

ALASKA LEGISLATURE COMMITTEE FILES 1999-2000 8672

9805 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

**HB**

**27**

HOUSE COMMITTEE REPORT

(7)

Date Referred to Committee: January 19, 1999

FURTHER REFERRALS:

Finance

Date of Committee Action: 2.4.99

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 27

HOUSE BILL NO. 27

GRADUATE STUDENT LOANS

"An Act relating to graduate student loans; and providing for an effective date."

recommends it be replaced with the following committee substitute CSHB 27 (HES)  the same title  a new title

additional referral to \_\_\_\_\_ Committee  
 attached amendment(s)

ADOPTS: \_\_\_\_\_ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) \_\_\_\_\_ APPROVES PREVIOUS: (Dept/Date) \_\_\_\_\_  
 fiscal note(s) ACPE  fiscal note(s) \_\_\_\_\_  
(INDETERMINATE)  
 zero fiscal note(s) \_\_\_\_\_  zero fiscal note(s) \_\_\_\_\_

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
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			<input checked="" type="checkbox"/>	

CHAIR'S SIGNATURE

# FISCAL NOTE

STATE OF ALASKA  
1999 LEGISLATIVE SESSION

BILL NO. HB 27

Revision Date (Note if correction) \_\_\_\_\_  
Title "An Act relating to graduate student loans; and providing for an effective date."

Dept. Affected Education  
BRU ACPE

Sponsor Rep. Mulder  
Requester HHESS

Component Student Loan Operations

Component Serial No. 213

**Expenditures/Revenues**

(Thousand Of Dollars)

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

OPERATING EXPENDITURES	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Personal services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	*	*	*	*	*	*

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUE ( )</b>						
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**FUND SOURCE**

(Thousand of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type) 1106 P-Sec Rec						
<b>TOTAL</b>	*	*	*	*	*	*

Estimate of any current year (FY 99) cost: \_\_\_\_\_

**POSITIONS**

Full-Time						
Part-Time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

It should be noted that inclusion of forgiveness benefits would require a general fund appropriation. The information provided in this fiscal analysis is predicated upon statements that no forgiveness benefits are intended in HB 27, and that the assistance provided to Professional Student Exchange Program participants in the form of support fees are to be incurred under terms and conditions of loans. \*Program funds disbursed as student loans are not subject to the Executive Budget Act, therefore an appropriation is not required.

Prepared by Mike Maher, Director of Student Loan Operations  
Division Student Loan Operations

Phone 465-6743  
Date/Time 2/1/99 11:59 AM

Approved by Exec. Director Diane Barrans  
Agency Alaska Commission on Postsecondary Education

Date 2/1/99

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(over)

FISCAL NOTE

STATE OF ALASKA  
1998 LEGISLATIVE SESSION

BILL NO. HB 27

**ANALYSIS:** (continued)

Yearly support fees projected for the '99-'2000 school year range from a low of \$4.2 for the Physician Assistant field to a high of \$22.8 for Medicine. The cost to the loan fund of Alaska's participation in the program again will vary significantly depending on the number of applicants awarded loans, and the professional fields approved.

In order to determine a reasonable level of participation, the WICHE Administrative Office was asked to review Alaska's historical participation level in the Professional Student Exchange Program (PSEP) as well as state professional workforce projections and provide recommendations regarding the professional fields and number of students. Their analysis is as follows:

	No. of students
Dentistry	3
Physical Therapy	6
Occupational Therapy	4
Optometry	2
Podiatry	1
Physician Assistant	3
Total	<u>19</u>

The cost of this level of participation would be \$157,300 in the first year and rise to \$530,628 when all fields are fully enrolled.



# **REPRESENTATIVE ELDON MULDER**

**CO-CHAIR HOUSE FINANCE**

**ALASKA STATE LEGISLATURE • HOUSE OF REPRESENTATIVES**

**DISTRICT 23 • MULDOON & FORT RICHARDSON**

**CAPITOL BUILDING, #507 • JUNEAU, ALASKA 99801 • PHONE (907) 465-2647 • FAX: (907) 465-3518**

**E-MAIL: REPRESENTATIVE\_ELDON\_MULDER@LEGIS.STATE.AK.US**

## **Sponsor Statement**

### **House Bill 27**

### **Graduate Student Loans and the WICHE Program**

House Bill 27 will allow post-secondary students to gain affordable access to desired professional programs. Alaska utilizes Western Interstate Commission on Higher Education (WICHE) to take advantage of the reduced tuition (limited to 1.5 times the resident rate compared with up to 5 times the resident rate) and class spots which are restricted without our participation in WICHE. Our current budget situation does not allow Alaska to make grants, as we did prior to 1997. This amends statute to allow state student loan monies to be loaned through WICHE and repaid to the student loan fund.

The Western Interstate Commission on Higher Education was created to facilitate resource sharing and cost effective services for 15 Western states and their public and private colleges and universities. This bill will allow Alaska to renew our participation in the WICHE Professional Student Exchange program. The state can make this change allowing for loans and provide a significant benefit to students.

