates of medical schools. This argument overlooks the fact that drugs are already administered in Michigan by dentists, podiatrists and, in some instances, nurses. None of these health practitioners have attended medical schools. Instead, they have attended their own professional schools where they received pharmacological training as part of the curriculum. It should also be pointed out that optometrists have far more education and knowledge about the eye and more sophisticated equipment than the average non-ophthalmologist physician, who is permitted to use pharmaceutical agents in both the diagnosis and treatment of eye diseases.

“THERE ARE ENOUGH OPHTHALMOLOGISTS TO SERVE MICHIGAN.”

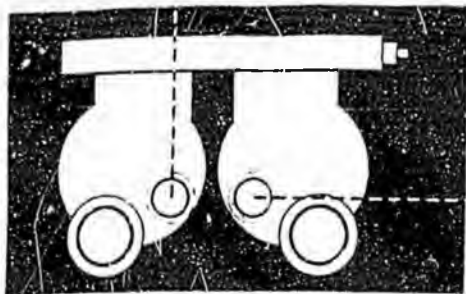
Ophthalmologists have full-time practices in less than half of Michigan's counties (41), whereas doctors of optometry have full-time practices in 73 counties. Rural Michigan residents should not be required to wait weeks or months for an appointment with an ophthalmologist. Even in urban areas, scheduling appointments with a second practitioner causes delays in treatment and additional costs.

“THERAPEUTIC PHARMACEUTICAL AGENTS CAN HAVE SYSTEMIC EFFECTS ON OTHER PARTS OF THE BODY.”

This is a true statement: and optometrists, along with physicians, dentists, podiatrists and pharmacists, are aware of these effects and will prescribe in a responsible manner. Information on systemic effects is taught to all health-care professionals, not just to physicians.

“MALPRACTICE INSURANCE RATES WILL GO UP.”

This statement ignores the facts. In the 25 states that have authorized TPA use, there has been no trend which indicates an increase in malpractice rates related to this issue.



PROS AND CONS

ECONOMICS: Optometrists' fees are generally lower than those of physicians and hospitals for the same procedures. It is cost-effective to allow optometrists to practice at their highest level of competence. Patient cost-savings of 35% and more have resulted when optometrists are allowed to use and prescribe therapeutic pharmaceutical agents (TPAs).

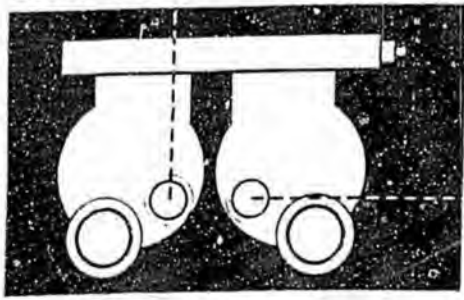
Allowing optometrists to treat the conditions they now diagnose will save the public money by eliminating the cost of a visit to another doctor and the cost of a duplicate vision examination. Extra travel time and time away from work will also be reduced.

In June 1989, *Audits and Surveys*, a New York City research firm, released a report called "The Cost and Availability of Routine Eye Care: A Comparison of Optometrists and Ophthalmologists." The report compares costs and availability of eye care in general and under the Medicare program. It presents overwhelming evidence supporting the cost-effectiveness of optometric care. The report finds that ophthalmologists' fees for routine eye examinations are an average of \$20 higher than those of optometrists.

EQUITY: Current optometric training provides the doctor of optometry with the skills and expertise to include the use of medications to treat common eye diseases.

Michigan students get the same training in optometric college as students from states allowing optometrists to treat eye diseases, but they are not permitted to use their knowledge in Michigan.

It has been conclusively demonstrated in other states that the use of pharmaceutical drugs by qualified optometrists to treat common eye diseases is safe and cost-effective.



PROS AND CONS

ACCESSIBILITY: By allowing doctors of optometry to prescribe medications for common eye diseases, access to this care for all the residents of Michigan is increased.

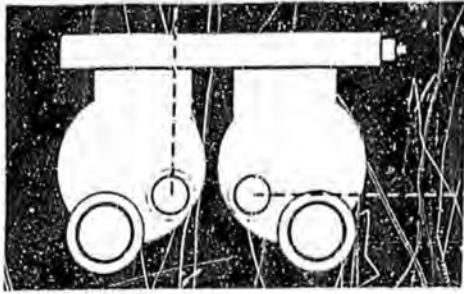
The optometrists of Michigan are well distributed geographically throughout the state, have office hours that include evenings and Saturdays, are more readily available and charge more reasonable fees.

In many Michigan communities, the doctor of optometry is the only health professional who is specifically trained and licensed to detect and diagnose eye disease and monitor a program of treatment.

A 1989 study shows that there were no practicing ophthalmologists in over half of Michigan's counties, yet there was at least one optometrist in 73 of the 83 counties.

QUALITY: All Michigan optometrists, after graduating from an accredited school or college of optometry, must further demonstrate competency by successfully passing both national and/or state boards of examination prior to being licensed to practice.

A recent study comparing the number of hours of pharmacology at colleges of optometry, medicine and dentistry indicated that optometrists receive an equivalent or greater number of hours of pharmacology. Both dentistry and medicine are presently permitted to use and prescribe therapeutic pharmaceutical agents. The study shows optometry has **significantly more ocular pharmacology** than medical schools provide.



Michigan optometrists should be allowed to provide the full benefit of their training and experience as eye-care professionals.

"It is not necessary to refer every patient with an eye disease to an ophthalmologist for treatment. In general, sties; bacterial conjunctivitis; superficial trauma to the lids, cornea, and conjunctiva; and superficial foreign bodies can be treated just as effectively by the internist or general physician as by an ophthalmologist."

Daniel Vaughn, M.D.
Taylor Ashbury, M.D.
General Ophthalmology
7th edition, page 317

"Optometrists are more capable of diagnosing eye disease than general practitioners . . . Optometrists are more adequately educated in the basics of pharmacology and the rational use of drugs as professionals."

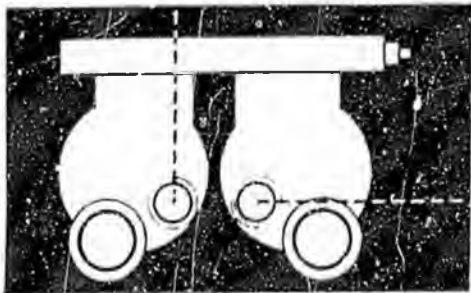
Joseph C. Toland, M.D.
Professor of Ophthalmology
Jefferson Medical College
Philadelphia, PA

"Our concern is that *optometrists have more training in diseases of the eye than general physicians*, and it is hard to defeat politically a request by the former group to diagnose and prescribe ophthalmic drugs."

Thomas A. Bruce, M.D.
Dean, College of Medicine
University of Arkansas

"You don't need ten years of training, four years of medical school and six years of residency to deal with common visual problems . . . The fact of the matter is the learning of the skills necessary to do routine eye care can be done terribly easy within the 4 - 5 years curriculum and is done remarkably well by the optometrist."

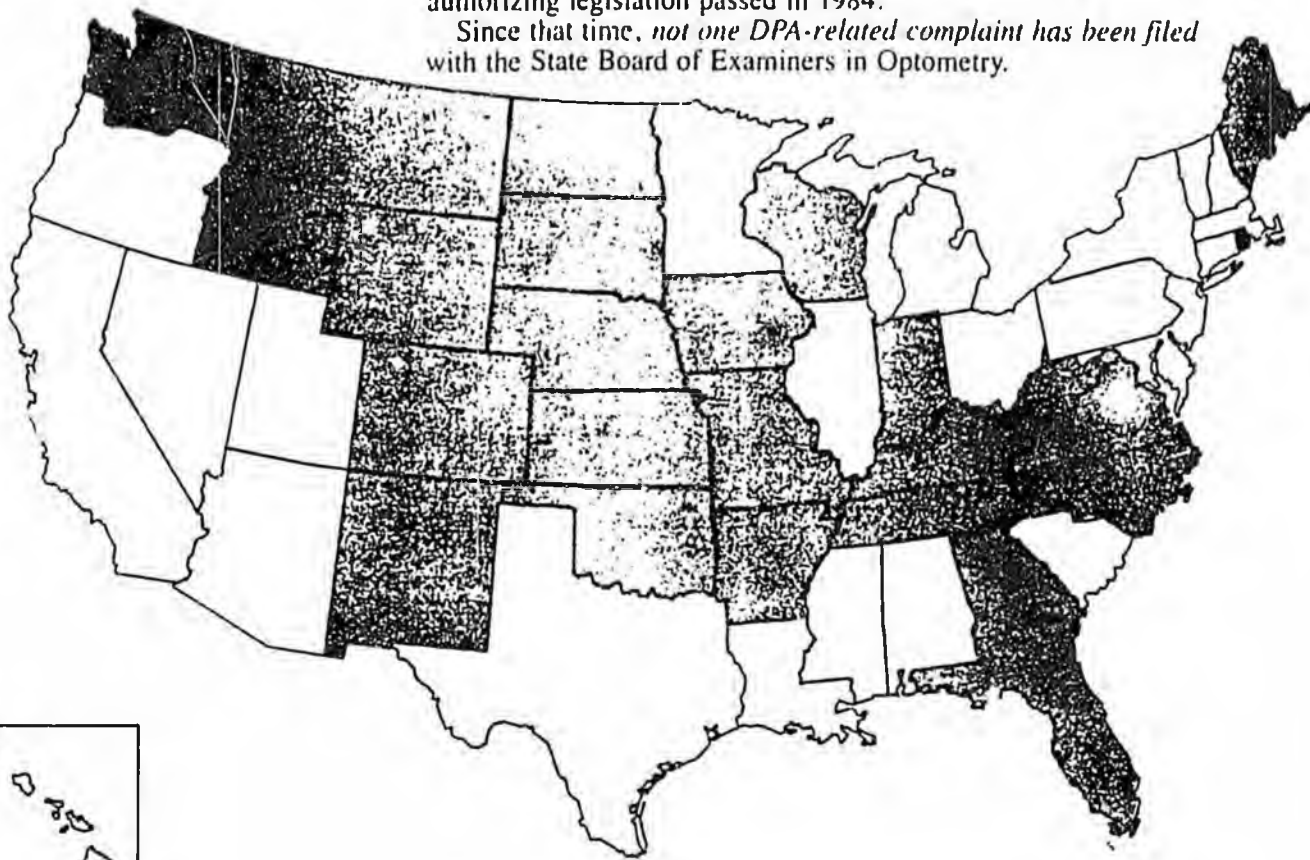
Harold Gardner, M.D.
Former Director
University Health Center
Wayne State University



PAST EXPERIENCE

Nationally, optometrists have used diagnostic pharmaceutical agents (DPAs) in their practices in complete safety since 1971. In Michigan, optometrists have safely used drugs for diagnostic purposes since authorizing legislation passed in 1984.

Since that time, *not one DPA-related complaint has been filed* with the State Board of Examiners in Optometry.



- States that authorize optometrists to use both DPAs and TPAs.
- States that authorize optometrists to use only DPAs.

The safety of optometrists using drugs for treatment of eye disease is well documented in the 25 states where such usage is already legal. These states are Arkansas, Colorado, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Missouri, Montana, Nebraska, New Mexico, North Carolina, North Dakota, Oklahoma, Rhode Island, South Dakota, Tennessee, Virginia, West Virginia, Washington, Wisconsin and Wyoming.

Many of the doctors of optometry in those 25 states have received their training in therapeutic use of pharmaceuticals at Ferris State University in Big Rapids. That is the same school where a large number of Michigan optometrists received their doctor of optometry degrees.

Michigan optometrists practicing in military facilities and within the Veterans' Administration routinely use and prescribe eye medications.

In all instances of optometric drug use, doctors of optometry have established an exemplary record of *safety* and *effectiveness*. Firm evidence of that record is that neither malpractice claims nor insurance rates have increased as a result of optometric use of drugs.

In West Virginia and North Carolina, the states with the longest experience of treatment with medication by doctors of optometry, observers report earlier, quality treatment for patients, better working relationships between physicians and optometrists, and substantial cost savings to the public.

YOU WILL HEAR

You have heard or will hear a number of reasons why the use of therapeutic drugs by optometrists is dangerous. Let me consider some of these.

You will hear that optometrists are not properly trained to use pharmaceuticals for therapy. This is simply not true. The course of study in this area is the same as that of medicine and more extensive than that of dentistry. Not only are the hours of pharmacology the same for medicine and optometry, but it should be noted that the medical student must study all the organs equally, whereas, the optometry student can specialize in the eye once general pharmacology is completed. The drug interactions and systemic effects of the drugs administered for ocular conditions are studied in great detail. Students see numerous patients with pathology which requires pharmaceutical therapy. These students are supervised by ophthalmologists. So when other ophthalmologists say our students do not receive appropriate clinical instruction they are providing misinformation; by reacting emotionally and irrationally.

You will hear that a profession which is non-medical not be allowed to use drugs. Yet dentistry and podiatry are non-medical and use therapeutic drugs, and surgery in the course of their professional practice and no harm has come to the public. The real issue here is whether or not optometrists are well trained healthcare professionals.

You will hear that these therapeutic pharmaceutical agents can have systemic effects, effects on other parts of the body, and that there can be interactions with other drugs a patient may be taking. These are true statements and optometrists along with physicians, dentists, podiatrists and pharmacists study these areas and reasonably incorporate it into their practice. The information necessary for responsible use of these agents is in the public domain and accessible to all health professionals, not just to physicians. It was the result of scientific investigations and is not exclusively "medical".

You will hear that there will be public safety problems if optometrists are allowed to use these agents. Very unlikely situations and cases will be put forth, coupled with the assumption of absolutely no professional judgement on the part of the optometrists. These "straw men" prove nothing. Yet, two states, West Virginia and North Carolina, have had this law for over 10 years and there have been no substantiated problems as a result. The reason I use the word substantiated is that there have been claims of problems but none that have been corroborated, and some have found to be fraudulent. 24 states have this law and the safety of the public is just fine. Better access, better quality care and cost containment have been the result.

In conclusion, optometry schools are educating and training optometry students well in the areas of diagnosis of eye pathology and in the responsible use of pharmacological agents. These students will graduate with the appropriate professional judgement to provide high quality eye care to their patients.

Contributed by Thomas F. Dorrity, Jr., O.D.

Summer, 1989

MINN.

OPTOMETRIC THERAPEUTIC DRUG LEGISLATION

COMMON QUESTIONS AND ANSWERS

WHAT IS THE PURPOSE OF THIS LEGISLATION ?

This legislation would give qualified optometrists the right to prescribe topical medication and four specific types of oral medication to treat common eye health problems of the front part of the eye.

WOULD ALL OPTOMETRISTS AUTOMATICALLY BE ALLOWED TO USE THESE DRUGS?

Only those optometrists that have demonstrated adequate education and have shown competency by passing national board exams in treatment and management of ocular disease would be allowed these privileges.

HOW WILL THE OLDER OPTOMETRIST BE HANDLED AFTER PASSAGE OF THIS LEGISLATION?

Again, only those optometrist completing all mandated requirements for certification will be allowed to use drugs to treat eye disease. No one, however, will be forced to become certified. If an older optometrist does not wish to become certified to use therapeutic drugs, he/she will simply continue to practice in the way that current law allows them. There will be no grandfathering!

WHAT IS THE RATIONALE FOR ALLOWING OPTOMETRISTS TO TREAT EYE DISEASE?

Optometrists have been responsible for accurately diagnosing eye disease for years. Since the most difficult part of treating an eye disease is accurately diagnosing the condition, treatment by optometrists is a logical extension of their scope of practice.

WHAT IS THE EDUCATION OF AN OPTOMETRIST TODAY?

The average student entering optometry school today has a bachelor of science degree and the same required courses as a student entering medical or dental school. The actual optometry program is an additional four years of intensive training specifically on the eye. General and ocular pharmacology are stressed along with in depth training in differential diagnosis of eye disease and treatment and management of those diseases. At least two years of this training are spent examining patients in a variety of clinic and hospital settings.

WHAT ARE THE BENEFITS TO THE CITIZENS OF MINNESOTA ?

By allowing optometrists this expanded scope of practice, citizens of the state will be given:

1. Better access to eye care
2. More efficient delivery of eye care

3. Cost containment in eye care expenses

HOW MANY OTHER STATES OFFER OPTOMETRISTS THESE THERAPEUTIC DRUG PRIVILEGES?