Memorandum

Date: January 31, 1999  
To: Diane Barrans  
From: Dewayne Matthews  
Re: PSEP participation

I am pleased that the Alaska Legislature is considering renewing the state's participation in the Professional Student Exchange Program (PSEP). To try to determine a reasonable level of participation, I have reviewed such data as Alaska's historical level of participation and state professional workforce projections. I would recommend that the following fields and number of students per year would be a reasonable level of participation (also shown on the attached Table 1):

	No. of students
Dentistry	3
Physical Therapy	6
Occupational Therapy	4
Optometry	2
Podiatry	1
Physician Assistant	3

As detailed on Table 1, the cost of this level of participation would be \$157,300 in the first year and rise to \$530,628 when all fields are fully enrolled. This cost projection assumes that all graduates return to Alaska - any funds repaid by students who choose not to return would offset these costs. It is also very likely that it will not be possible to fill all available slots in the first year or two of the program since prospective students would not be fully aware of the availability of support.

I have enclosed a table (Table 2) showing the number of first-year students that Alaska historically supported in PSEP, and a brief report with information on three relevant issues: 1. projections for Alaska's professional workforce; 2. the availability of positions for out-of-state students in professional schools in the WICHE region; and 3. the student debt levels of recent professional school graduates.

I was able to find two reports on professional graduate indebtedness: Graduating into Debt: The Burdens of Borrowing for Graduate and Professional Students by the Education Resources Institute and the Institute for Higher Education Policy, and the proceedings of the symposium Critical Challenges in Financing Graduate and Professional Degrees. I have cited some data from these reports in the my attached report.

Please let me know if I can provide any other information.

Table 1

**Projected cost of Alaska participation in Professional Student Exchange Program**

	No. of students	Support fee 1999-2000	Length of program in years	Year 1 cost*	Year 2 cost*	Year 3 cost*	Year 4 and beyond cost*
Dentistry	3	14,300	4	42,900	88,374	136,538	187,512
Physical Therapy	6	7,200	2.67	43,200	88,992	122,216	125,882
Occupational Therapy	4	7,600	2	30,400	62,624	64,503	66,438
Optometry	2	9,300	4	18,600	38,316	59,198	81,299
Podiatry	1	9,600	4	9,600	19,776	30,554	41,961
Physician Assistant	3	4,200	2	12,600	25,956	26,735	27,537
				157,300	324,038	439,743	530,628

\* support fee for Year 2 and beyond increased by projected 3% per year.

Table 2

### Participation by Alaska in the Professional Student Exchange Program

First-time students by year and averages

	Dentistry	Physical Therapy	Occupational Therapy	Optometry	Podiatry	Medicine	Veterinary Medicine	Osteopathic Medicine
1979-80	5	2	1	2	1	1	0	
1980-81	4	2	2	1	0	1	1	
1981-82	7	4	0	1	1	6	3	3
1982-83	2	5	2	0	0	5	6	2
1983-84	5	0	2	1	0	1	5	4
1984-85	5	0	2	3	0	6	6	4
1985-86	10	6	2	2	0	1	5	1
1986-87	6	2	0	0	0	1	5	0
1987-88	9	6	5	3	0	7	5	5
1988-89	7	5	2	1	1	2	6	0
1989-90	3	10	4	3	0	5	9	1
1990-91	1	6	4	3	1	2	4	1
1991-92	0	3	3	2	0	4	4	1
1992-93	1	2	2	1	0	2	2	1
1993-94	2	8	4	0	0	3	3	1
Last fifteen year average	4	4	2	2	0	3	4	2
Last ten year average	4	5	3	2	0	3	5	2
Last five year average	1	6	3	2	0	3	4	1
1987-92 five year average	4	6	4	2	0	4	6	2

# **Alaska's Participation in WICHE's Professional Student Exchange Program**

## **Background Information**

### **Overview**

For over 40 years, the State of Alaska has used the student exchange programs of the Western Interstate Commission for Higher Education to help meet its needs for professional and other postsecondary education. Alaska's participation in WICHE's Professional Student Exchange Program began shortly after its ratification of the Western Higher Education Compact in 1953, and lasted until financial pressures forced a suspension of participation in 1997. Since 1953, Alaska supported a total of 1,136 students in professional degree programs in the health professions, veterinary medicine, and other professional fields. Just under half of them (46.5%) returned to the state of Alaska to practice.

During the fiscal crisis years of the early 1990s, Alaska dropped support of PSEP students. Now, however, may be a good time to review this decision to determine whether PSEP can make a cost-effective contribution to Alaska's higher education system. Alaska could use PSEP to meet several ongoing needs:

1. Provide a long-term professional workforce, especially in the health professions.
2. Assure state residents access to professional education programs.
3. Make professional education more affordable to students, and in particular reduce student debt burdens..

The data in this report should be helpful to Alaska in evaluating the effectiveness of PSEP and determining how best to utilize the program in meeting state professional workforce needs. The report suggests ways that Alaska can use the Professional Student Exchange Program more effectively to meet critical state needs, especially in the health professions. As the data show, WICHE remains a cost-effective alternative for Alaska in meeting its professional workforce needs.

### **1. Alaska workforce projections**

The most recent report on Alaska workforce trends is the *Alaska Industry-Occupation Outlook* prepared for the Alaska Human Resources Investment Council by the Alaska Department of Labor, Research and Analysis Section (October 1996). The report projects employment by major occupational category, identifies both the fastest growing and declining Alaska occupations, and projects annual job openings by occupational training level among other analyses.

The report documents the employment shifts which are occurring in the Alaska economy. Natural resources will continue to account for a large share of total employment in the state, but industries like petroleum, fishing, and timber represent a declining share relative to a variety of service industries. The report notes particular growth in the healthcare industry of Alaska, much caused by expected increases in the elderly population.

Service-producing industries are projected to contribute over 30,000 additional jobs to the Alaska economy by 2005, with the greatest growth occurring in the healthcare industry:

Leading the service industries in employment growth will be the healthcare industry. While population gains in general will increase the demand for healthcare services, it is the projected increase in the number of older Alaskans who choose to remain in the state that will affect employment levels. Over the forecast period, the number of Alaskans 65 years and older is expected to increase by 50 percent. *Alaska Industry-Occupation Outlook, Alaska Department of Labor, Research and Analysis Section (October 1996).*

The report projects workforce needs for Alaska in several of the fields available through WICHE's Professional Student Exchange Program. The report identifies the following needs for professionals in PSEP fields:

Table 1  
Alaska Employment Projections: 1995-2005

	1995 employment	2000 employment	2005 employment	annual openings
Architects	234	228	237	4
Dentists*	438	500	519	23
Librarians	426	422	411	9
Occupational therapists*	111	134	162	7
Optometrists*	54	63	67	3
Pharmacists	226	242	275	6
Physical therapists*	174	225	297	13
Physician assistants*	180	214	246	10
Physicians and surgeons*	868	1,032	1,169	46
Veterinarians*	112	131	151	6

\* occupations with faster than average annual growth rate

Source: Alaska Industry-Occupation Outlook, Alaska Department of Labor, Research and Analysis Section (October 1997).

Several of the fields included in the Professional Student Exchange Program are among the fastest growing occupations in Alaska (those marked with an asterisk above).

To assess the current utilization of health professionals in Alaska, this report includes data on the numbers of professionals practicing in each field relative to Alaska's population. Based on this data, it is possible to compare Alaska's supply of professionals with national averages, and to rank the state in each profession. The rankings within and between states allow for some conclusions to be made about the pattern of utilization of health professionals in individual states. For example, states that rank high in the number of primary care physicians and relatively low in the use of nurse practitioners and physician assistants may have a regulatory environment that discourages the use of mid-level providers and is more reliant upon traditional delivery through primary care physicians.

The next table shows the ratio of professionals to Alaska's population for the most important fields included in the Professional Student Exchange Program. Data for medical doctors is shown in several ways: "All MDs and DOs" refers to all practicing physicians, both

allopathic and osteopathic and including specialists; and "Primary care MDs and DOs" refers to internists and pediatricians as well as family and general practitioners. Data for osteopaths is also shown separately.

Table 2

Ratio of Professionals to Population, Alaska

	Number of professionals	Alaska professionals per 10000 population	National professionals per 10000 population	National rank of Alaska ratio
All MDs and DOs	707	12.04	20.15	50
Primary care MDs and DOs	370	6.30	9.10	47
Osteopaths	46	0.78	1.17	22
Dentists	371	6.32	6.13	18
Physical Therapists	261	4.45	4.53	25
Occupational Therapists	105	1.79	1.64	18
Physician Assistants	114	1.94	0.73	2
Nurse Practitioners	167	2.84	1.07	2
Veterinarians	155	2.64	2.16	18

Source: State Health Personnel Handbook, Pew Health Professions Commission, March 1995  
 Veterinary Demographic Annual Reports, American Veterinary Medical Association, 1996

These population ratios for professionals are one indicator of each state's likely need for new training in the various professions. The data also indicate differences between states in the pattern of utilization of healthcare professionals. Readers are cautioned, however, that the ratios do not take into account possible differences in demographics or economic activity between states.

**2. Access to professional education**

A traditional reason for Alaska and other states to support WICHE programs has been to assure the availability of professional training for state residents. Even as states place more emphasis on meeting professional workforce needs and assuring access to undergraduate education, access to professional education remains an important priority for most WICHE states. The data reported in the following tables indicate that there is continuing reason for states to be concerned about the availability of professional training and access to these programs.