At this time, 23 states have passed legislation allowing optometrists the use of therapeutic drugs. Some states have had these laws in effect for thirteen years. Minnesota is one of the last states in the Midwest to enact this expansion of optometric practice.

WHAT HAS THE EXPERIENCE BEEN IN STATES WHERE OPTOMETRISTS PRESCRIBE THERAPEUTIC DRUGS?

After many years and millions of patient encounters the optometric use of therapeutic drugs has had an overwhelming positive history. The patients in these states are enjoying the increased access and more efficient delivery of primary eyecare while at the same time reducing expenses. No adverse affects have been experienced.

WHAT ADVERSE EFFECTS COULD HAPPEN WITH THE USE OF THESE THERAPEUTIC DRUGS AND HOW WILL THE OPTOMETRIST DEAL WITH THEM?

The therapeutic drugs we are speaking of have a very, very low incidence of adverse effects. The most common reactions being nothing more than a simple rash. The diagnostic drugs that optometrists were given the privilege to use in 1982 actually have a higher potential for adverse effects and in the 7 years they have been used, no significant adverse reactions have been reported. In the rare event, however, that there would be a serious adverse response to a drug, the optometrist is trained in emergency medical procedures such as CPR and would get the patient to an emergency medical facility just as any other health care provider would do in a similar situation.

WHAT WILL HAPPEN TO MALPRACTICE RATES FOR OPTOMETRISTS WHEN THEY START PRESCRIBING MEDICATION?

Optometry has enjoyed such a good malpractice history that it has seen only a 20% increase in malpractice rates over the past five years while the medical profession has seen an increase of 500% during that same period. In fact, this year optometric malpractice rates in all states, including those where optometrists prescribe therapeutic drugs, are actually decreasing by almost 40%.

HOW ARE OPTOMETRISTS AND OPHTHALMOLOGISTS DISTRIBUTED GEOGRAPHICALLY IN MINNESOTA?

Optometrists are well distributed throughout Minnesota with offices in 99% of all counties while ophthalmologists are primarily located in the metropolitan areas and have full time offices in only 25% of the counties.

In fact outside the Twin cities and Rochester there are only 55 ophthalmologists in 28 towns to serve over 2,000,000 residents. In that same outstate area there are 292 optometrists in 118 communities.

WHY MUST OPTOMETRISTS GO TO THE LEGISLATURE IN ORDER TO GIVE PATIENTS FULL BENEFIT OF THEIR TRAINING?

Unfortunately optometry has no choice. Medicine has a practice act that allows them the ability to treat patients to the full extent that their training prepares them. As their training advances their patient's care advances. Optometry's practice act, however, requires a legislative change in our practice act every time we want to pass improved education and technology to our patients. Stop and think about how many coronary by-passes would have been done today if MDs were required to legislate first.

WHO OPPOSES THIS LEGISLATION ?

Organized ophthalmology formally opposes this legislation in Minnesota. In our neighbor state to the south, however, the Iowa academy of ophthalmology actually endorsed the same optometric legislation in 1984.

WHAT DOES THE OPPOSITION SAY?

The Minnesota academy of ophthalmology claims that optometrists are inadequately trained to treat eye disease with medication. They further believe that harm will come to residents of Minnesota if optometrists are allowed this therapeutic privilege.

WHO SHOULD YOU BELIEVE?

The dispute between ophthalmology and optometry is not new....

In the 1960's ophthalmology opposed optometric testing for glaucoma. They claimed optometry was inadequately trained and that harm would come to the citizens of Minnesota if optometry was allowed this privilege. Optometry won the fight and has prudently and safely tested for glaucoma to the benefit of Minnesota citizens since. Ophthalmology's claims proved unjustified

In the 1970's ophthalmology opposed optometric use of drugs for diagnostic purposes. They claimed optometry was inadequately trained and that harm or even death would occur to the citizens of Minnesota if optometry was allowed this privilege. Optometry again won the fight and has prudently and safely utilized diagnostic drugs to the benefit of Minnesota citizens since.

In the 1980's ophthalmology is opposing optometric use of drugs for therapeutic purposes. They are using the very same arguments they have used unsuccessfully for years. Their claims have proved false in every preceding case. Who do you think you should believe this time?



AMERICAN PUBLIC HEALTH ASSOCIATION

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MYRON ALLUKIAN, JR. D.D.S., MPH, President

Honorable Edward L. Burke
Honorable John C. McNeil
Chairmen, Joint Committee on Health Care
State House
Boston, MA. 02133

October 3, 1990

Dear Senator Burke and Representative McNeil:

Today, the American Public Health Association (APHA), which represents a combined national and affiliate membership of over 52,000 public health professionals and community health leaders, passed a resolution entitled "Access to Treatment for Eye Care." (See attached.)

This resolution acknowledges that the expansion of clinical privileges of optometrists has increased the availability, accessibility, and cost-effectiveness of eye care to the American public. The resolution recommends that legislators update state optometric practice acts to allow duly qualified and licensed optometrists to expand their scope of practice to include the use of therapeutic pharmaceutical agents in the treatment of certain eye conditions.

Currently, 25 states allow optometrists to use therapeutic drugs for the benefit of their patients. In the Commonwealth of Massachusetts, Senate Bill 612, An Act Relative to Cost-Effectiveness and Accessibility of Certain Human Services, addresses the public health principles endorsed in the APHA resolution, and would result in better access to comprehensive eye care for the citizens of Massachusetts.

I strongly urge you to give favorable consideration to Senate Bill 612. If I can be of any further assistance, please let me know.

Sincerely,

Myron Allukian, Jr., D.D.S., M.P.H.
President

My work address is:

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ACCESS TO TREATMENT FOR EYE CARE BY OPTOMETRISTS

The American Public Health Association,

Noting that more than one-third of all Americans have a disease or physiologic abnormality in one or both eyes;¹ and

Recognizing that only about one-half of the total population in the United States needing treatment for eye disease is receiving it;^{1,2} and

Noting that eye disease and blindness cost the nation an estimated sixteen billion dollars a year,³ and

Realizing that eye health problems and vision care demands will increase significantly in the future as the U.S. population ages;⁴ and

Observing that optometric services are available in approximately 6,400 communities in the United States and that doctors of optometry are the only primary eye care providers in nearly 4,000 communities, and that nationwide optometrists outnumber ophthalmologists nearly two to one;^{5,6} and

Noting that 60 percent of primary diagnostic eye examinations in the United States⁷ are provided by the 25,000 active optometrists;⁸ and

Realizing that many people who need medical eye care are already being treated by optometrists in many states;⁹ and

Noting that optometric reimbursement rates are typically lower than those of other providers of comprehensive eye care;¹⁰ and

Realizing that many people who want to receive medical eye care are now being treated by optometrists;¹⁰ and

Recognizing that it is prudent public policy to utilize appropriately trained and licensed health professionals at their highest level of skill and training as determined by state licensing laws;¹¹ and

Noting that Medicare reimburses diagnostic and therapeutic eye care services delivered by optometrists as authorized by state practice acts,¹³ and

Noting that 25 states have passed laws and regulations that allow optometrists to use therapeutic pharmaceutical agents⁷ after completing appropriate training and testing requirements, and

Observing that the Department of Veterans Affairs, the U.S. Armed Forces, and the United States Public Health Service have regulations or credentialing statements that allow optometrists to utilize therapeutic

pharmaceutical agents to the benefit of their patients, and noting that this expansion of clinical privileges of optometrists has increased the availability, accessibility and cost-effectiveness of eye care to the American public through lower fees for services¹⁰ and by a reduction in double visits and hospital emergency room visits; therefore

1. Recommend that legislators update their state optometric practice acts to allow for optometric use of those diagnostic and therapeutic pharmaceuticals which have been determined by the State Board of Examiners in Optometry as being within the scope of competency of pharmaceutically certified optometrists; and
2. Recommend that dispensing of such pharmaceuticals be regulated by state pharmacy laws.

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11. American Public Health Association: Policy Statement No. 8120: Vision Care Manpower Utilization. APHA Public Policy Statements. 1948-present. Washington, DC: APHA, current volume.
12. Public Law 99-509, Section 9335, 1986.

Footnote

- * Aron, F: Unpublished data. The number of cities with ophthalmologists and optometrists in each state was based on hand counts from references 5 and 6, respectively. St. Louis, MO: Am Ontom Assoc.

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Tacoma News Tribune
(Cir. D. 108,436)
(Cir. S. 120,490)

APR 19 1989

Allen's P. C. B. Est. 1888

Governor signs bill allowing optometrists to apply drugs

W-21
The Associated Press

OLYMPIA — Gov. Booth Gardner signed into law Tuesday one of the most controversial bills of this legislative session, one that pitted optometrists against the medical profession.

The governor's health adviser, Bob Crittenden, a physician, said he had told his boss that he had contacted all 23 states that have similar laws on the books and found there had been no problems.

The measure, Senate Bill 5193, will allow optometrists to treat eye problems with drugs. Currently they can use drugs only for diagnostic purposes.

During debate on the bill, Rep. Art Sprenkle (D-Snohomish), a physician, said that provision was "like letting the fox design the hen house."

The governor also signed into law a bill boosting the penalty for disturbing an Indian grave or cairn to an maximum of five years in jail and a \$10,000 fine. The measure, SB 5807, sponsored by Sen. Kent Pullen (R-Kent), takes effect July 1.

The penalty was sought by Washington tribes, whose leaders said grave robbing and vandalism are on the rise.

Gardner vetoed a bill that would have permitted manufacturers, im-

porters and wholesalers of alcoholic beverages to wine and dine retailers and their employees.

The bill would have repealed sections of the state's "Tied House" law that prohibits any connection between distillers and distributors of alcoholic beverages and retail establishments.

Several other bills were sent to the governor Tuesday for his signature. Those included:

■ A proposal that would have the state hold developmentally disabled offenders in special facilities and more carefully monitor their furloughs.

The measure drew impetus from the state's inability to deal with a developmentally disabled sex offender named Gary Lee Minnix. The man, described by authorities as having the intelligence of a 5-year-old, has been held since 1984 in Western State Hospital for a series of rapes in Seattle's Beacon Hill neighborhood. During a Christmas furlough, he raped a Steilacoom woman, authorities say.

■ A proposal to let voters decide next fall whether to constitutionally guarantee rights for crime victims, under a measure approved by the Senate on Tuesday.

Among other things, the amendment would provide that the victim has as much right as the defendant

to be informed of trial and all other court proceedings.

■ A measure aimed at protecting elderly, developmentally disabled, and mentally ill adults from sexual and economic predators.

The House-amended Senate measure, sponsored by Sen. Linda Smith (R-Hazel Dell), would expand a system now in place permitting businesses and government agencies to learn criminal backgrounds of people hired to work with children.

■ A proposal to allow judges the freedom to give lighter sentences to victims of abuse who injure or kill their long-time tormenters, under a bill sent to the governor on Tuesday.

The Senate measure, amended by the House before winning unanimous Senate approval, was inspired by the case of Delia Alaniz, a Sedro-Woolley woman who hired a man to kill her husband after she and her children suffered what was said to be 17 years of severe abuse.

OPTOMETRISTS

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The governor's health adviser, Bob Crittenden, a physician, said he had told his boss that he had contacted all 23 states that have similar laws on the books and found that there have been no problems.

The measure, SB5193, will allow optometrists to treat eye problems with drugs. Currently they can use drugs only for diagnostic purposes.

Under the bill signed by the governor Tuesday, the Optometry Board will determine what drugs optometrists can use.

North Dakota
1987

Optometric Education

The growth of the optometric profession is in no small measure due to the remarkable expansion of optometric education during the past thirty years. Because optometry is a relatively young profession, it has been able to benefit from the tremendous expansion in technology during recent years. Many people are not aware of the truly significant changes that have recently taken place in the profession and its educational base.

Fifteen schools and colleges of optometry in the United States now provide an educational experience that is equivalent in length and scope to that which is provided by schools of medicine and dentistry. All medical, dental and optometry programs are four years in length and require the same level of professional training. In fact, a comparison of the current catalogs of the University of North Dakota School of Medicine (UND) and Southern California College of Optometry (SCCO) demonstrates that the admission requirements of SCCO are actually more stringent than those of the UND.

Admission Requirements (Quarter Units)		
	UND	SCCO
Calculus	Not required	3-4
Biology or zoology	8	8
Microbiology	Not required	4
Physics	8	12
General chemistry	8	12
Organic chemistry	8	4
Psychology	3	8
English	6	8
College Algebra	3	Not required
Total hours required	90	90

During the first two years of both professional programs, students receive extensive training in basic health sciences, such as pharmacology, anatomy, physiology, neurosciences, and pathology. The second two years are more clinically oriented; the medical student is trained in all aspects of medical care while the optometry student concentrates on the eye and visual system. The result is that the optometry graduate completes his training with much more extensive and in-depth training in the eye and in the diagnosis and treatment of its abnormalities than does the medical school graduate.

After graduation from the four-year professional programs, both the optometrist and the physician are examined and licensed by appropriate agencies of the state. This license allows the physician to practice all aspects of medicine and surgery, including the diagnosis and treatment of eye diseases and the performance of eye surgery. Although most physicians undergo additional training in

one of the medical or surgical specialties, no further testing or licensure is required in order for them to practice as a specialist. Therefore, even though some physicians have undergone several years of additional training to become pediatricians, any physician is permitted to treat diseases of children, and even though some physicians have undergone several years of additional training to become obstetricians, any physician is permitted to deliver babies. Similarly, even though some physicians undergo several years of additional training to become ophthalmologists, any physician may treat diseases of the eye

For legal and licensure purposes, it is assumed that the training received in the four years of medical school qualifies the graduate to practice all aspects of medicine with reasonable competency. This assumption appears to work very well since there appears to be little pressure for changes to the Medical Practice Act which would require that only specialists be allowed to treat various types of conditions.

This same assumption might well be applied to other health professions as well. If it can be demonstrated that the training a health professional receives in a given area is equivalent to or superior to that received by a physician, there seems to be no logical reason why he should not be allowed to do what the physician does in that area of health care. Since only about 4.5 percent of all physicians are ophthalmologists, it makes good sense to permit the doctor of optometry to provide primary eye care whenever possible.

Benefits of Use of DPAs Continue

Since the use of diagnostic pharmaceutical agents (DPAs) by optometrists was authorized by the 1979 North Dakota legislature, the benefit to the public of this action has continued to be demonstrated. More than 90 percent of North Dakota optometrists have been certified, and most use DPAs routinely in their diagnosis and treatment of vision problems. Contrary to the dire predictions of those who opposed the 1979 legislation, no adverse effects have been reported. In fact, the Optometry Board has not received any formal complaints or reports of problems associated with the use of DPAs by optometrists. Professional liability premiums, perhaps the best indicator of whether or not problems are occurring, have not been affected. The action of the 1979 legislature has proven to have been prudent and in the best interests of the people of North Dakota.

The North Dakota experience is the same as that in the other forty-eight states that currently permit optometrists to use DPAs. In none of these states has significant evidence been brought forth to suggest that any adverse effects are occurring. It is also worthy of special note that in the twelve states which permit optometrists to use therapeutic as well as diagnostic agents, no reports have been made of any problems associated with their use. In fact, it has been well

-2:
not
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documented that the therapeutic agents are even less likely to cause complications than are the diagnostic agents. This underscores the fact that the optometrist of today is capable of using both diagnostic and therapeutic pharmaceuticals safely and effectively in his or her practice.

Because of the much broader geographic distribution of optometrists and the fact that fees charged by them are generally less than those charged by ophthalmologists, major savings to the public are realized when optometrists are permitted to practice at their highest level of training. The necessity of referring persons with relatively minor eye injuries or infections to a surgical eye specialist or a hospital emergency room always results in a charge for the second examination and frequently results in the loss of several additional hours from the patient's work and/or the travel of many additional miles.

Optometry IS Primary Eye Care

Analysts of the health-care delivery system have divided it into three broad categories which they have labeled primary care, secondary care, and tertiary care.

Primary care is that level of care delivered by "first contact" providers. These are the doctors first contacted by a person in need of health care, and they are able to diagnose and treat the great majority of persons they see. It has been estimated that from 85 to 95 percent of all health care can be classified as primary care. In general, primary-care providers do relatively little of their work in hospitals. The American Medical Association considers family and general practitioners, pediatricians, internists, and obstetrician/gynecologists to be primary medical care providers. Other primary-care providers include general dentists, optometrists and podiatrists.

Secondary-care providers are generally those who have received additional specialized training beyond that which is required of primary-care providers. Persons with unusual or complicated problems or those who require more than very minor surgery are generally referred to a secondary-care provider by a primary-care provider. Most surgeons are classified as secondary-care providers, and secondary care involves more use of hospitals and specialized facilities than does primary care. Among the medical specialties, orthopedic surgeons, ophthalmologists, anesthesiologists, and cardiologists are examples of secondary-care providers. Non-medical secondary-care providers would include dental specialists, such as orthodontists and periodontists, and optometrists who limit their practice to contact lenses.

Tertiary-care providers are those who specialize in the diagnosis and treatment of rare conditions. Their practice is almost always hospital based and requires additional training beyond the secondary level and use of sophisticated

techniques and instruments. Examples of tertiary-care providers would be open-heart surgeons, brain surgeons, ophthalmologists who repair retinal detachments, and organ transplant specialists.

Because of the additional training and skills required to practice at the secondary and tertiary levels, the care provided is usually more expensive than that provided at primary level. Even in cases where the fees charged are the same, when the costs to society of education and training are considered, the cost of secondary and tertiary care is higher. Since the vast majority of all care can be provided at the primary level, it makes good sense from an economic standpoint to have as much care as possible provided at that level, and in most cases, it is. For example, even though a cardiologist may have more training in the management of high blood pressure, family practitioners are perfectly capable of managing uncomplicated cases. And even though an orthopedic surgeon may have more training in the anatomy and function of the joints, a pediatrician is perfectly capable of treating a child's simple sprained ankle.

Similarly, optometrists, although they do not have the same training as do ophthalmologists, are perfectly capable of managing uncomplicated eye conditions. Their education and training in the diagnosis and treatment of eye problems is much more extensive than that of most physicians, and their past record of conscientious, conservative care is evidence of their ability to recognize and refer to other providers those conditions that require care at the secondary or tertiary level.

Health Care Not Necessarily Medical Care

Although the terms *health care* and *medical care* are often used interchangeably, they do not really mean the same thing.

Health care is a broad term that refers to the entire area of maintenance of physical well-being. *Medical care* is much more limited in that it refers to health care which is provided by medical doctors.

Although the various areas of health care seem to be fairly well defined, many areas overlap. For example, the Medical Practice Act, since it was the first to be enacted, is all-encompassing and permits the physician to practice all aspects of health care regardless of whether or not he or she has any training in that area. Thus, any physician may legally fill teeth or prescribe eyeglasses. On the other hand, certain procedures which would usually be considered the exclusive domain of physicians are done by some other health-care providers. Dentists are permitted to use general anesthetics and prescribe oral antibiotics and potent pain-

killers. Podiatrists are also permitted to prescribe antibiotics and pain killers and are allowed to perform surgery. Nurse practitioners are also permitted to diagnose illness and prescribe drugs with only limited supervision and review by a physician who may be many miles away and who never sees the patient.

For many years the fact has been recognized that formal medical education is not required to provide high-quality health care. Those who currently argue that such education is necessary are ignoring the obvious examples to the contrary and appear to be motivated more by the desire to protect their own prestige and economic position than by a true desire to protect the public.

North Dakota a Leader in Education Requirements

Only eight of the fifty states require more hours of continuing education for optometric license renewal than does North Dakota. All optometrists are required to attend a minimum of thirty six hours every three years of approved continuing education courses. Compliance with this requirement has enabled North Dakota optometrists to not only maintain a high level of competence in the use of diagnostic pharmaceutical agents but has also enabled them to expand their knowledge of the use of pharmaceutical agents for other purposes.

Updating the Scope of Optometry Practice Acts Continues Nationwide

With the passage of legislation earlier this year, the number of states which permit optometrists to use diagnostic pharmaceutical agents has risen to forty-eight. In July 1986 a bill was passed in Missouri which permits optometrists to use, administer and prescribe therapeutic pharmaceutical agents. Missouri thereby became the twelfth state to have passed such legislation in recognition of the expanded capabilities of optometrists in the diagnosis and treatment of eye disease. In the central United States - Kentucky, Nebraska, Iowa, South Dakota and Oklahoma have passed similar bills.

Optometry Residency Programs on Increase

Recent issues of optometric publications have contained more than thirty announcements for residency programs in various areas of optometric practice. These programs, most of which are one year in length, provide the graduate optometrist with additional training in specialized areas of optometric practice. Among the most common types of training offered are Rehabilitative Optometry, Hospital Based Optometry, and Pediatric Optometry.

It is significant to note the majority of these programs are offered by Veterans Administration Medical Centers in all parts of the United States, and all include stipends for financial support of the resident. The greatly increased involvement of the Veterans Administration in the training of optometrists in recent years is strong evidence of their recognition of the role of the optometrist in providing high-quality, comprehensive health care to the nation's veterans. The VA has found that by making optometrists the primary eye-care providers in their medical centers, they can render higher quality care at lower cost to the taxpayer.

The availability of residency programs such as these are also an indication of the continued rapid growth in the scope and depth of optometric education.

North Dakota Optometric Association

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S B

164



Alaska State Legislature

Senator Curt Menard



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E

SPONSOR STATEMENT:

SB 164 - "An Act establishing a community service education program"

SCR 14 - "Relating to obtaining federal funds for community service education programs"

Participation in community service at a young age is a cornerstone of good citizenship. SB 164 encourages volunteer participation by requiring a community service program as an elective part of the curriculum for grades 10 through 12.

Advocates of school based community service classes emphasize the character-building potential of service, its power to promote basic democratic values and to develop patterns of responsible behavior. Additionally it encourages academic learning to be tested and applied in real life.

The federal government recognized the importance of community service education when Congress enacted the National and Community Service Act in October 1990. The act will be funded with \$56 million for FY 91, \$95.5 million for FY 92 and \$105 million for FY 93. SCR 14 directs the state to apply for the federal grant funds available to assist states and school districts in developing community service programs.

This legislation focuses on youth potential, youth strength, youth participation and contributions. Your support is greatly appreciated.

WE SUPPORT



MADE IN
ALASKA

COMMITTEE PACKET CONTENTS:

SB 164: "An Act establishing a community service education program"

1. SB 164
2. Sponsor Statement
3. Fiscal Note - Department of Education
4. Legislative Research Agency memo (January 21, 1991)
"High School Course Focused on Community Service Education"
5. Statement of support - NEA Alaska
6. National Center on Effective Secondary Schools
"High School Community Service: A Review of Research and Programs"
7. The Generator - National Journal of Service-Leadership
8. Youth Service: Renewing "Habits of the Heart"
9. Creating New Structures -- Community Service Learning

SENATE BILL NO. 164

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - FIRST SESSION

BY SENATOR MENARD

Introduced: 3/6/91
Referred: HES and Finance

A BILL

FOR AN ACT ENTITLED

ok 1 "An Act establishing a community service education program." *Eff date*

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

3 * Section 1. PURPOSE. The purpose of this Act is to promote the development of community
4 service programs in each school district in the state and through community service programs to allow
5 young people to participate in responsible and meaningful community service. Community service
6 programs may include participation in child care services, care for the elderly and disabled, literacy
7 programs, recycling and other waste reduction efforts, training in emergency services, or other services
8 that are required in the community.

9 * Sec. 2. AS 14.03.120(e) is amended to read:

10 (e) A district shall, by October 31 of each year, provide to the state board, and make
11 available to the public, a report on the performance of each public school and public school
12 students in the district. The report must be entitled "School District Report Card To The Public"
13 and must be prepared on a form prescribed by the department. The report must include

14 (1) the percent of district students in the top and bottom quarter of standardized

1 national achievement examinations; results under this paragraph shall be disclosed in a manner
2 that does not reveal the individual identities of students;

3 (2) the percent of students who are not promoted to the next grade;

4 (3) student, parent, and community member comments on the school's
5 performance;

6 (4) the annual percent change in enrollment and the percent of enrollment change
7 due to student transfers into and out of the district;

8 (5) attendance, retention, and graduation rates;

9 (6) the ways in which meaningful parent involvement in school performance was
10 achieved;

11 (7) a summary and evaluation of the community service program required
12 under AS 14.30.380;

13 (8) other indicators of school performance required by the state board; and

14 (9) [(8)] other indicators of school performance selected by the district.

15 * Sec. 3. AS 14.07.165 is amended to read:

16 Sec. 14.07.165. DUTIES. The board shall adopt

17 (1) statewide goals and require each governing body to adopt written goals that
18 are consistent with local needs;

19 (2) regulations regarding the application for and award of grants under
20 AS 14.03.125;

21 (3) guidelines for a state-wide community service program required under
22 AS 14.30.380.

23 * Sec. 4. AS 14.16.050(a)(4) is amended to read:

24 (4) requirements relating to students and educational programs:

25 (A) AS 14.30.180 - 14.30.350 (relating to educational services for
26 exceptional children);

27 (B) AS 14.30.360 - 14.30.370 (establishing health education program
28 standards);

29 (C) AS 14.30.400 - 14.30.410 (relating to bilingual and bicultural
30 education);

31 (D) AS 14.30.380 - 14.30.385 (relating to community service program).

1 * Sec. 5. AS 14.30. is amended by adding new sections to read:

2 ARTICLE 4A. COMMUNITY SERVICE PROGRAM.

3 Sec. 14.30.380. REQUIRED COMMUNITY SERVICE PROGRAM. Under guidelines
4 developed by the board, each governing body shall include a program in community service as
5 an elective part of the curriculum for grades 10 through 12. A program of community service
6 must include

7 (1) adequate orientation, training, and supervision of participants;

8 (2) an emphasis on educational challenges by placing participants in new roles
9 and environments that require personal responsibility and decision making;

10 (3) an opportunity for a participant to reflect and comment on, or write about, the
11 participant's community service experiences;

12 (4) activities to recognize the accomplishments of outstanding participants.

13 Sec. 14.30.385. STAFF DEVELOPMENT PROGRAMS. As part of their program for
14 staff development, the department and governing bodies shall provide adequate funding and
15 appropriate staff development activities for education personnel participating in a community
16 service program.

Sec 6. E.D. Jan 1, 1992

Alaska State Legislature

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Legislative Research Agency



January 21, 1991

MEMORANDUM

TO: Senator Curt Menard

FROM: Linda J. Snow *LJ Snow*
Legislative Analyst

RE: High School Courses Focused on Community Service Education
Research Request 91.093

You asked this office for background information about community service education, so-called "service learning" programs in public high schools. You also asked for information about the National and Community Service Act of 1990 (HR 4330) and sample legislation from other states.

Background Information

Attachment A is a publication of the National Center on Effective Secondary Schools, University of Wisconsin-Madison, entitled *High School Community Service: A Review of Research and Programs*. This paper is an excellent background source of information about service learning and discusses current legislation, supporting agencies, the prevalence of service learning programs in schools, models for school-based programs, and the outcomes of these programs. Throughout the paper, existing research on the subject is summarized, and a good historical background of the philosophy of service learning is provided.

State Legislation and Other Implementing Authority

We obtained information from several states in which schools offer service learning programs. Little state legislation regarding service learning has been passed. Nationwide, many school programs have been implemented through policy statements or recommendations by the state school board, school districts, and individual schools. Attachment B contains some examples of passed and proposed state legislation, school board policy statements, and recommendations. (Additional information on state programs is also available in the University of Wisconsin paper, Attachment A.)

A sample of state legislative activity, as well as other state and local government action regarding service learning follows.

Senator Menard
January 21, 1991
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California

California SB 2147, which allows public schools to establish pilot service learning projects, was passed but was not funded. Proposed California legislation (AB 2389) would establish and fund service learning programs in public schools which would offer credit to participating students. The corresponding California State Board of Education policy statement on service learning is also included.

Massachusetts

Senate Bill 282 was passed in Massachusetts in 1989. This bill provides school-based community service opportunities for all public high schools. According to advocate Jay Davis of the Thomas Jefferson Forum,¹ the original bill would have mandated high school student participation in community service activities. This mandate was deleted from the legislation that passed. Mr. Davis reported that Massachusetts has ten private agencies working with high schools now, and although the programs are working well from the grass roots level, a mandate from the state level would strengthen the system. They will try to pass mandating legislation again next year.

Michigan

Michigan SB 578 (passed in 1988) requires 40 hours of community service for high school graduation, and offers credit for community service beyond the 40-hour requirement.

Minnesota

State legislation in Minnesota allows school districts to offer service learning opportunities with the option to grant participants credit toward graduation. Participation is optional, and funding in a particular district comes from a special tax levied in that district. Also included is a corresponding Minnesota State Board of Education rule change.

Oregon

Oregon HB 3293 (passed in 1989) requires the State Department of Education to establish guidelines for a service learning program in Oregon public schools. The program is not mandatory, but participants are given credit towards graduation. Two other bills attached provide for the establishment and funding

¹The Thomas Jefferson Forum is a nonprofit organization that engages in high school based community services.

Senator Menard
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Page 3

of community service volunteer corps, including an Oregon Youth Conservation Corps.

Other State and Local Government Action

Attachment B also contains state board of education policy statements, recommendations, or guidelines from Maryland, Kentucky and Pennsylvania, as well as a report from the Wisconsin Commission on Schools in the 21st Century. Included also are briefs and legal documents from a Pennsylvania lawsuit brought by two sets of parents against their local school district and specific teachers. This suit addresses some common concerns of those who oppose service learning. The lawsuit was dismissed for failure to state a claim upon which relief could be granted.

The National and Community Service Act of 1990 (HR 4330 and S.1430)

Attached is a copy of the conference committee report on the National and Community Service Act of 1990 (Attachment C). The focus of this recently passed federal legislation is renewing the ethic of civic responsibility in the U.S. through volunteer service. Title I, Subtitle B, (Serve-America: The Community Service, Schools and Service-Learning Act of 1990) creates a school-based service learning program which is partially funded by the federal government. Grants are available for state governments in partnership with local education agencies, nonprofit corporations, private-for-profit corporations, or private schools. To qualify for federal funding, the programs must include:

- teacher training;
- development of service-learning curricula;
- formation of local partnerships;
- development of a research and evaluation program to determine the effects of service learning on students and community;
- establishment of an outreach program to involve the broadest mix of community-based nonprofit organizations possible; and
- integration of service learning into academic curricula.

If a state decides not to participate in a grant through this subtitle, the grants can go directly to local school districts, schools or organizations that apply. The state must provide local grantees with training and technical assistance. States also must give special consideration to projects that offer school credit to participants. Subtitle E, Part II (Governors' Innovative Service Programs) of the same act provides grants for the creation of innovative volunteer and community service programs.

This act will be funded with \$56 million for FY 91, \$95.5 million for FY 92, and \$105 million for FY 93. At least 30 percent of this amount is available for grants under Subtitle B. The federal share of these matching funds will

Senator Menard
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Page 4

be 90 percent the first year, 80 percent the second year, and 70 percent for the third year of operation, according to a specific allotment formula.² State contribution may be in cash or in kind. State use of federal funds is restricted to:

- not more than five percent for administrative costs;
- not more than ten percent to build capacity through training and curriculum development;
- not less than 60 percent to operate school-based service learning programs;
- not less than 15 percent to operate community-based service learning programs; and
- not more than ten percent for adult volunteer and partnership programs.

Private Support Organizations

Across the nation, many private organizations help establish and fund service learning programs. Youth Service America, the National Youth Leadership Conference, and the Thomas Jefferson Forum are three of many. The National Association of Secondary School Principals, the Council of Chief State School Officers and others do not provide funding, but advocate and support service learning in public schools. Representatives of these and other organizations are listed in Attachment E.

ACTION, a part of the federal domestic volunteer agency produces a national directory for student community service programs which is attached to this memo (Attachment D). In Juneau, the Southeast Regional Resource Center currently operates programs in 14 southeast Alaska communities in which high school and college students provide tutoring for adults in need of literacy and life skills training, and graduate equivalency diplomas (GED's).³

²One percent of the fund is reserved for specified American territories and Native American Tribes, 50 percent of the remainder shall be allotted to each state in the same ratio as the state's school-age population to the school-age population of all the states. The other 50 percent of the remainder shall be distributed to states at the same ratio as allocations to the state for the previous fiscal year under chapter 1 of title I of the Elementary and Secondary Education Act of 1965 to such allocations to all states.