One of the original rationales for WICHE was that professional training in a number of fields is not generally available to non-residents in public institutions. WICHE annually gathers application and enrollment data from professional schools to determine in which fields access is difficult. Access-restricted fields are placed into a category called Group A. Since the costs to states of creating and operating professional schools are extremely high, they are usually very reluctant to offer scarce training slots to non-residents. WICHE overcomes this barrier because regional cooperation helps states gain access to professional schools in other states.

# CORRECTION

THE FOLLOWING DOCUMENT(S)  
HAVE BEEN REFILMED TO  
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services  
Department of Education & Early Development  
State of Alaska

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## 2. Access to professional education

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One of the original rationales for WICHE was that professional training in a number of fields is not generally available to non-residents in public institutions. WICHE annually gathers application and enrollment data from professional schools to determine in which fields access is difficult. Access-restricted fields are placed into a category called Group A. Since the costs to states of creating and operating professional schools are extremely high, they are usually very reluctant to offer scarce training slots to non-residents. WICHE overcomes this barrier because regional cooperation helps states gain access to professional schools in other states.

The following table shows that access to professional education remains problematic in a number of fields, demonstrating a continuing need for regional approaches to professional education. The vast majority of students enrolled in public professional schools are residents of the state in which the school is located. For example, only 4.5 percent of students in western-state public medical schools come from outside the WICHE region. Figures are similar in the other fields. If an in-state program is not available, the only reliable way for WICHE-state students to gain access to public institutions in the Group A fields is through the Professional Student Exchange Program.

Table 3  
Professional School Applications and Entering Enrollment, Fall 1996  
Public Institutions in the WICHE Region

	Completed Applications	Total Entering	Residents Entering	WICHE Entering	Out-of-region Entering	% out-of-region of Total Entering
Medicine	15,785	968	859	65	44	4.5
Dentistry	3,883	254	213	28	13	5.1
Occupational Therapy	922	164	107	22	35	21.3
Physical Therapy	1,205	198	140	40	18	9.0
Optometry	370	60	48	5	7	11.6
Veterinary Medicine	2,772	352	237	74	41	11.6

The table shows the number of applicants and total entering students for the public professional schools in each of the Group A fields. Also shown is the breakdown of students between residents, WICHE students, and out-of-region students.

The table shows that access to professional education is a continuing problem for WICHE states. In the Group A fields, very few students gain admission to professional schools that are not either residents or WICHE students.

### 3. The debt burden of professional education graduates

The cost of professional education is a growing concern, especially because of the large debt burdens of recent professional graduates. Unfortunately, good data on professional student indebtedness is only available for the fields of medicine and dentistry, but the trends in these fields are so similar that it can be assumed that similar trends are affecting students in other professional fields.

The debt burden of recent professional graduates has grown significantly from already high levels. A 1996 study reported that the average debt for medical school graduates was \$64,059 and for dental graduates was \$67,772. Borrowing by professional school students has grown faster than total student borrowing (74% vs. 54%). 81 percent of all medical school students and 94% of dental school students borrowed to pay for their education.

These large student debt burdens translate into high average monthly loan payments for recent graduates. According to a recent report by the Institute for Higher Education Policy, these high payments are not fully offset by higher average salaries in professional fields. Medical graduates face an average monthly payment of \$777, while dental school graduates

must pay \$822 per month on average. Graduates of private dental schools face an even more daunting average payment of \$1,206 per month. On average, dental graduates must pay 15% of their income to pay off student loans. This problem is exacerbated by the fact that dental graduates typically face large expenses for setting up their practice early in their career.

**HB**

**70**

# FISCAL NOTE

STATE OF ALASKA  
1999 LEGISLATIVE SESSION

BILL NO. House Bill 70

Revision Date/Time (Note if correction) \_\_\_\_\_ Dept. Affected Education  
 Title An Act relating to questionnaires BRU \_\_\_\_\_  
or surveys administered in public schools Component \_\_\_\_\_  
 Sponsor Representative Dyson \_\_\_\_\_  
 Requester House HESS Component Serial No. \_\_\_\_\_

**Expenditures/Revenues** (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous	*	*	*	*	*	*
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY99) cost: 0.0

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

This bill prohibits the administration of school questionnaires or surveys, whether anonymous or not, that inquire into the personal or private family affairs of a student not a matter of public record or subject to public observation unless written permission is obtained from the student's parent or guardian.

\*There is no cost to the department, but there is a cost to the school for obtaining parent or guardian permission. This cost cannot be determined at this time.

Prepared by Barbara Thompson Phone 465-8727  
 Division Teaching and Learning Support Date/Time 4/1/99 2:46 PM  
 Approved by Commissioner: Richard S. Cross Date 4/1/99  
 Agency Department of Education

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**Subject:** HB 70

**Date:** Wed, 07 Apr 1999 20:29:29 -0800

**From:** Susan <English@alaska.net>

**To:** Representative\_Fred\_Dyson@Legis.state.ak.us

I would like to express my support for HB 70 requiring parental permission for school surveys. As a parent of three girls 3rd grade, 8th and 10th I would want to know what the schools are requiring of students. It makes sense and I hope it passes without delay. You may pass this on to the HESS committee members if you like. Thank you for your efforts.