³See page 61 of *Learning to Care: National Directory of Student Community Service Programs*, Attachment D.

Senator Menard
January 21, 1991
Page 5

Elements of a Program

We contacted representatives of national support agencies, and state, local and school board policy-making bodies who have implemented, supported or advocated service learning programs. All of these advocates were quite enthusiastic about their programs and the effects on youth and the community. They all offered assistance to people in Alaska who were interested in promoting a school-based service learning program. A list of these people is provided in Attachment E.

Several of our contacts commented that the way the program is structured is important to its success. They point out that the three essential elements of the program are teacher training, student recognition, and student reflection. Taking the knowledge obtained through community service and tying it back into the curriculum is both the key and the problem. Teachers are taught to instill knowledge, not to determine what knowledge a child has learned elsewhere and fit it into the pattern of his coursework. In these instances, teachers must leave traditional teaching roles and become more like coaches. Training is essential in order for the teachers to understand and incorporate this new role.

Once teachers are prepared to assist students in this type of learning, it is essential to allow reflective time after community service experiences in which students may examine what they have learned and how it fits into the rest of their scholastic program. This can be done by such methods as writing essays, giving oral reports, and keeping journals.

In researching this subject, our office has received, and is still receiving, packets of information from people we contacted. We have included as Attachment F copies of the cover sheets of papers, articles, guidelines, and curricula plans. These additional sources are available at our office.

I hope this information is useful to you. If we can be of further assistance, please do not hesitate to contact us.

Attachments



NEA-ALASKA

AFFILIATED WITH THE NATIONAL EDUCATION ASSOCIATION

ANCHORAGE REGIONAL OFFICE

1411 W 33RD AVENUE
ANCHORAGE, ALASKA 99503
(907) 274-0536

JUNEAU OFFICE

105 MUNICIPAL WAY, SUITE 302
JUNEAU, ALASKA 99801
(907) 586-3090

FAIRBANKS REGIONAL OFFICE

2118 CUSHMAN STREET
FAIRBANKS, ALASKA 99701
(907) 456-4435

March 15, 1991

To: Senator Sturgulewski, Chair
Members, Senate HESS Committee

Re: SB 164: *"An Act establishing a community service education program."*

NEA-Alaska supports and encourages your favorable consideration of SB 164.

Students should have the opportunity to have experiences in their community environment which reflect society's norms and standards. This will not only promote a greater sensitivity to community needs but will enhance their own self-esteem and make their educational experience more meaningful.

Passage of SB 164 will also provide a greater opportunity for community groups, businesses, and parent and other organizations to participate in mutually beneficial joint ventures with the local public schools.

In section 5 it may be appropriate to consider requiring that the department generally publicize and make available to all public school districts copies of each districts' community service program. Such a requirement would serve to facilitate the growth and expansion of the community service effort generally.

Thank you for your consideration of our recommendation.

Respectfully submitted,

Bob Manners
Executive Director

Don Oberg
President

cc: Senator Menard



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FAX: (907) 586-2744

FAIRBANKS REGIONAL OFFICE

1118 CUSHMAN STREET
FAIRBANKS, ALASKA 99701
(907) 456-4435
FAX (907) 456-2159

Federal Funds for Community Service Education Programs and Establishment of Community Service Education Programs

RE: SCR 14 & SB 164

NEA-Alaska supports the concept of comprehensive school based community service programs. We believe the State of Alaska should apply for federal funds available under the *National and Community Service Act of 1990* as well as explore the creation of school based community service programs.

Public schools play an essential role in promoting the tradition of community service as instilling an attitude of citizenship and community service. There are many forms of community service which apply; such as child care aides, library assistants, working in environmental centers or programs such as the Youth Conservation Corps, assisting the elderly, or tutoring other students under the direction of certificated teaching staff--thereby helping young people better understand the collective needs of our society.

NEA-Alaska urges the state to seek funding to help develop such programs.

We are in support of establishing community service programs in each district as elective courses for credit toward graduation within the curriculum for the secondary schools.

NEA-Alaska believes the credited instruction and student activities must be under the supervision of certificated staff as required in state statutes and department of education regulations. If such programs are in addition to regular classroom assignments there shall be compensation negotiated between employer (school district) and the employee bargaining unit. Nothing in the act shall abridge or amend the rights of employees under the state statute or the negotiated agreement. Staff assignments as supervisors and monitors must be voluntary.

A committee to develop the appropriate activities must include certificated classroom teachers as well as other school employees in addition to parents and students of the school site. For maximum effectiveness to the greatest extent possible all programs should be developed at the site which will offer the program.

As part of the program for staff development the state department of education and the governing agency of the district shall provide adequate funding and appropriate development activities for education personnel participating in a community service program.

It may be good public policy to not require the community service program to be in place until the 1992-93 school year, but to begin the planning process during the 1991-92 school year with a report made as part of the *School District Report to the Public* for October 1991 as to program development and implementation of the program for 1992-92. LE04/Comserv.doc

**NATIONAL
CENTER
ON
EFFECTIVE
SECONDARY
SCHOOLS**

*University of Wisconsin-Madison
Wisconsin Center for Education Research
1025 W. Johnson St.
Madison, WI 53706
(608) 263-7575*

**HIGH SCHOOL COMMUNITY SERVICE:
A REVIEW OF RESEARCH AND PROGRAMS**

Dan Conrad
University of Minnesota and Hopkins (MN) Public Schools
and
Diane Hedin
University of Minnesota

December 1989

EXECUTIVE SUMMARY

HIGH SCHOOL COMMUNITY SERVICE: A REVIEW OF RESEARCH AND PROGRAMS

On any given day, in communities all across the United States, young people are leaving school--to clean up neighborhoods, visit nursing homes, educate children about drugs, serve at soup kitchens, register voters and, in a myriad other ways, provide service to their communities. For these young people, and the teachers who encourage them, school is not just a place where one comes to learn, but also a place which provides important resources to those in need. It is not a new idea, but one which is enjoying a resurgence of interest among educators, policymakers, and young people themselves. The purpose of this paper is to review current policies and practices concerning school-based community service, summarize research findings on the impact of service, and outline some critical issues confronting educational researchers, policymakers and practitioners.

Efforts to encourage youth community service take place on many levels and have taken many forms. On the national policy level, the primary emphasis has been (thus far without success) to create a national service corps which would encourage or compel community service by post-secondary youth. Youth service corps of this nature are already operating in fifteen states and in a number of metropolitan areas such as New York and San Francisco. In the past five years, several state governments and state boards of education have enacted policies to encourage participation by school-aged youth as well. Two states, Maryland and Minnesota, even require schools to offer formal opportunities for students to become involved in community service.

Quite independent of any external prodding, a large number of schools, of all kinds and in all parts of the country, have programs which engage students in providing service. The most current data available is from the mid-1980s, at which time about 27% of all high schools (or 5,400 of them) offered community service programs. All types of high schools offer them, with non-public schools more likely to do so than public ones. Based on 1984 estimates, about 6.6% of high school students (or about 900,000) are involved in school-based community service programs--and it appears that this rate of participation has held reasonably constant over the past ten or over twenty years.

Teachers and administrators have devised a rich variety of ways to involve their students in service activities. The most common means is through co-curricular school clubs and through special school events like holiday food drives. Some high schools offer elective credit for service activities and some, most commonly Catholic and independent schools, include service among their graduation requirements. In some schools, service is performed as an extension or lab component or a regular class; in yet others service, with a supporting seminar, is the central activity of an academic course. More rarely, service has been integrated into the total school's, or even district's curriculum.

Arguments for including community service in the curriculum have appeared in educational reform literature since at least the turn of the century. Some advocates of the

The Generator

National Journal of Service-Leadership

Volume 10, Number 3, Winter, 1990

Federal Legislation Passes Congress, Is Signed by President

James C. Kuchinier
President, NYLC
Chair, Minnesota Governor's Blue Ribbon
Committee on Mentoring and Youth
Community Service

**"Ask not what your country
can do for you
— ask what you can do
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Inaugural Address
President John F. Kennedy

The most important national service legislation since John Kennedy launched the Peace Corps (with substantial trench work by Senator Hubert Humphrey) was signed into law this week by President Bush. The National and Community Service Act of 1990, with its \$287 million three-year authorization, was sponsored by Sen. Ted Kennedy and Rep. Augustus Hawkins and includes President Bush's Points of Light Initiative, a volunteer inducement and award program, and several bills proposed by members of Congress. Senator David Durenberger of Minnesota played an important leadership role in hammering out a compromise bill between both Houses of Congress and the White House. See the article below for a more complete summary of the bill and comments by Sen. Durenberger.

One of the models for this landmark federal legislation was a collaborative private/public sector statewide youth service initiative in Minnesota which has developed and funded programs

of the type proposed in the national legislation. State and local efforts such as these stand to benefit from new federal funding.

Launched in 1984 by the National Youth Leadership Council, the Minnesota initiative began as a series of meetings convened by Attorney General Skip Humphrey and state conferences leading to a Governor's Task Force on Youth Service and Work chaired by Mayor Don Fraser and State Representative Kathleen Blatz (R-Bloomington). After statewide hearings and a final report, a bipartisan Minnesota Youth Service Association headed by Blatz, Humphrey and Fraser, spearheaded successful legislation in 1987 and 1989. Governor Rudy Perpich provided key leadership throughout.

**Young people today are
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Major funding provisions of the state legislation, authored by Representative Ken Nelson (DFL-Minneapolis), Senator Mike Freeman (DFL-Richfield) and Senator Jim Pehler (DFL-St. Cloud) were

- Up to \$3 Million per year to school systems, through Community Education for



Association of Service and Conservation Corps annual conference, Sept. 7, 1990. Photo by Jim Kielsmeier.

Joe Kofu, University of Minnesota student, helps a Minneapolis Summer School WalkAbout 1990 student with her reading. Photo by Derek Olson.



The National and Community Service Act of 1990

Legislation authorizing a variety of national community and service-learning programs was approved in the final days of the 1990 session of Congress. The compromise proposal passed in the Senate 75-21 on Oct. 16, in the House 235-186 on Oct. 24, and was signed by the President Nov. 16. This legislation authorizes \$287 million in new funding for a variety of grant programs over the next three years.

In summary, the Act:

- Creates a new Commission on National Service to administer new grant programs. The Commission has the authority to delegate administrative duties to appropriate federal agencies.
- Establishes a series of grant programs which will assist state, local school districts, post-secondary institutions, and commu-

Continued on page 5

National Service and Education Reform

U.S. Senator Dave Durenberger

Senator Durenberger (R-Minnesota) is a member of the Senate Labor and Human Resources Committee. He is a co-sponsor of S. 1430, the National and Community Service Act of 1990, and a member of the House Senate conference committee on national and community service. He serves as a member of the Minnesota Governor's Blue Ribbon Committee on Mentoring and Youth Community Service.

As a strong advocate of federal legislation supporting national and community service, I've drawn on my own experience as a community volunteer and a long-time proponent of using volunteerism to help meet our obligations as American citizens. So, for me at least, encouraging volunteerism and good citizenship are ample reasons to support federal legislation to promote service opportunities for our nation's young people. Yet, because I represent a state like Minnesota — with its strong links between youth service and education — I've also concluded that youth service legislation must be viewed as part of much needed education reform.

As a society, we face stiff challenges in an increasingly competitive world. But, we all know there are ample warning signs about our ability to meet that challenge.

We hear every day about the 25 percent of American public high school

students who are dropping out... about the 700,000 students who graduated in 1987, but had deficiencies in basic skills equal to those who didn't... about falling SAT scores and rising poverty rates... about the \$25 billion a year that American employers must spend to teach newly hired employees the basic skills they need to perform on the job.

But the cost of our shortcomings in education isn't just short term. According to the Committee for Economic Development, a single year's class of dropouts will cost this nation \$240 billion in lost earnings, taxes, and added social programs over the lifetime of those youth.

There are as many proposals to address these shortcomings in American education as there are critics. And, clearly, no single solution will suffice.

But, I've become convinced that — for many students — we must radically redesign the way we deliver educational programs. We must work much harder to make education more relevant to the world of work, and more interesting and challenging to students. And, we must work harder to improve self-esteem and to draw on educational opportunities "out there" in the community, often just waiting to be asked.

Our experience in Minnesota suggests that service learning can be one important vehicle to draw upon these outside resources, and to make them a more central part of the education of our

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Continued on page 5



Logo of the Community Service Leadership Project, in Issaquah, Washington (see article).

Community Service Leadership Workshop

Jim Seiber
Issaquah Middle School
Issaquah, Washington

Imagine a learning program in which young people work from 6:00 A.M. to 10:00 P.M. — and ask if they could go on. Imagine that they accomplish every task — and ask for more. Imagine that these young people give 650 hours of community service in four days — and plan to do more. Imagine that these young people feel needed, valued, and powerful — and want to help others feel the same. Recently these images were transformed into reality at a summer service leadership camp directed by Jim Seiber, a teacher in the Issaquah, Washington, School District.

training of six older students as group leaders

Workshop activities centered at Lutheran Bible Institute of Ill. three miles from Issaquah. The local Kiwanis Club provided funding for the five day camp. The Issaquah School District also gave valuable support.

Youth participated in eight agency service projects, including work with homeless youth, a clothing bank, a recycling center, latch-key kids, a sheltered workshop, and the elderly. Youth also developed a youth center and restored a local mountain trail and stream. Groups of six spent six hours daily at these agencies, returned to LBI to reflect on their experiences, and, after dinner, shared their experiences with the other groups.

At the end of the camp week, they regrouped by school and met with a teacher from their building to plan activities for the upcoming school year.

One school administrator stated: "This workshop is the best thing that has happened for youth in our community in a long time. In fact these young people continue — two months later — to appear in the community. Students are following through with their commitments, spending Fall Saturdays maintaining trails or stenciling signs on storm drains. Students projects transcend traditional school loyalties and span a wide age-range. Though older students act as role models, they were not perceived as 'superiors'.

Excitement, energy and determination carried over into the school setting where these students are resources for their schools as well as their

communities. They are challenging their schools to examine ways to support student community service goals, and they are spreading the word. Agencies have also been impressed by the abilities of young people to be involved, and are collaborating to get others involved.

The true benefits of such a team-building, unifying experience will be long-range. For each person the value will be different. One parent expressed surprise at the public-speaking ability her child demonstrated at the closing presentations. Another parent saw a deeper gain for her daughter as "she returned home matured, enthusiastic, and ready for school with a sense of goal-setting and some strength. I am happy for the boost in self-confidence and sense of empowerment she has gained."

Should we repeat the camp next year? Imagine thirty-six more youth charged with energy to do community service...

Federal Legislation

Continued from page 1

- school-based service and youth development.
- \$180,000 in grants to colleges for tutoring and mentoring programs.
- Increased funding for the Minnesota Conservation Corps.

In addition, the Minnesota State Board of Education passed a rule requiring all school systems in the state to offer students of every age level the opportunity to serve as part of the curriculum. (Conflicts with comparable legislative language have delayed the effect of this ruling but it is expected to be enacted in the next year.)

On the heels of these advances, Governor Perpich appointed a 21-member Blue Ribbon Committee to shape a lasting policy framework "to assure that mentoring and youth community service flourish throughout the State." The Committee will report to newly elected Governor Carlson and the Legislature next year with new recommendations on ensuring that mentoring and youth community service become pillars of Minnesota's educational strategy.

National experts have termed this emerging Minnesota model of cooperative citizen policy development, and our resultant programs and funding, "the most comprehensive state youth service program in the Nation" and a major influence in shaping the new federal legislation.

At the heart of Minnesota's success have been principles which both the State and Federal initiatives support:

- Young people are viewed and respected as valuable partners in community development and service.
- National service is more than an alternative to military service by young adults. It is a comprehensive nurturing process which can engage young people throughout their growing up experiences.
- The active learning style that characterizes youth service should be a key element of education reform in school or college.

As Minnesota and the Nation write a new chapter in the history of national service, and engage new generations of young people in shaping our democracy, it is essential that we hold these formative principles central to our mission. Young people today eagerly ask what they can do for their communities and for their country. It is up to all of us, young and old, to offer them opportunities.