Susan Fischetti  
10336 Stewart Dr.  
Eagle River, AK 99577  
907-694-7944

**Subject:** YRBS

**Date:** Wed, 7 Apr 1999 09:15:23 -0800

**From:** "Larry Erickson" <erickson@ptialaska.net>

**To:** "Fred Dyson" <Representative\_Fred\_Dyson@legis.state.ak.us>

**CC:** "Lisa Torkelson" <Lisa\_Torkelson@legis.state.ak.us>

Honorable Representative Dyson:

First I want to thank you for doing the right thing. I believe HB 70 can go along way in protecting our children from the pornography that our schools are exposing our children to. I don't believe the school has the right to do psychological profiles on our children and their families.

I strongly believe that there must be parents permission for surveys given to our children at school, during time that our children are suppose to being educated.

I must question the purpose of these surveys. What does performing psychological profiles have to do with educating our children? Is it even legal to perform this psychological profiles? A few weeks ago the local municipalities along with representative from the Kenai Peninsula conducted an Alaska's Economy Planning For The Future conference in Kenai. The first question the Work Groups had answer was "What is your vision for Alaska 10 years from now?". Among many comments almost every group said "less government intrusion in our lives"! I guess I would like to ask what is the legislatures vision for our schools and children in Alaska? Is it to have government controlled and run schools by conduction psychological profiles of our children so there are more excuses to instituted more government programs to take education time away from our teachers and children and dumb down our children or is to provide the best education possible for our children. This does not mean spend as much money as possible in the name of education. We are held hostage by the Federal Government in order to use our tax money and I think its time to get the Federal Government and its change agents out of our school system. It many save us some money if we don't have to conform to all their degrading and illegal requirements such as the YRBS.

Sincerely:

Larry Erickson

# Shedding light on Youth Risk Behavior Survey

By JOE HEGNA

Much has been said and written about the Youth Risk Behavior Survey in the past several weeks. As with many issues scrutinized and examined before the public, fact and fiction often become entangled as one. As the chairman of the Municipality of Anchorage Health and Human Services Commission, I would like to clarify some of the questions and concerns that have arisen regarding the YRBS. I will conclude with a few personal thoughts on the issue.

The Health and Human Services Commission is comprised of volunteers from the public. We serve to advise the mayor and the Anchorage Assembly on health and human service issues. These are the facts, the questions and the answers that we gathered while analyzing the issues in regard to the YRBS.

The YRBS questions are developed by the Centers for Disease Control and Prevention in collaboration with 71 state and local departments of education and 19 federal agencies. The goal of the Youth Risk Behavior Survey is to continuously and carefully collect information on the health behaviors of our youth.

The survey assesses healthy habits and risk behaviors established during youth that result in the most significant causes of death and disease during both youth and adulthood. They include behaviors that result in injuries, tobacco use,



alcohol and drug use, sexual behaviors, dietary behavior and physical activity.

The survey was conducted statewide in 1995 and needed data regarding Alaska youth behaviors was collected. Using the results from the survey, schools were able to accurately assess their needs for prevention programs and services, review and update health education curriculum and use the data to craft and restructure policy.

The following questions appear to be the areas that have generated the most misunderstanding with regard to the YRBS:

1. Is this survey to be done without parental consent? No. Parents of the students selected in the random sample will be notified in writing by mail as to the nature and date of the survey. If the parent opts not to have his/her child participate, then the parent simply notifies the school and the student is not obligated in any way to participate.

2. Does the survey violate state and/or federal law in regard to survey administration? The Alaska attorney general's office reviewed the 1997 YRBS in regard to state law and issued an opinion that as long as the "survey questions are

*The survey assesses healthy habits and risk behaviors established during youth that result in the most significant causes of death and disease during both youth and adulthood. They include behaviors that result in injuries, tobacco use, alcohol and drug use, sexual behaviors, dietary behavior and physical activity.*

limited to the students' own activities and the survey does not ask the student questions about parents or other activities within the home, the survey does not impermissibly invade the domain of the student's private family affairs." Such questions dealing with the students' own activities may be administered without obtaining prior written permission from a parent or guardian. The attorney general's office is currently reviewing the proposed 1999 survey for compliance with state law.

Administering the YRBS using passive parental consent does not violate any federal laws.

3. Can students be identified and tracked over time? No. Students who participate cannot be tracked because the survey is anonymous and no identifying information is collected. Strict administration protocols are designed to ensure student privacy.

4. Does the survey ask questions about or inquire into private family matters? No. The questions focus on the students' personal behaviors and do not ask any questions related to the family.

5. Will students answer the questions truthfully? Yes. Research indicates that if students perceive the survey as important and know that procedures are in place to protect their privacy and allow for anonymous participation, most students will answer truthfully.