Project Service Leadership

Kate McPherson
2810 Comanche Dr.
Mt. Vernon, WA 98273
(206) 428-7614

Youth Service Forum

"I love to be with young people, and this way I know I've done something for their lives," said Karen Molnar, Sedro-Wisley High School student who had tutored elementary students. Project Service Leadership held a Youth Service Forum on Oct. 9, 1990 in which 150 youth from Skagit Valley heard presentations on a variety of service projects. Peer helping, food banks, Habitat for Humanity work camps for the homeless, Students and Teachers Against Racism (STAR), the environmental Earth Corps, and the Grapple Club — people who stick their necks out to serve others — were among the projects presented. After hearing reports and ideas, students set to work planning projects of their own. After plans were presented to the whole group, a Volunteer Fair followed, where students met representatives from various community agencies.

Project Service Leadership will offer an advanced level training program for educators Aug. 12-16 in Bellingham, WA. Contact Kate McPherson for information.

A Community Service Leadership group goes to Billwood Retirement Center to host a box lunch auction and social. Issaquah Middle School, Issaquah, WA. Photo courtesy Issaquah Press.

Why not teach young people some of the needs of the community while demonstrating the value of youth to community agencies? Youth of today want to become meaningfully involved in their communities. We need to provide leadership, encouragement and training for them to learn how to be involved. With this rationale and the supportive encouragement of Jim Kielmeier, Rich Willis, Carmen Christina Meyerhoff, and Kate McPherson, the notion of a locally operated summer camp in community service developed.

All aspects of the camp were youth-centered. Students answered the question, "What community problems would you want to help solve?" Staff prioritized student interests and matched them with agency needs. Specific, meaningful projects gave youth an overview of the agency. Each youth completed a project during the camp and developed a plan for future involvement.

Preparations began last spring when teachers in the districts' middle and high schools nominated students who were "potential leaders" though not involved in school activities. Thirty-six students from six different schools, grades 7 through 12, participated. One key was the



The Community Service Leadership group from Issaquah Middle School, Issaquah, WA. Photo courtesy Issaquah Middle School.

CORRECTION

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

EXECUTIVE SUMMARY

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Efforts to encourage youth community service take place on many levels and have taken many forms. On the national policy level, the primary emphasis has been (thus far without success) to create a national service corps which would encourage or compel community service by post-secondary youth. Youth service corps of this nature are already operating in fifteen states and in a number of metropolitan areas such as New York and San Francisco. In the past five years, several state governments and state boards of education have enacted policies to encourage participation by school-aged youth as well. Two states, Maryland and Minnesota, even require schools to offer formal opportunities for students to become involved in community service.

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Arguments for including community service in the curriculum have appeared in educational reform literature since at least the turn of the century. Some advocates of the

practice emphasize the character-building potential of service, its power to promote basic democratic values and to develop patterns of responsible behavior. Others stress the potential of service to vitalize education by stressing that it encourages--even forces--academic learning to be tested and applied in the crucible of real experience. Despite differing points of emphasis, there is general agreement that well-designed programs can have a positive effect on the social, psychological and intellectual development of participants in ways detailed in this review.

The degree to which the hypothesized effects of service are realized in practice has been examined through both quantitative and qualitative research studies of varying degrees of precision and sophistication. The most consistent findings from quantitative studies are a heightened sense of personal and social responsibility, more positive attitudes toward adults and toward those served, enhanced self-esteem, growth in moral and ego development, more complex patterns of thought, and greater theoretical sophistication than has heretofore been the case.

The idea that schools should promote the involvement of youth in service to the community has a rich tradition in American education and figures prominently in present discussions of the purpose and practice of schools. How it will fare amidst competing pressures for other educational "goods," and what the consequences would be of its becoming a common feature of school practice remain to be seen. However, that school-based community service merits further trial and testimony is strongly supported by both research evidence and by the testimony of participants.

The Generator

National Journal of Service-Leadership

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Federal Legislation Passes Congress, Is Signed by President

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Continued on page 2

For Kaju, University of Minnesota student, helps a Minneapolis Summer School WalkAbout 1990 student with her reading. Photo by Derek Olson.



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Why not teach young people some of the needs of the community while demonstrating the value of youth to community agencies? Youth of today want to become meaningfully involved in their communities. We need to provide leadership, encouragement and training for them to learn how to be involved. With this rationale and the supportive encouragement of Jim Kiehlmeier, Rich Willis Carr, Christina Meyerhoff, and Kate McPherson, the notion of a locally operated summer camp in community service developed.

All aspects of the camp were youth-centered. Students answered the question, "What community problems would you want to help solve?" Staff prioritized student interests and matched them with agency needs. Specific, meaningful projects gave youth an overview of the agency. Each youth completed a project during the camp and developed a plan for future involvement.

Preparations began last spring when teachers in the districts' middle and high schools nominated students who were "potential leaders" though not involved in school activities. Thirty-six students from six different schools, grades 7 through 12, participated. One key was the

training of six older students as group leaders.

Workshop activities centered at Lutheran Bible Institute of Ill., three miles from Issaquah. The local Kiwanis Club provided funding for the five day camp. The Issaquah School District also gave valuable support.

Youth participated in eight agency service projects, including work with homeless youth, a clothing bank, a recycling center, latch-key kids, a sheltered workshop, and the elderly. Youth also developed a youth center and restored a local mountain trail and stream. Groups of six spent six hours daily at these agencies, returned to Ill. to reflect on their experiences, and, after dinner, shared their experiences with the other groups.

At the end of the camp week, they regrouped by school and met with a teacher from their building to plan activities for the upcoming school year.

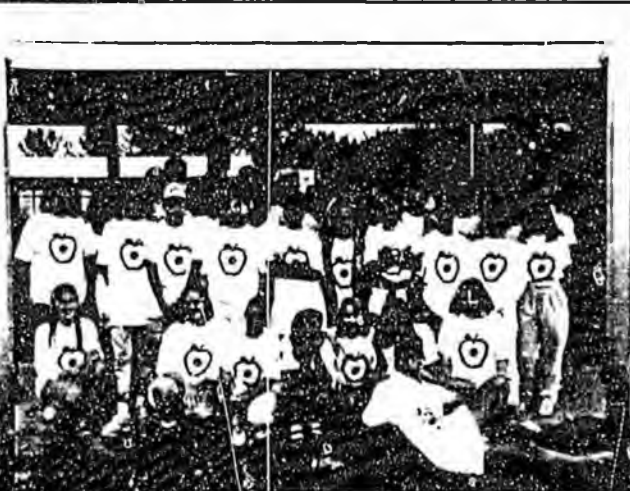
One school administrator stated, "This workshop is the best thing that has happened for youth in our community in a long time." The impact these young people continues — two months later — to appear in the community. Students are following through with their commitments, spending Fall Saturdays maintaining trails or stenciling signs on storm drains. Students projects transcend traditional school loyalties and span a wide age-range. Though older students act as role models, they were not perceived as "superiors."

Excitement, energy and determination carried over into the school setting where these students are resources for their schools as well as their

communities. They are challenging their schools to examine ways to support student community service goals, and they are spreading the word. Agencies have also been impressed by the abilities of young people to be involved, and are collaborating to get others involved.

The true benefits of such a team-building, unifying experience will be long-range. For each person the value will be different. One parent expressed surprise at the public-speaking ability her child demonstrated at the closing presentations. Another parent saw a deeper gain for her daughter as "she returned home matured, enthusiastic, and ready for school with a sense of goal-setting and some strength. I am happy for the boost in self confidence and sense of empowerment she has gained."

Should we repeat the camp next year? Imagine thirty-six more youth charged with energy to do community service...



The Community Service Leadership group from Issaquah Middle School, Issaquah, WA. Photo courtesy Issaquah Middle School.

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Winter, 1990

Federal Legislation

Continued from page 1

- school-based service and youth development.
- \$150,000 in grants to colleges for tutoring and mentoring programs.
- Increased funding for the Minnesota Conservation Corps.

In addition, the Minnesota State Board of Education passed a rule requiring all school systems in the state to offer students of every age level the opportunity to serve as part of the curriculum. Conflicts with comparable legislative language have delayed the effect of this ruling but it is expected to be enacted in the next year.

On the heels of these advances, Governor Perpich appointed a 21-member Blue Ribbon Committee to shape a lasting policy framework "to assure that mentoring and youth community service flourish throughout the State." The Committee will report to newly elected Governor Carlson and the Legislature next year with new recommendations on ensuring that mentoring and youth community service become pillars of Minnesota's educational strategy.

National experts have termed this emerging Minnesota model of cooperative citizen policy development, and our resultant programs and funding, "the most comprehensive state youth service program in the Nation" and a major influence in shaping the new federal legislation.

At the heart of Minnesota's success have been principles which both the State and Federal initiatives support:

- Young people are viewed and respected as valuable partners in community development and service.
- National service is more than an alternative to military service by young adults. It is a comprehensive nurturing process which can engage young people throughout their growing up experiences.
- The active learning style that characterizes youth service should be a key element of education reform in school or college.

As Minnesota and the Nation write a new chapter in the history of national service, and engage new generations of young people in shaping our democracy, it is essential that we hold these formative principles central to our mission. Young people today eagerly ask what they can do for their communities and for their country. It is up to all of us, young and old, to offer them opportunities.

Project Service Leadership

Kate McPherson
2810 Comanche Dr.
Mt. Vernon, WA 98273
(206) 428-7614

Youth Service Forum

"I have to be with young people, and this way I know I've done something for their lives," said Karen Molnar, Sedro Woolley High School student who had tutored elementary students. Project Service Leadership held a Youth Service Forum on Oct. 9, 1990 in which 150 youth from Skagit Valley heard presentations on a variety of service projects. Peer helping, food banks, Habitat for Humanity work camps for the homeless, Students and Teachers Against Racism (STAR), the environmental Earth Corps, and the Giraffe Club — people who stick their necks out to serve others — were among the projects presented. After hearing reports and ideas, students set to work planning projects of their own. After plans were presented to the whole group, a Volunteer Fair followed, where students met representatives from various community agencies.

Project Service Leadership will offer an advanced level training program for educators Aug. 12-16 in Bellingham, WA. Contact Kate McPherson for information.

National Indian Youth Leadership Project

McClellan Hall
Box 1249
Zuni, NM 87327
(505) 782-4104

In addition to a busy schedule of youth leadership training, the National Indian Youth Leadership Project will hold a Teacher Institute at the University of Colorado in the Summer of 1991. The American Indian Science & Engineering Society (AISES) will co-sponsor the event.



Active Citizenship - What Schools Can Give

Alec Dickson

Dr. Alec Dickson is the founder of Voluntary Service Overseas (President of the Prince Consort and President of Community Service Volunteers, London, England). He serves as Honorary Board Chair of the NYLC. The following comments are excerpted from his speech to the International Baccalaureate Schools Adelaide Conference. Dr. Dickson will be a featured speaker at the NYLC National Service-Learning Conference, March 12-13, 1991. (See notice on page 8)



Students from the Youth Service Leadership Class at Winsend High School, Warren, AD, engage incoming 9th grade students in leadership training. Photo by Don Zwach.

Community Service in the curriculum is not so much a subject in the traditional sense as a situation - a situation of your finding or devising, a situation concerned with human needs or social problems. In the words of Kurt Hahn we should seek to make the brave gentle and the gentle brave.

Not so long ago, Professor Thring at Queen Mary College, London University, asked his students of engineering to design a wheelchair that, unaided externally, could mount and descend a staircase - and not resemble a tank. Was this an exercise in engineering or an innovative example of community service? Could it be a combination of both?

In Lesotho, students of Machabeng High School go out to the villages to identify children whose eyesight or hearing calls for professional attention. At eye camps in India, eye specialists perform no-cost cataract operations on villagers threatened by blindness. Students share in the task of looking after these villagers whilst they are convalescent. Being present at the dramatic moment when the bandages are removed is an experience which they do not forget.

At the Hong Kong Polytechnic, course after course endeavors to encourage students to apply their skills to problems that beset the community. Students on the Trilingual Secretaries course act as voluntary guides and interpreters to foreign trade delegations. Students of Technology developed a swift and powerful adhesive so that shelters can be constructed of bamboo to help victims of sudden tornadoes or unpredicted influxes of refugees. Students of Engineering joined with medical students from the University of Hong Kong to design and make a kidney dialysis machine infinitely cheaper than what is commercially marketed. From the harbor of Hong Kong, the Adventure Ship takes disabled children on short voyages around the neighboring islands. It is manned by students of Nautical Engineering. These examples build up a picture of what the humane application of knowledge can achieve - and how study and service can indeed be combined.

The curricular approach offers a very different perspective of the role that community service can play in education. The part played by the laboratory in science teaching or the practical in language study can be paralleled by community service in relation to almost any subject. Community service can concentrate the minds of students on the humane application of their knowledge.

Let a few examples illustrate the basic simplicity of this approach. The teacher of handicrafts at a state school in China took the whole class to the local general hospital. The 15 year olds were reduced to silence when they met face to face with eight children suffering from spina bionda. It was explained that there was very little that doctors could do to assist these children. They

saw for themselves how the children could not walk and had to be lifted by a nurse for every purpose. "These children need help", added a sister. Back at school, over a period of five weeks, every handicraft session was devoted to trying out different designs and testing different materials. Led by the Headmaster, the class returned in the sixth week carrying eight finely polished V-shaped trays to cradle the splayed-out legs of the children and fitted on castor wheels, so that the children could propel themselves in any direction by their finger tips. At the launching over ceremony, the children were euphoric, the mothers in tears and the staff astounded.

The Headmaster, himself visibly touched, enquired of two pupils why this project had manifestly moved them. He received two splendidly British answers. One replied: "Because it's the first bloody thing we've made in this school that we didn't have to take home afterwards." The other answered: "Because nobody said it was 'Good for us', they said it was for real."

A Social Audit

In the development of this concept of community service one must consider the role of the school, as an institution, in relation to human needs and social problems. A social audit, or stock-taking, could reveal a new vision of the human resources available to contend with needs.

One envisages an accountant's ledger. The left hand page devoted to assets, the right hand page to debits. We start by looking at the staff. The Principal and the Vice Principal - What were their career backgrounds? In what subjects did they specialize at college? Did they experience military service? Do they possess a car, a yacht even? What about their spouses' talents? One by one we look at each member of the staff in turn. When we add up what we have recorded it seems that we have human resources to rival a state university.

We submit the physical plant to a similar analysis. There are the science labs, the swimming pool, the library, stage, orchestral instruments, gymnasium, transport, first aid facilities, cafeteria... We have an Aladdin's cave at our disposal. But do not let us forget the students themselves - their academic strengths, their personal interests, their musical talents, their languages. Add the three together, the staff, the physical plant and the students - these are our



Camtu Nguyen with her senior partner in a service project as part of an NYLC Minnesota Campus Service Initiative Student Leadership Retreat. Photo by Rick Nelson.

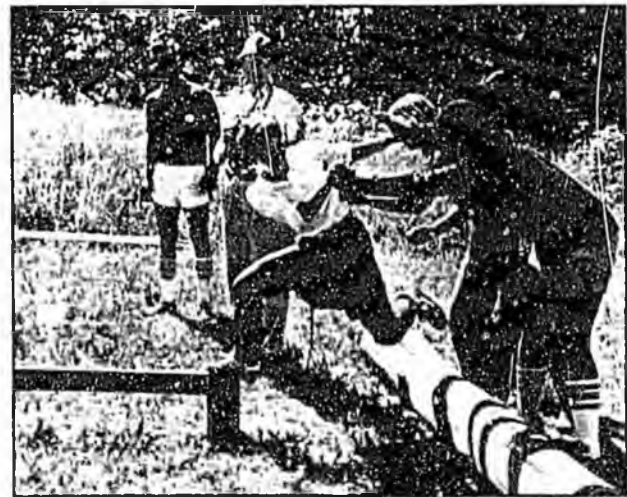
assets.

Now for the debits. With or without the help of a local university's Department of Social Work, we assess the unmet human needs, the unresolved social problems of our community. Can we balance the books? Have we the wherewithal to make some contribution at least to these needs and problems? Most institutions operate at not much more than six percent of their social potential. Can we do better, can we develop our school or college as a resource center of help to society?

Programs of community service must make provision for growth. As students rise upwards they should be confronted with more demanding aspects of science or language-learning commensurate with their age and maturity. Alas, there is a risk that many students will be stuck at Book One, dealing with similar patterns of community service and not allowing them to be confronted with increasingly challenging needs.

Just as the study of social science requires one to be fortified and tested by hands-on exposure to human needs, so does immersion in community service call for an understanding of basic principles. There has to be a partnership for service and learning. Most programs of community service need to be strengthened with an intellectual cutting edge. The study of social problems needs equally to entail the personal experience of contending with social needs.

The birth and/or survival of community service depends on convincing students that they are needed, not after getting their diploma - or four years later, securing their degree - but now. It hinges no less on persuading the Powers-That-Be that every school and college has a role to play as a resource center of help.



Alec Dickson, founder of Voluntary Service Overseas and Community Service Volunteers, London, England, (back right) observes the 1984 NYLC National Leadership Conference. Dr. Dickson will be a featured speaker at the March 12-13, 1991 NYLC National Service-Learning Conference (see notice, page 8, see his article, this page). Photo by Chris Wurtzinger.

The National and Community Service Act of 1990

Continued from page 1

nity groups finance a variety of youth and community service initiatives

- **Farmarks** funds for the establishment of four regional clearinghouses, to assist local initiatives and to share information and increase visibility for these initiatives around the country
- **Modifies and expands** a number of existing service programs at the post-secondary level, including a requirement for better publicizing existing student loan deferral and forgiveness options involving community service
- **Formally authorizes** President Bush's Points of Light Foundation
- **Communicates a "Sense of Congress"** that States should limit liability for "Good Samaritan" donors of food for charitable purposes

Grant programs include:

- **K-12 Service-Learning Programs** - Grants to States with subsequent grants to schools and communities
- **Post-Secondary Education Innovative Projects for Community Service**
- **Youth Corps Programs** - Includes American Conservation and Youth Service Corps programs
- **Full and part-time National and Community Service demonstration projects**
- **Points of Light Foundation**
- **Youthbuild** - local service projects involving construction and rehabilitation of low income and transitional housing and other community facilities

The appointment of the new Commission on National Service is the next step in the process of making funding available to states and eligible organizations. \$62 million is appropriated for fiscal year 1991, so funds may be available by late Spring, 1991. Interested parties should contact state or regional youth service organizations, and their state's department of education and Congressional delegation for more information.

National Service and Education Reform

Continued from page 1

young people.

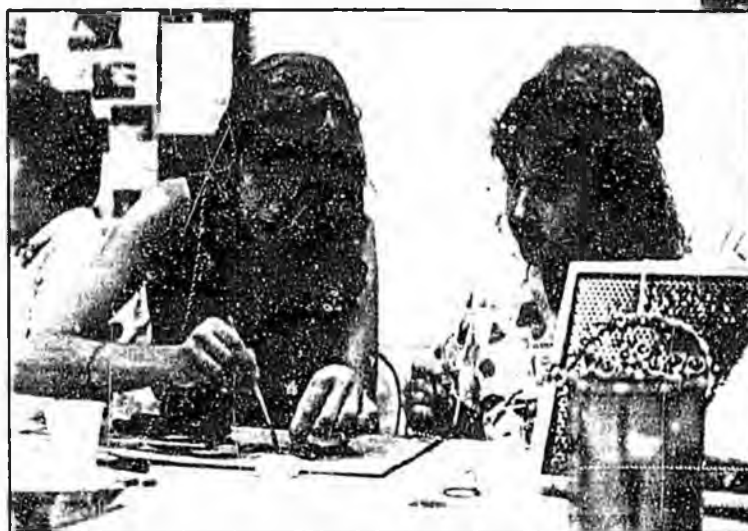
To succeed, service learning must not be considered separate and apart from more traditional "book learning." The real leaders in this field — teachers like Dan Conrad at Hopkins High School, Hopkins, Minnesota — have designed ways of integrating outside service opportunities into the classroom.

Ideally, this process will begin at a young age and continue throughout both high school and college. It will also be available to students who don't succeed in traditional learning environments — through alternative school programs and conservation and other service corps programs. And, hopefully, this process will draw on youth-serving community organizations — groups like 4-H and Scouting and the YM/YWCA's — which have years of experience in non-traditional ways of both teaching and learning.

I'm pleased that the national and community service legislation that was adopted in the 101st Congress has the potential to support all these goals. As that legislation gets implemented — and as others follow the lead of states like Minnesota — service learning must also be thought of as an integral part of educational reform. That's critical not only for education but for this Nation, and for the next generation of Americans who will help guide it.

Authorization is (in millions):

	FY 1991	FY 1992	FY 1993
• School-aged (incl. higher ed.) service corps/national service programs (roughly 1/3 to each area)	\$540	\$915	\$1030
• Commission on National Service (includes regional centers)	20	20	20
• Points of Light Foundation	50	75	100
• Youthbuild	10	20	50
Total:	\$620	\$1030	\$1200



Service to Community - Inside and Outside of School

Amy Mucklebust

Amy Mucklebust graduated from Fairview High School in Boulder, Colorado in the Spring of 1990. She is currently a Freshman at Colorado State University.

The lives of today's high school students are filled with extracurricular activities as they balance sports, arts, clubs and more. In this hectic schedule, community service often gets put aside. Yet it is important for students to participate in community service inside school as well as outside. It allows students to meet new people and grow in knowledge, personal self-esteem and in other areas.

I was involved in numerous activities at Fairview High School including two community service oriented ones: PROP (People Reaching Out to People) and SADD (Students Against Drunk Driving).

PROP decided that we needed to take care of the school community before reaching outside to help others. We held a weekly open forum on issues such as Racism, Date Rape, and Eating Disorders, to allow interested students to teach and to find support. An expert explained statistics and background, and at least one person with first hand experience told their story. For people who were more comfortable talking to a peer than a counselor or parent, we set up a peer counseling program on a sign up basis.

The members of SADD were also dedicated to caring for their peers. As Co-President, I tried to get people involved, and to raise students awareness of the dangers of drinking and driving. We made business cards saying, "We want you alive. Please don't drink and drive" and handed them out at dances as well as taking them to flower shops to be put in bouquets.

and corsage boxes. We also planned fun and legal alternative activities.

I was also active in community service outside school including volunteering at the Boulder District Attorney's Office, Boulder County Safehouse, as a Sunday Church School Teacher, and as an intern at Cal-Wood (three day camp for sixth graders).

Service to the community provides the opportunity to grow in knowledge and understanding and to improve one's personal attitude and outlook.

It is important to volunteer with peers in school as well as in the outside community. The two types of service are on completely different levels. At school, it is important to offer one's strengths to help one's peers. It is a great opportunity to make friends, and to learn, work and grow with peers.

It is just as important to get involved in the community. Because there is a wide variety of choices, it is easy to find something really enjoyable to do. These volunteer positions offer the opportunity to work with people of all ages and life situations. Service to the community provides opportunities to grow in knowledge and understanding and to improve one's personal attitude and outlook.

Both kinds of service offer something to everyone. They give a sense of satisfaction—a warm spot deep inside. They improve one's knowledge about the community and human needs. More importantly, they strengthen one's knowledge of oneself. The more one gives, the more one gains from the experience.

There is no question that community service changed and improved me. I have grown a great deal and have realized how much difference one person can make. It is the balance of service inside and outside school that had such an impact on me. I challenge everyone to take a risk, get involved and find out how much they have to offer. You won't be sorry.

The Sibley Mentor Program of Carleton College's ACT program, Northfield, MN. Photo by Matt Schilla, courtesy Carleton College News Bureau.

Youth Service: Renewing "Habits of the Heart"

By Mary Jo Richardson and Barbara Sanderson

"Citizens who are bound to take part in public affairs must turn from the private interests and occasionally take a look at something more than themselves."

—Alexis de Tocqueville

A CENTURY and a half ago, a young French historian, Alexis de Tocqueville, traveled across the United States observing Americans and their customs. One of the most intriguing things he found and reported on in his book, *Democracy in America*, was the desire of Americans to become involved in community service activities. Tocqueville called this desire to serve "a habit of the heart."

There is considerable evidence today that the service ethic described by Tocqueville is once again capturing the imaginations of young people across the nation. Nowhere is the concept advancing more rapidly than in Minnesota, where political leaders, educators, and young people themselves are suggesting that the service movement has the power to change American society, including its schools, in a number of exciting and positive ways.

The Minnesota approach features strong local programs, collaborative efforts among the private, nonprofit, and public sectors, and a sound infrastructure involving statewide legislation and funding for elementary, secondary, and postsecondary programs. Minnesota Governor Rudy Perpich called the 1989 youth service legislation "the most comprehensive package of youth service legislation

in the nation." It includes funding for public schools to initiate youth service through the community education programs in their districts. The legislative package also supports college-based service projects through grants from the Higher Education Coordinating Board and funding for the Minnesota Conservation Corps and the Minnesota Office of Volunteer Services.

State Representative Ken Nelson and State Senator Jim Pehler, chief authors of Minnesota's youth service legislation, identified community education as the ideal infrastructure

for youth service. About 150 community education directors and advisory councils had already taken the lead by including service in their local youth development plans, which were authorized by the legislature in 1987 and funded at the rate of 50 cents per capita. In 1989, the legislature added another 25 cents per capita specifically for youth service. With the increased focus on youth service by both the Governor and the legislature, and the additional incentive of \$1 million statewide, the number of school districts offering youth service almost doubled. Out of the 291 community education districts that have youth development plans, 279 have now opted to include youth service.

When Representative Nelson introduced the original youth development legislation, he said, "There is much concern in the country about 'youth at risk' . . . why not focus instead on youth potential, youth strengths, youth participation and contributions?" (Nelson 1988). Jim Kielsmeier, president of the National Youth Leadership Council, supported Nelson's idea, suggesting that youth service can be a dynamic way of involving youth in finding solutions to many school and community problems. This proposal became one of the major new directions of the youth development movement.

During the 1989 legislative session, Senator Pehler focused his support on the concept of service-leadership:

It is my hope, and the hope of those who support this [community youth service] legislation, that this bill will be another step



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also supervises the department's Youth and Community Initiatives unit. She has been a member of the Minnesota State Board of Education, the State Ethical Practices Commission, and the advisory committee to the University of Minnesota's Humphrey Institute. Before entering state government, she was executive director of the Minnesota Association for Children with Learning Disabilities.

Barbara Sanderson is a freelance writer and marketing consultant, specializing in education, health, and social service issues. She has served on both state and local community education task forces. She is a resident of Grand Rapids, Minnesota.

toward involving youth in their communities. It is a bill which is steeped in the wisdom of President Kennedy's exhortations for youth to take charge of their destiny and to look to their community as the starting point for their future . . . youth must challenge themselves to be individuals for their own self-esteem, and also for others. If they can help a disabled person into a van, assist an elderly couple in preparing a meal, teach a young child to read, or be a friend to a mentally retarded person—youth should take the opportunity to do so.

In the true spirit of the word "community," this is a program that is coupled with local community education programs. Its creation, funding and operation are purely local in origin, as they should be, since [this program] operates on the assumption that a community knows its need better than any state agency ever could. (Pehler 1989)

Pehler's concern is similar to that of Robert Bellah and others (1985), who state in their study, *Habits of the Heart*: "Taking our clue from Tocqueville, we believe that one of the keys to the survival of free institutions is the relationship between private and public life, the way in which citizens do, or do not, participate in the public sphere."

Minnesota youth service legislation is voluntary, but districts that choose to participate must meet certain criteria, such as the "integration of academic learning with the service experience" and the "opportunity to give genuine service to [the] community." Today, students all across Minnesota are responding to the challenge of youth service by taking an active role in programs and services. Students are, for example, tutoring classmates or younger students, assisting students with special needs, serving as peer helpers, and working with teachers on special projects.

Last spring, community educators in 128 districts reported that young people in their schools were engaged in peer tutoring and peer helper programs. Many observers believe that one of the primary reasons for the growing acceptance of peer tutoring and peer helper programs across the country is the awareness of the positive impact such programs have on both the tutor and the student being



Youth Service Recognition Day — Governor Perpich (left) and State Representative Ken Nelson

tutored. Researcher Diane Hedin (1987) of the Center for Youth Development at the University of Minnesota concluded, "Adding a well-designed peer or cross-age teaching component to an elementary or secondary school program has the potential for significantly augmenting the school's capability to promote academic achievement and interpersonal growth."

Peer tutoring, peer helper, and other youth service programs offered in the school offer a bridge between community education and K-12 education. Within the school district, community education serves as a facilitator to bring together youth, teachers, administrators, counselors, parents, and community education advisory committee members to design comprehensive youth service programs. Community education youth service funds are being used to sponsor workshops, to send youth to leadership camps, and to pay for the coordination, materials, and transportation needed for youth service programs. In some districts, funds are providing small grants to teachers who develop creative ways of integrating youth service into the curriculum.

Community education is also well-positioned to be a broker between school and community. Youth development or youth service coordinators are playing key roles in matching individual youth with community

needs and arranging contracts with a variety of community groups. Our students are volunteering in hospitals, nursing homes, preschool and school-age child care programs, and in community food banks. They are working with the homeless, the hungry, and the lonely. They are creating youth job networks, helping with Special Olympics, teaching bicycle safety, and negotiating with city councils and other government agencies to get bike trails and recreational space. And coordinators are involving them in both the planning and the implementation of programs.

Youth organizations, as well as schools, are playing a critical role in spreading the ethic of service. Thousands of young people are already engaged in community service activities through religious youth groups, Scouts, Camp Fire, 4-H and Cooperative Extension, the Y's, and other formal and informal youth organizations. To encourage youth service in all settings, Governor Perpich recognizes the efforts of students in community organizations as well as representatives of both public and nonpublic school groups when he hosts his annual Youth Service Recognition Day at the State Capitol. More than 200 programs were recognized in the 1990 ceremonies.

Establishing criteria for the Governor's youth recognition event and for local recognition programs is one way to emphasize key features of

effective service programs: involving youth in planning and implementation, establishing expected outcomes for both youth and the community, and ensuring opportunities for reflection on the service activity.

SAMPLE PROGRAMS

A few of the programs recently recognized by the Minnesota Governor are described below.

Explore Computers. At Minnetonka's Gatewood Elementary School, fourth through sixth graders teach an introductory computer class to local senior citizens.

Circles of Love. An elementary curriculum program, Circles of Love combines service with learning at Hastings' J. F. Kennedy Elementary School. The program begins with family and friends, expands to the neighborhood, and then to the world community. Last year, elementary students held a fundraiser for victims of the Armenian earthquake and for a local family service organization.

Youth Helping Youth. Following a 16-hour summer training program, young people from Chaska's middle school are involved in tutoring, peer helper, and community service projects as part of the Youth Helping Youth program.

Project Preserve. Youth of the Red Lake Indian Reservation are collecting and preserving stories from their tribal elders. Last year, the collected stories were assembled in a book that was presented to the tribe during its centennial celebration.

Christian Service. The Christian Service program at Cathedral High School in St. Cloud matches volunteers with parish, civic, and school organizations. Activities include aid to elderly and handicapped persons, peer tutoring, helping in the school, and food distribution. All students perform some service during the year.

Recycling. Members of the Mount Vernon Beacon's 4-H Club, Altura, conducted research on the feasibility of establishing an area recycling program, helped implement the program, and continue to work on the operation of the recycling facility. Students in the town of Ashby also conduct the city's recycling efforts. In return, the city matches the funds raised by the recycling center; all proceeds go to youth activities.

Amigos de las Americas. In Plymouth, Amigos de las Americas, a nonprofit agency, engages senior high school volunteers in a variety of service projects in rural Latin American villages. Volunteers assist villagers by giving inoculations, teaching dental hygiene, and vaccinating animals against rabies.

Pacemakers. Blaine senior high school students who are considering public health careers volunteer 50 to 60 hours at Mercy Hospital Emergency Room. The students work directly with health care professionals.

Welcome Inn Project. In a cooperative effort between a sociology research class at Mankato State University and the Welcome Inn Transitional Living Center, students are providing volunteer services, learning about homelessness, and developing research skills.

Courage To Care. Elementary students at Minneapolis' Barton Open School participate in a schoolwide program that focuses on service-learning in a variety of areas, including the environment, ethnic diversity, and intergenerational interaction.

Clay County Project 4 Teens. In three Clay County schools in north central Minnesota, youth receive special training in order to work with younger students on pregnancy prevention and sexual health issues. They teach decision-making, life-planning, communications, and other skills.

Northland Youth Service. Students in Remer, a small rural community in northeast Minnesota, initiated the Northland Youth Service program as part of their school district's youth development plan. Projects include peer tutoring, peer helping, basketball camp, helping senior citizens, recycling, and fostering better understanding of persons with disabilities.