6. Will the survey cause students to initiate or increase high-risk behaviors? No. The causes and determinants of health-risk behaviors are very complex. However, exposure to a small number of questions on any one topic is not likely to cause a significant change in behavior, either good or bad. No evidence links this survey to subsequent high-risk behaviors.

7. Are the survey questions the same for middle- and high-school students? No, the areas that are covered are the same, but the middle-school questionnaire has fewer questions and asks for less detail.

8. Is this survey required. No. Participation in this survey effort is encouraged, but not required. At any level — district, school, parent or student — participation is optional.

Finally, I have a few thoughts. I have always been a fairly conservative person and have not publicly involved myself in issues like this. I had my hands full helping raise our four sons. After I read the 1995 Anchorage survey, I was shocked to see that 11 percent of high-school youths had carried a "weapon" to school at least once in the last month. And I was very concerned when I learned that 20 percent of high-school youths had developed a plan to commit suicide. On the other hand, I was encouraged to see that almost 70 percent of our high school youth engage in vigorous physical activity at least three days a week.

As parents we need to know about the issues so we can help our children, and our community's children, deal with the realities of the world in which they live. The YRBS will help us do just that.

Joe Hagna is the chairperson of the Municipality of Anchorage Health and Human Services Commission.

## Wolves make great parents

Regarding your editorial "Rush to Judgment," Sept. 9:

Does the Daily News itself rush to judgment? Indeed, questioning if the children's



tional Forest.

When I finally had the time to talk to the person, as I approached him, he made the comment "Here comes a bunch of..."

## House Bill No. 70

### "An Act relating to questionnaires or surveys administered in public schools"

#### Talking Points

#### Draft

1/29/99

- **Local School District Autonomy**

One of the most important principles underlying Alaska's educational systems is that of local school district autonomy and local control of education. This bill would limit existing local school district decision making authority, preventing local districts from conducting questionnaires and surveys using consent procedures other than written parental permission.

- **Unfunded Mandate**

Surveys must be conducted by local school districts to comply with state or federal requirements and to remain eligible for federal funding for certain programs. Surveys that are undertaken with active written parental permission are much more expensive to conduct than are those undertaken with passive parental permission. By precluding local districts the option to conduct surveys with passive parental permission, districts will incur substantial increased costs to undertake these needed surveys.

- **Consent Issues**

Surveys such as the YRBS and other surveys of school children that inquire into personal or family affairs are never conducted without parental or guardian consent. The recent controversy over the 1999 YRBS was exacerbated because some perceived incorrectly that the YRBS was being proposed to be administered without consent. This was incorrect. The YRBS requires parental consent.

There are two major mechanisms used by schools to obtain parental or guardian consent, passive consent and active consent. Depending on the nature of the proposed activities, local districts can elect to employ either. Passive parental consent generally proceeds by informing students, parents, and guardians that the activity will occur, giving those who do not wish to participate a chance to opt out. A more rigorous active parental consent procedure is to require a specific written consent in order for the student to participate in the proposed activity. Extensive experience provides solid evidence about the use of both types of consent procedures in Alaska school districts.

- Active consent is more expensive than passive consent
- Active consent results in fewer students participating compared to passive consent, but almost always due to failure to return the forms, not due to parental objection to the student's participation in the activity
- Because surveys depend upon representative sampling in order to generalize results, and bias is introduced by the lower response rates using active consent, survey results may be less valid when active consent is used

- **Confidentiality**

An important component of surveys is the protection of confidentiality of the participants and their responses. Generally, surveys like the YRBS are not conducted to obtain information on individual students. Therefore, no identifying information is collected, and survey results can never be linked back to the student who participated. Data are reported only for the entire grouped responses. When conducting the YRBS, the names of the students who actually participate are not even collected.

When active parental permission is required, the school must keep a list of each student receiving permission. Even though the questionnaires themselves can be made anonymous, the school knows the list of participating students. This requirement also places a great logistic burden on the school and increases the costs of the survey.

- **Youth Risk Behavior Survey**

The Youth Risk Behavior Survey (YRBS) is a survey developed by the Division of Adolescent and School Health, Centers for Disease Control and Prevention (CDC) in collaboration with 71 state and local departments of education and 19 federal agencies. The YRBS collects information from high school and middle school students about behaviors related to the leading causes of mortality, morbidity, and social problems. The school-based survey uses a systematic, nationally comparable methodology. The YRBS examines six categories of adolescent behavior: 1) behaviors that result in unintentional and intentional injuries; 2) tobacco use; 3) alcohol and other drug use; 4) sexual behaviors; 5) dietary behaviors, and 6) physical activity. Students are selected to comprise a scientifically valid, random, representative group of high school and middle school students. Information is collected in a confidential, anonymous fashion.

The survey is administered on alternate years (1995,1997,1999,2001,2003,2005). CDC provides technical expertise, training, survey forms, data scanning, and data analysis for the state sample. The remainder of the funding including costs for local district surveys is provided by the state.