Waseca Youth Service-Leadership Class. This elective high school class, which averages 20 students a trimester, involves an additional 1,000 students in a wide variety of service projects. Last spring, students in the class organized a Youth Alive workshop that brought young people together from throughout Minnesota to share ideas and community service program models.

While most of the programs recognized by the Governor are project-specific, many Minnesota school dis-

HERE'S A BASIC COMMUNITY YOUTH SERVICE LIBRARY FOR \$200

Conrad, Dan, and Hedin, Diane. 1987. *Youth Service: A Guidebook for Developing and Operating Effective Programs.* Independent Sector, 1828 L Street NW, Washington, DC 20036. \$12.50.

Conrad, Dan, and Hedin, Diane. 1989. *High School Community Service: A Review of Research and Programs.* Wisconsin Center for Education Research, University of Wisconsin-Madison, 1025 W. Johnson Street, Madison, WI 53706. \$7.50.

Kendall, Jane C., and associates. 1990. *Combining Service and Learning: A Resource Book for Community and Public Service* (3 volumes). National Society for Internships and Experiential Education, 3509 Haworth Drive, Raleigh, NC 27609. \$123.00.

Maryland Student Service Alliance: Instructional Framework. Maryland Department of Education, 200 West Baltimore, Baltimore, MD 21201. *Curriculum Guide:* \$20.00; *Handbook:* \$5.00.

National Youth Leadership Council. 1989. *Growing Hope: A Sourcebook on Integrating Youth Service Into the School Curriculum.* Center for Youth Development and Research, 386 McNeal Hall, University of Minnesota, St. Paul, MN 55108. \$37.50.

tricts are beginning to develop a more comprehensive approach to youth service and service-learning. The growing popularity of courses in community awareness and community improvement has led the way toward integrating youth service into the curriculum. Waseca's Youth Service-Leadership Class was recently honored by the Minnesota Community Education Association, and Hopkins' Community Awareness Program was cited by President Bush as one of six national exemplary programs.

Classes in youth service and service-learning are by no means a

recent phenomenon. In *High School Community Service: A Review of Research and Programs*, Conrad and Hedin (1989) cite a number of well-established courses in Minnesota and around the nation, observing, "We may be witnessing the dawn of a new climate of acceptance of (perhaps even pressure for) service programs in the schools." They add that, while no one can predict the future of service-learning, the entire concept merits "serious consideration by educational practitioners and policy makers."

IMPETUS FOR LEADERSHIP

Youth service is often the impetus for the development of leadership in the school or the community. Last spring, for example, a group of Grand Rapids high school students became concerned about possible cutbacks in school funding. As members of the Rapids Quest program, the students organized a letter-writing campaign in the school and presented petitions to their legislators. Later, they report-

ed on their efforts in local newspapers and presented a program to their school board.

Another group of students in the Cambridge-Isanti School District set as one of its goals the building of a bike trail between their two towns, so that young people would not have to ride their bicycles on the freeway. The students gathered petitions, explained their ideas to public officials, and wrote a song that's still being heard in their community: "I said Yes. They said No. Still got no place to go, except out where the semis roll. Round and round I go." One significant benefit of this student leadership effort has been improved communication between students, their parents, and community and school officials.

Youth service is proving to be a powerful way of engaging youth in examining and improving their communities. In the true spirit of community education, community youth service links the school and the community, makes the best use of human resources, and empowers those who

participate.

Through youth service classes and activities in schools and communities, Minnesota and a number of other states have taken the first major steps toward the expansion of service-learning. Much remains to be done, of course, before all students are given the opportunity to discover their personal "habits of the heart." □

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◆ MEMBERSHIP APPLICATION ◆

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Creating New Structures — Community Service Learning

By Carol W. Kinsley

CRIES for educational reform and school improvement continue to send shock waves through our communities and schools. The needs of students and society challenge educators to shift their attitudes and behaviors. Reform, restructuring, and improvement challenge the status quo. Education journals, conferences, speeches, and discussions constantly focus on ways to meet our social needs and educate our youth. The technological age and instant communication have affected us all. Major adjustments must occur if we are to maintain our participatory democracy, recognize interdependence in every aspect of our lives, understand the needs of youth, and provide adequate schooling for them. If our goals include enabling youth to become literate, caring, and thinking adults, educators need to shift attitudes, adjust current practices, and create new structures.

Our educational system has been providing schooling in a similar way for the past several generations. But our society and our young people have changed! Many children don't respond to what takes place in school. The symptoms are all there: high dropout rates, teen-age pregnancies, substance abuse, large numbers of unmotivated youngsters who make it through school with a C or D average, those who graduate with honors and identify as their primary goal the accumulation of wealth, and those who appear to be achieving but see their communities as chaotic or boring — and can't find anything to do but browse the malls. The symptoms point to a diagnosis of alienation, isolation, detachment from community. Do these young people care for themselves—or for one another? Their behaviors suggest that we adults have not been meeting their needs. Perhaps it has just taken us a long time to understand those needs.

Based on research conducted at the

University of Minnesota, Hedin (Benard 1990) concluded that many youth have become consumers rather than contributors in the society. Is this because they have been conditioned, served, and taught to consume? How often do we ask them to contribute? Others suggest that, rather than serving youth, we should involve them (Kielsmeier 1990). Building on that theme, Benard (1990) says, "Whether we view youth as problems or as resources determines our expectations for our youth and our actions." As educators, perhaps we need a shift in our attitudes to include these perspectives. How would we design programs differently if we believed that students should be contributors, involved, and viewed as resources?

One way is by involving youth in community service experiences, providing opportunities for students to contribute, to become a resource for others. The notion of connecting service with the formal learning process is relatively new. Traditionally, where community service has occurred as part of schooling—visiting the elderly, tutoring, helping in the hospital after school—it has been considered an

"add-on," usually extracurricular.

What happens when educators go beyond those traditional concepts? What happens—for youth, teachers, and the community—when service is intentionally integrated into the curriculum and becomes service-learning?

A growing body of evidence suggests that as educators look for ways to provide new paradigms for learning, service-learning is providing valuable learning experiences for students and meeting real community needs. When service activities are combined with curriculum, educators create sites for learning within the school and the community, students become actively involved and engaged in learning, teachers become facilitators for learning rather than dispensers of course content, and opportunities for site-based decision making occur. In essence, connecting service-learning to the curriculum provides a way for many school reform recommendations to be practiced and to become real. Often, this requires a shift in attitude on the part of educators.

NEW CONCEPTS

Learning should occur throughout the community, as a new "ecosystem for learning" (Goodlad 1984) is created. Educators should become partners with the community and use community resources to meet educational objectives. School systems should acknowledge the educational role of the community and begin to make community learning part of their philosophy of education and an integral part of their mission statements. When community organizations become partners with the school, the question that must be addressed is, how does this partnership enhance educational objectives? Students can learn about such community issues as homelessness, hunger, the elderly, the environment, and health, while working on

continued on page 4



Carol Kinsley is director of the Community Service Learning Center in Springfield, Massachusetts. She is a consultant to the K-12

community service-learning program of the Springfield Public Schools and frequently presents workshops and inservice programs on service-learning in other communities. She earned her master's degree in community education from Springfield (Massachusetts) College and is currently a doctoral candidate in the School of Education at the University of Massachusetts.

Person-to-Person — Making the Connection

Service projects in which personal connections can be made include intergenerational experiences — both serving elders and learning from them. Assisting the homeless and hungry, addressing health and safety issues, promoting good citizenship (by identifying local heroes, for instance), and volunteering through social service agencies are frequent service activities. Students may serve as individuals, in clubs, through a class, or through a schoolwide project. They may teach others through peer tutoring and various kinds of cross-age learning.

In the upper grades, students should be involved in the design of their own service experiences. The needs of the community are vast. The challenge for schools is to make the connection and assure that learning takes place.

Clean-up: Environmental Experiences

The Children's House, a preschool on Nantucket, Massachusetts, has established Earth Awareness as the core curriculum. As part of their study, students take several "garbage walks" during the year and learn to sort the collected garbage into trash, biodegradable materials, and recyclables. The educational objectives established by the teachers are for the children to learn about ecology and how to maintain their planet. Back in the classroom, the teachers have the children reflect on and discuss their experience. Drawing pictures, reading related books, and studying about endangered flora and fauna help tie the experience together. Later in the year, the children and their families participate in a beach clean-up, extending the learning to the whole school community. Through this unit of study,

the children begin to develop a foundation of learning to care for their special environment.

Older children are capable of participating in more sophisticated service-learning experiences; these can be designed to be incremental, as with any content area. For example, in the Springfield, Massachusetts, Public Schools, all fifth graders spend one day of the school year helping to preserve a conservation area as part of the Environmental Center of Springfield. They clear and maintain trails, observe animal habitats and learn how to protect them, and plant bulbs or bushes. Later, the cleared brush is chipped, and students spread the recycled material on the trails. In addition to experiencing the science curriculum that is studied in the fourth and fifth grades, the children get a sense of contributing to the community. For many, it is a first experience in planting and nurturing their environment.

Older students can become involved in more complex environmental issues (water- and air-testing, for example), applying their problem-solving and analytical skills. They may then write persuasive letters to appropriate public officials and to newspaper editors, or they may speak to community and school groups about their findings.

In order for the experience to be authentically service-oriented, reflection must be a part of the project. This may take the form of a journal, diary, drawing, discussion, poetry, log, or other form selected by the teacher or student.

Definitions

Consensus is building around the following youth community service definitions:

Youth service and community service are used interchangeably as generic terms for students who volunteer in the community. Some practitioners prefer the term youth

service because the criminal justice system uses community service as punishment for illegal acts. (There is some movement toward changing the criminal justice term to restitution or something similar.)

National service refers to a full-time service experience. Stipends are associated with national service (as, for example, the Peace Corps). Participants are primarily out-of-school young adults. Service is usually six months to a maximum of four years. Existing programs (conservation corps and Peace Corps) could be used as models for addressing existing societal needs.

Youth community service activities means curricular or cocurricular activities performed by students to meet school or community needs. Examples include peer tutoring; working with children, the homeless, the hungry, or the elderly; and addressing environmental needs.

Service-learning is "student learning and development through active participation in thoughtfully organized service experiences that meet real community needs and that are coordinated in collaboration with the school and community. The service-learning is integrated into the students' academic curriculum and includes structured time for them to talk, write, and think about what they did and saw during the actual service activity." Service-learning is the intentional integration of curricular content with community service activities. Effective service-learning led by committed, well-prepared educators yields documented outcomes that benefit young people, the community, and the schools (NSLI 1990).

Creating New Structures

continued from page 2

site to meet real needs. When students participate in activities that are integrated into the curriculum, the learning process is focused and organized. They not only learn about their community, they discover the meaning of participation and citizenship.

Students learn through active involvement in the community, rather than through passive listening, reading, and writing in workbooks. By connecting a service activity with educational objectives—in a specific course, an interdisciplinary project, or a schoolwide activity—students learn by doing. They participate in learning experiences. The service activity becomes the motivator for learning, students become actively engaged in the learning process, and content area skills are further developed and learned.

In this learning structure, the role of teacher changes from "dispenser of knowledge" to "facilitator and manager of learning" (Washington Education Association 1989). The teacher provides the setting and framework for the activity, then manages the learning process as students proceed with their involvement. The teacher is an active manager and continually puts the activity, involvement, and learning into perspective. Teachers who were trained prior to Sputnik will recognize this methodology as the "unit method"; they won't have to shift their attitudes—they just need permission to use the method again!

When the service-learning project is schoolwide, it easily becomes part of the responsibility of the school-based management team. When a community need is identified, it makes good sense for the school team to determine whether it can be addressed by students and how it can be integrated into the curriculum. A byproduct of this process is that teachers work collegially to develop service experiences, breaking the isolation often associated with teaching.

The pedagogy suggests that service can be integrated into all aspects of the educational program in all schools, every curriculum area, and every program. More than a separate program, community service-learning is a methodology — learning by doing — that becomes an integral, natural part of the learning process, preschool

through 12th grade. The expectation is that all students will learn about service as part of instruction, incrementally, as they learn to become literate, analytical, caring, communicative, contributing citizens.

Service-learning, ultimately, can become a way for every teacher to provide students with active and engaging experiences: in content areas, through a unit of study, or through an interdisciplinary experience. Rather than being an added-on experience, community service-learning is another way of educating, an appropriate methodology for encouraging students to apply what they learn—about life, themselves, and their communities (NSLI 1990). The community thus becomes a valid laboratory for learning and is given as much credence and importance as the chemistry lab is given in the teaching of chemistry.

The pedagogy applied to integrating service into the curriculum is solidly based on the work of such educators as John Dewey, Ralph Tyler, Hilda Taba, John Goodlad, Ernest Boyer, Elliot Wigginton, Cynthia Parsons, and others who believe that active engagement is an essential part of the learning process. An old adage says, "Tell me, I'll forget; show me, I'll remember; involve me, I'll understand" (NYLC 1989). That advice speaks to learning styles and succinctly identifies the importance of involvement and of learning by doing.

Why should educators consider service-learning? What does it bring to youth that makes it worth doing? Recent studies indicate these benefits:

- Increased competence, self-confidence, and self-esteem.
- Experience among people of diverse backgrounds.
- A chance to learn in a different way: from doing rather than from being told.
- Experience in problem solving.
- Developing empathy for others.
- Gaining a sense of the responsibilities of life as well as enjoying its privileges.
- Providing tangible public benefits.

How do teachers respond? A sample of the responses from teachers in the Springfield, Massachusetts, Public Schools, where community service-learning was implemented for all students in 1987, provides answer:

"This is what children need."

"Students feel better about themselves."

"Students need to get beyond textbooks, and learning needs to be fun and joyful. This does it!"

"We get it. Community service learning works with kids!"

"By integrating service into the curriculum, I feel I've been given permission to teach in a way that reaches kids."

"Watching our students participate and grow through individual service activities has inspired us to use the community as the core for our curriculum next year."

"The service-learning project helped create a more positive school climate."

"The intergenerational study was one of the best projects we have ever provided for our students."

In short, teachers as well as students gain a sense of empowerment.

Advocates of service-learning suggest that integrating service into the curriculum causes shifts in the educational process. When teachers integrate service into the learning process, it affects their teaching styles, responds to students' learning styles, and deeply affects students. Students grow socially, intellectually, and psychologically (Conrad and Hedin 1989). Service-learning experiences provide students with ways to learn about themselves and their communities, about citizenship, and about how to care for one another. In learning by doing, they develop a sense of belonging and connection to their communities. □

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S B

169

REQUEST: FISCAL NOTE

Revision Date: _____ Agency Affect: Health & Social Services
 Title: Case Management for pregnant adolescents BRU: State Health Services
 Sponsor: Pearce Components: Maternal, Child & Family Health
 Requester: Senate HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services						
Travel						
Contractual		504.0	1,008.0	1,008.0	1,008.0	1,008.0
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	0.0	504.0	1,008.0	1,008.0	1,008.0	1,008.0

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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FUNDING: (Thousands of Dollars)

General Funds	0.0	504.0	1,008.0	1,008.0	1,008.0	1,008.0
Federal Funds						
Other						
TOTAL	0.0	504.0	1,008.0	1,008.0	1,008.0	1,008.0

POSITIONS

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

ANALYSIS: (attach a separate page if necessary)

This cost is based on 75% of the estimated 700 non-Medicaid eligible young women seeking this service at \$80.00/month for two years.

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

Phone: 465-3090
 Date: 04/11/91

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

Date: _____

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During Session:
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Juneau, Alaska 99811
(907) 465-4993

Senator Drue Pearce
District G

MEMORANDUM

SUBJECT: Case Management Services for Adolescents
(CS SB 169)

TO: Senator Arliss Stre^{DP}ski, Chair
Health, Education, & Social Services Committee

FROM: Senator Drue Pearce^{DP}

DATE: April 12, 1991

The following is a sectional analysis of CS SB 169:

Section 1. Amends AS 47 by adding Chapter 18 to deal with programs and services for adolescents. Sec. 47.18.010. requires the Department of Health and Social Services to provide case management for adolescent parents and pregnant adolescents who are not eligible for similar services under Medicaid. It also requires both programs to coordinate the delivery of services.

Subsection (b) outlines the services case management must provide. These service are:

Evaluating the health care and social service needs of each adolescent.