- **Alaska experience with the YRBS**

Alaska successfully completed the YRBS survey for the first time in 1995. We can learn much from reviewing our experience. In 1995, the survey was undertaken with passive parental permission except in Juneau. Juneau required use of active parental permission. To achieve necessary response rates, numerous volunteers and hundreds of hours of staff time were required to follow up with students and families to bring in the needed written consent forms. The experience in Juneau in 1995 made the Juneau school district a strong supporter of using passive parental consent in future surveys.

- **Value to Alaska of the 1995 YRBS**

- The Division of Alcohol and Substance Abuse used 1995 YRBS data to document the need for drug and alcohol prevention among Alaska youth, resulting in new federal funding of \$3 million to be distributed to Alaska communities for drug and alcohol prevention programs. The overall goal of the grant is to increase the age at first use of alcohol, tobacco, marijuana and cocaine. Through the 1995 YRBS, baseline data were

available. Subsequent data collection will be needed to evaluate the effectiveness of the community interventions.

- Staff from the Municipality of Anchorage, Department of Health and Human Services presented the TRBS data on alcohol use to all the Anchorage community councils. Several community councils acted to limit alcohol licenses in their neighborhoods. The Anchorage Assembly re-examined its policy on granting and reviewing alcohol licenses.
- The 1995 YRBS documented the magnitude of the youth smoking problem in Alaska, providing important information supporting the need for the tobacco tax increase.
- Anchorage relied upon the 1995 YRBS data to support a series of tobacco control measures including a local tax increase in 1996, abolition of sale of single cigarettes in 1996, and banning self-service displays in 1997.
- The Anchorage School District used the 1995 YRBS data as an assessment and planning tool for developing and designing health curriculum frameworks. As a result, a new Health curriculum for K-6 (The Great Body Shop) was implemented, and new textbooks were purchased for middle school health classes.
- 1995 YRBS data have been used extensively for education and training of citizen groups, such as the Anchorage Health and Human services Commission. These local citizen groups have found the data useful to identify successes and problems in local communities.
- The YRBS data have provided powerful information about the inter-relationship between risk behaviors, showing that kids doing one risk factor are more likely to be doing others. This inter-relationship has important implications for treating the underlying problems that these kids have.

# FACT SHEET

## 1999 Youth Risk Behavior Survey (YRBS) Questions and Answers

Many questions, misconceptions and concerns have arisen over the past several months regarding the YRBS. Specifically issues related to survey methodology, parental notification, active vs. passive parental consent and survey administration. The following provides answers to the questions most frequently asked.

### YRBS Survey Methodology, Administration, and Analysis Questions

**1. How are students selected for participation in the State sample for YRBS?**

All regular public schools in Alaska with students in grades 9-12 for the high school survey and grades 7-8 for the middle school survey are eligible to be selected in the sample. (Special education, English as a second language, group home, correspondence, private and correctional schools are excluded.) The sampling process is a two-stage design.

- First, a computer program specifically designed for the YRBS identifies a random sample of schools in Alaska.
- Second, once schools are selected, classes are randomly selected to provide the appropriate number of students in the survey. (In the case of very small schools, all students may be surveyed). All students in the selected classes are eligible to participate in the survey.

**2. How much classroom time will the survey take?**

One class period is needed for administration of the survey. It takes approximately 10 minutes for the survey administrator (teacher) to distribute survey materials and read a standardized script containing directions to the students. It then takes approximately 35 minutes for the students to record their responses.

**3. Is student participation voluntary and anonymous?**

Participation is completely voluntary, anonymous and confidential.

**4. How can students and parents be assured that the student's privacy and anonymity will be protected?**

Instructions to survey administrators clearly outline administration procedures to assure that each student's responses remain anonymous. Each student will seal his or her completed survey in a manila envelope before submitting it to the survey administrator.

**5. Who will analyze the State data? Local data?**

- State data will be scanned and analyzed by Westat Inc., an independent contractor employed by the Centers for Disease Control and Prevention (CDC). Once analyzed, the data files will be returned to the State for interpretation and dissemination. Data

files are not retained by CDC or the contractor. The 1995 YRBS Report is an example of how the State data is described and disseminated.

- Local data will be scanned and analyzed by an independent contractor at no expense to the district and will be returned to the district. The contractor will be under contract with the State of Alaska, but the State of Alaska (DHSS and DOE) will not have access to local data unless the local school district chooses to share it or ask for technical assistance. Strict guidelines are in place to assure proper handling and care of the data at all levels.

**6. What percentage of respondents is needed for valid results?**

If the State sample or the local sample overall response rate falls below 60%, then one can only use the data to describe the actual students in the sample; the results can not be generalized to the State as a whole or to an individual school district. The response rate is calculated as the school response rate multiplied by the individual student response rate.

**7. How will parents be notified of the survey?**

Parents will receive a letter by U.S. mail that will provide them with information about the survey and the timeframe in which it will be administered. Also, parents may be invited to attend a meeting to review the survey, where Alaska Public Health Officials and/or school district staff will be present to answer questions and concerns. Copies of the survey will also be available for parents to review at their student's school.