Discussing and informing the adolescent of the various public and private services available.

Providing list of specific day care providers with phone numbers and addresses.

Educating about choosing suitable day care providers by specifically informing on aspects of quality, licensing regulations, available financial assistance, child abuse reporting, and relevant child development information.

Assisting the adolescent with applications for services and transportation.

Continual assessment of the adolescents needs.

Sec. 47.18.020. Allows the department to contract case management services, with preference given to municipalities.

Sec. 47.18.030 Requires the department to publicize the availability of case management services in away that will most effectively reach adolescents.

Sec. 47.18.040 (a) assures that the department will determine the adolescents eligibility under Medicaid. When the adolescent is eligible the department will provide the services.

Subsection (b) requires that the contractor providing services under this chapter should determine if the adolescent is eligible for Medicaid and make appropriate referrals.

*Does
this mean
I Acts of
Service Provider*

Senate Bill No. 169

For an Act entitled: "An act requiring the Department of Health and Social Services to provide for case management services for adolescent parents and pregnant adolescents."

Summary

SB 169 amends AS 47 by adding a new Chapter entitled Programs and Services for Adolescents. The first section directs the Department to provide case management services to adolescent parents and pregnant adolescents without regard to the income and resources of the adolescent or their households. It then lists the seven components that case management services must include. The second section directs the department to contract with other entities to provide these adolescent case management services within specific areas, giving priority to municipalities. The third section directs the department to publicize the availability of these case management services in a manner that will most effectively reach it's target adolescent group. The Department is also directed to require, as a condition of contract, all contacting entities to advertise their services in the most effective manner possible.

Discussion

Pregnant and parenting adolescents have many needs. An adolescent pregnancy creates a crisis situation for both the adolescent girl, the young man involved and all of the parents or primary caregivers. Everyone involved experiences some level of stress and the family unit and the individuals within it frequently find they are unable to provide the pregnant and parenting adolescent with the support needed because they are dealing with their own reaction to the situation. Most of these adolescents have not finished their education, most have no source of income or at least not enough to support themselves independently and most are still growing and developing physically and emotionally. The families of adolescents who are pregnant or parenting are the major source of support, but they are often confused and alternate between wanting to take over and make all the decisions, and forcing the child to be an adult and take the responsibility for the decisions that need to be made.

The educational, health care, financial support and transportation systems that a pregnant or parenting adolescent needs to access are complex and often geographically and programmatically hard to access. Even the best educated and most well informed parent frequently does not know where to locate or how to access the variety of programs and services that might be available to help their adolescent. Families who are struggling because of unemployment, substance abuse or other issues within the family may find it virtually impossible to be of much assistance to their adolescent. An additional problem is related to the fact that most

adolescents will deny the pregnancy until there is no longer any choice. Thus, any additional delay in obtaining services can significantly affect the outcome of the pregnancy.

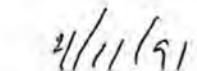
Numerous research studies support the positive impact that case management has on pregnancy outcomes in adolescents. Young people who receive the full array of services available to them frequently are more aware of their options, (ie adoption as well parenting), more likely to stay in school and less likely to exhibit poor parenting skills. Often the problem is not that services are not available in the community, but that neither the adolescents nor their families are aware of them. It is a case managers responsibility to know what is available and to assist the young man and woman and their families in accessing those that they personally need and want.

Position

The Department supports implementing this service on a phase-in basis, with a well developed evaluation component that will measure the impact of the service, the problems related to implementation, the actual numbers of potentially eligible adolescents who will utilize the service and acceptability by clients and their families. Coordination with all the programs currently providing and/or funding case management services will be essential. The University system must be accessed for expertise related to the development and implementation of an on-going case management training program.



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



Date

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

Date

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.

RECOMMENDATION:

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

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.

SB

170

REQUEST: FISCAL NOTE

Revision Date: 4/25/91 Agency Affected: Health & Social Services
 Title: Statewide awareness campaign for adolescent pregnancies BRU: State Health Services
 Sponsor: Pearce, Uehling, Zharoff, Collins Components: Maternal, Child & Family Health
 Requester: Senate HESS

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services		50.0				
Travel		5.0				
Contractual		125.0	30.0	30.0	30.0	30.0
Supplies		3.0	5.0	5.0	5.0	5.0
Equipment						
Land & Structures						
Grants, Claims		100.0	200.0	200.0	200.0	200.0
Miscellaneous						
TOTAL OPERATING	0.0	283.0	235.0	235.0	235.0	235.0

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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FUNDING: (Thousands of Dollars)

General Funds	0.0	283.0	235.0	235.0	235.0	235.0
Federal Funds						
Other						
TOTAL	0.0	283.0	235.0	235.0	235.0	235.0

POSITIONS

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

ANALYSIS: (attach a separate page if necessary)

Please see attached analysis.

Prepared By: Peter M. Nakamura, MD, MPH, Director *PMN* Phone: 465-3090
 Division: PUBLIC HEALTH Date: 04/25/91
 Approved By Commissioner: Theodore Mala, M.D., MPH *T. Mala* Date: 04/25/91
 Agency: HEALTH & SOCIAL SERVICES

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

FISCAL NOTE ANALYSIS FOR SB 170

FY 92

Personal Services: \$50.0

Nonpermanent half time Health and Social Services Planner II (Rg.19) and Clerk Typist III (Rg.8) to develop a comprehensive statewide plan to ensure effective adolescent pregnancy program services.

Travel: \$5.0

Staff travel to coordinate plan development with municipalities, Alaska Area Native Health Service, Department of Education, Regional Health Corporations and concerned community groups and agencies.

Contractual: \$125.0

Professional Services Contract to develop a multi media campaign addressing adolescent pregnancy prevention. (approximately \$100.0)

Communication and duplication costs associate with the plan development. (approximately \$5.0)

Limited multi media campaign implementation cost for publication and telecommunications. (approximately \$20.0)

Supplies: \$3.0

Program brochures, educational and printed public information materials.

Grants: \$100.0

Community based adolescent pregnancy prevention project development funds which are intend to support concerned public agency activities. These funds are intended to be utilized in conjunction with existing programs whenever possible to supplement or expand compatible services such as the suicide prevention projects administered by the Division of Mental Health and Disabilities. Anticipated start up date for this phase of the program would be mid FY 92.

FY 93 to FY 96

Contractual: \$30.0

Multi media camapign cost to supplement public service

announcements in radio and televsion.

Supplies: \$5.0

Program brochures, educational and printed public information materials.

Grants: \$200.0

Full implmentation cost for community based adolescent pregnancy prevention project development funds which are intend to supplement concerned public agency activities. These funds are intended to be utilized in conjunction with various existing programs whenever possible to supplement or expand compatible services such as the suicide prevention projects administered by the Division of Mental Health and Disabilities.

REQUEST: FISCAL NOTE

Revision Date: _____ Agency Affected: Health & Social Services
 Title: Statewide awareness campaign for adolescent pregnancies BRU: State Health Services
 Sponsor: Pearce, Uehling, Zharoff, Collins Components: Maternal, Child & Family Health
 Requester: Senate HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services		50.0				
Travel						
Contractual		295.0	295.0	295.0	295.0	295.0
Supplies		5.0	5.0	5.0	5.0	5.0
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	0.0	350.0	300.0	300.0	300.0	300.0
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	0.0	350.0	300.0	300.0	300.0	300.0
Federal Funds						
Other						
TOTAL	0.0	350.0	300.0	300.0	300.0	300.0

POSITIONS

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

ANALYSIS: (attach a separate page if necessary)

In order to visit the 227 villages semi-annually with populations of under 2000, it would cost \$200/day for a clinician and \$125/day for travel and per diem. In the larger communities, \$175,000 would be needed to enhance the services already provided. These services would be contracted out. The department would need one-part time position to develop the program and implement the outreach services.

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

Phone: 465-3090
 Date: 04/11/91

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

Date: _____

Distribution (by preparer):

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

Alaska State Legislature

3111 C Street, Suite 150
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Senator Drue Pearce
District G

During Session:
P.O. Box V
Juneau, Alaska 99811
(907) 465-4993

MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair
Health, Education, & Social Services Committee

FROM: Senator Drue Pearce *Drue Pearce*

DATE: April 12, 1991

RE: Sponsor Statement for SB 170

This legislation will create a campaign in our state to make the public aware of the problems and potential solutions associated with adolescent pregnancy. The fundamental purpose of this bill is to bring the grave problem of teen pregnancy in to the conscious mind of the people of our state. With the shocking statistics that drive our state to have one of the highest teen pregnancy rates in the nation, it is a problem that needs to be publicly addressed on a statewide basis.

This bill requests a coordinating effort by the Department of Education, the Department of C&RA, the Department of Labor and a large and diverse group from the community to enhance the effectiveness of the public awareness campaign and the special community projects.

The awareness campaign would include public forums, radio and television, public service announcements, and other forms of media all designed to communicate the magnitude of the adolescent pregnancy problem.

The bill also encourages and fiscally supports community based projects dealing with issues that directly impact teen pregnancy. The proposed projects must include one or more of six optional areas of focus such as: family life education, prenatal care for pregnant adolescents, job training and placement for adolescent parents, and any other project the department deems likely to have an effect on combating the problem.

How to handle
Healthy Baby
Prevent Abuse
Prevent Abuse

Before receiving the possible 90 percent funding for these projects, the applicant must demonstrate a thorough assessment of the needs of the community, supporting research, collaboration with relevant agencies, an evaluation measure, and a public awareness component in order to receive any funding.

The bill also requires the Department of Health and Social Services to advertise the money that is available and to showcase and encourage repetition of successful campaigns and projects.

This campaign is a major and necessary step in making our society confront and begin to consciously solve the problems associated with teen pregnancy.

Alaska State Legislature

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Senator Drue Pearce District G

MEMORANDUM

SUBJECT: Public Awareness Campaign to Prevent Teen Pregnancy
(SB 170)

TO: Senator Arliss Sturgulewski, Chair
Health, Education, & Social Services Committee

FROM: Senator Drue Pearce *DP*

DATE: April 12, 1991

The following is a sectional analysis of SB 170:

Section 1. Amends AS 47 to add chapter 18 which addresses programs and services related to adolescents.

Article 1. Establishes a statewide plan to ensure the effectiveness and efficiency of programs related to adolescent pregnancy and services to adolescent parents. This includes examining existing programs, evaluating the achievements of the projects that AS 47.18.100 - AS 47.18.140 of this bill provides for, making recommendations for the need to expand programs, and recommending an incremental approach to implementing this plan.

(c) Requests the Department of Education, Department of C&RA, and Department of Labor to solicit advice from a broad range of societal groups to help enhance the effectiveness of the above mentioned programs.

Article 2. Creates Sec. 47.18.050. which requires the Dept. of Education to develop a continuing statewide public awareness campaign including a wide range of media. All of these efforts should be designed to reduce and communicate the magnitude of the problem of teen pregnancy, to enlist support of the public to implement community activities to reduce adolescent pregnancy and encourage adolescents to abstain from sexual activities.

Article 3. Sec.47.18.100. Allows the department to fund up to 90 percent of the cost for local projects dealing with teen pregnancy prevention, through appropriations for that purpose.

Projects that are eligible for these funds are outlined in Sec.47.18.110. This section outlines the need for a holistic approach to projects to aid teen pregnancy. It requires that at least one of six activities listed on page 3, lines 16-23 be included in a project funded through this legislation.

Sec.47.18.100. Deals with the application process for project funding. The requirements of the applicant include assistance from community member representing a variety of perspectives, sound research, collaboration of relevant agencies, evaluation measures, and public awareness campaign component.

Sec.47.18.140. Requires the department to publicize the availability of funds through workshops, advertisement and encouragement of replicating successful projects, and increasing public awareness about state services available for teen pregnancy problems.

For an Act entitled: "An Act directing the Department of Health and Social Services to develop a statewide plan and conduct a statewide awareness campaign relating to adolescent pregnancy prevention and services for adolescent parents and their children; and establishing a program to fund adolescent pregnancy and parenthood projects."

Summary

SB 170 amends AS47 by adding a Chapter 18, entitled Programs and Services Related to Adolescents. Article one directs the Department, with guidance from the Alaska Commission on Children and Youth to develop a statewide plan to ensure that state programs related to adolescent pregnancy prevention and the provision of services to adolescent parents and their children are efficient and effective. Article two directs the Department to develop and implement a statewide public awareness campaign, utilizing all forums and media, to communicate to the public the magnitude of the problem and to enlist community help with the problem. A primary objective of the campaign will be to encourage adolescents to abstain from premarital sexual intimacy. Article three directs the department to fund, from appropriations for that purpose, local projects designed to prevent adolescent pregnancy and provide adolescents with educational, vocational and parenting training. It also directs the Department to annually conduct regional conferences or workshops to showcase successful projects, encourage their replication and increase public awareness of the available services directed to the problems of adolescent pregnancy and parenting.

Discussion

A comprehensive state plan; outlining need, essential care services, available resources, existing programs and priorities for future activity would help state and local entities. It would help prioritize projects for funding, as resources dwindle. It would provide information regarding successful interventions and activities and would convey to possible outside funding agencies, ie. the federal government and private foundations, the exact nature of the need, the scope of the current effort and the context within which the proposed projects would operate.

The success of the Healthy Babies public awareness campaign in getting pregnant women into prenatal care early is an excellent example of how effective a well designed campaign can be. Most adolescents and their families believe adolescent pregnancy and parenting is something that happens only to others. There is also the belief that it really doesn't change the adolescent or the family's life that much. A good campaign that communicates the magnitude of the problem and encourages communities to educate themselves about the realities of children having children can go far towards improving the support and services available to those who find themselves dealing with an adolescent pregnancy.

The early onset of sexual activity within the adolescent community gives rise to myriad of problems, pregnancy and parenting at a

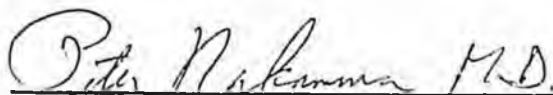
young age being only two of them. Sexually transmitted diseases, some of them life threatening or potentially destructive to the young man or woman's reproductive ability, are a daily reality. A campaign directed towards encouraging adolescents to delay sexual intimacy till after marriage can have far reaching positive effects as far as self-esteem and educational attainment are concerned.

The Division of Mental Health has had significant success with it's program of community based Suicide Prevention Projects. This bill directs communities to design holistic programs with cultural integrity. It requires applicants to demonstrate that the entire community to be served be involved in the planning process and have their interests and perspectives well represented. Hopefully, projects will integrate services from agencies that traditionally have not worked well or closely together. Well designed evaluation and public awareness components will provide valuable information regarding the effectiveness of the strategies employed and will get the information about the project out to those who need the services.

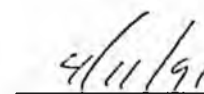
Many times very successful programs are not replicated because other communities do not know about them or there effectiveness. The regional conferences can bring together professionals, adolescents and their families to discuss what works, what doesn't work and what future activities should be. It provides those working in the field a chance to network with their peers and to get support, encouragement, affirmation and recognition for work that was well done.

Position

The Department of Health and Social Services recommends passage of SB 170 because it addresses the needs of pregnant and parenting adolescents and their families in communities across the state. The plan will provide guidance to all entities in the state providing services to the target population and the public awareness campaign, the community based projects and the regional workshops will all enhance the delivery and quality of services available to pregnant and parenting adolescents and their families.



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


Date

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

Date

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.

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.

S B

172

REQUEST: FISCAL NOTE

Revision Date: 4/25/91 Agency Affected: Health & Social Services
 Title: Peer counselor program BRU: State Health Services
 Sponsor: Pearce, Uehling, Zharoff Components: Maternal, Child & Family Health
 Requester: Senate HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services		93.8	93.8	93.8	93.8	93.8
Travel		9.0	9.0	9.0	9.0	9.0
Contractual		55	55.0	55.0	55.0	55.0
Supplies		1.5	1.5	1.5	1.5	1.5
Equipment		7.5				
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	0.0	166.8	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	0.0	166.8	159.3	159.3	159.3	159.3
Federal Funds						
Other						
TOTAL	0.0	166.8	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 *P. M. Nakamura*
 Division: PUBLIC HEALTH

Phone: 465-3090
 Date: 04/25/91

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

Date: 04/25/91

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

FISCAL NOTE ANALYSIS FOR SB 172

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