**8. What if a parent does not want his/her child to participate?**

As stated above, the survey is completely voluntary and is **not required** by either State or Federal law. There are several options a parent has to exclude his/her student from participating in the survey:

- **One**, when the parent(s) receives the letter informing them of their student's selection in the sample, he/she (parent) may sign and return the exclusion form to the principal at their student's school. This form simply states that their student is to be excluded from the survey.
- **Two**, even if a parent initially does not exclude his/her student from the survey, the student and/or parent can choose not participate up to and including the day of survey administration.

**9. What is the difference between Active and Passive Parental Consent?**

- **Passive parental consent:** A letter is sent home to parents (as described above) informing them of their child's selection in the sample. Parents must send back a signed exclusion form to the principal at their child's school if they do **NOT** want their child to participate in the survey. Otherwise, parental consent is implied.
- **Active parental consent:** A letter is sent to parents describing the survey and informing them of their child's selection in the sample. Parents must send back a signed parental consent form **BEFORE** their child can participate in the survey.

**10. Does the type of consent affect the survey results?**

Passive parental consent is the most efficient, cost effective and least expensive. Active parental consent requires more time and resources and may reduce drastically the number of students who participate in the survey because of the difficulty of getting consent forms to parents and then returned to school. As a general rule, active consent will reduce response rate by about 50%. Follow-up to improve response rates, which may include phone and additional mail reminders, will be necessary and will require additional staff time and resources. Additionally, active consent may skew survey results because the students at highest risk may not be included in the survey.

**11. Will parents have an opportunity to see the survey and to ask questions?**

Yes, parents will have several opportunities to review the survey and to ask questions.

**12. What if the student decides at the last minute that he/she does not want to participate?**

The survey is completely voluntary. If the student chooses at the last minute not to participate, the student simply does not have to participate.

This Fact sheet was prepared by the State of Alaska, Department of Health and Social Services, Division of Public Health, Section of Epidemiology. (907) 269-8000.  
January 28, 1999.



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Section of Epidemiology  
John Middaugh, MD, Editor  
Bulletin No. 5 January 21, 1997

## Tobacco Use Among Alaska Youth

### Importance of Decreasing Youth Tobacco Use

Adolescence is a time when individuals do not often consider long term health effects of their behaviors. Once a person starts using tobacco, stopping the habit is not easy because of the addictive properties of nicotine. The vast majority (83.7%) of Alaska smokers began smoking between the ages of 10 and 20 years.<sup>1</sup> Therefore, one of the major strategies for reducing tobacco related deaths and illnesses is to discourage youths from starting to use tobacco.<sup>2</sup>

### Tobacco Use among Alaska High School Students<sup>3</sup>

Alaska high school students are more likely to be frequent smokers and to use smokeless tobacco than are U.S. students (Table 1). Alaska Native students have even higher rates of tobacco use.

Table 1. Tobacco use among high school students, Alaska and U.S. 1995

	Alaska	Alaska Natives	U.S.
<i>Percent of Students</i>			
Ever Tried Cigarettes	72.1	90.7	71.3
Current Smokers <sup>a</sup>	36.5	61.9	34.8
Frequent smokers <sup>b</sup>	21.1	43.7	16.1
Smokeless Tobacco <sup>c</sup>	15.6	22.5	11.4

<sup>a</sup>Used at least once in past 30 days

<sup>b</sup>Used 20 or more of past 30 days

<sup>c</sup>Chewing tobacco or snuff on at least one of past 30 days

Smoking rates are similar for boys and girls. However, boys are more likely to use smokeless tobacco (23.5% of boys and 6.7% of girls).

### Tobacco Use Among Alaska Middle School Students<sup>3</sup>

Over half of middle school students (grades 7 and 8) report having tried smoking at least once (58.3%); 24.8% report smoking on at least one day in the previous 30 days; 5.6% report smoking on 20 or more of the previous 30 days, and 30.3% report having tried smokeless tobacco.

### Health Implications

The Centers for Disease Control and Prevention estimates that 32% of youths who become regular smokers in early adulthood will die prematurely of a smoking-related death.<sup>4</sup> The estimate is based on data from studies of large populations of smokers and never-smokers.

Assuming that current smoking rates persist, 56,246 Alaska youths currently aged 0-17 will eventually become smokers.<sup>4</sup> Among these smokers, 17,999 (32%) will die prematurely from a smoking-related illness.

### Interventions to Prevent Tobacco Use among Youth

The 1994 Surgeon General's Report *Preventing Tobacco Use among Young People* states "Most of the American public strongly favor policies that might prevent tobacco use among young people. The policies include tobacco education in the schools, restriction on tobacco advertising and promotions, a complete ban on smoking by anyone on school grounds, prohibition of the sale of tobacco products to minors and earmarked tax increases on tobacco products."<sup>5</sup>

### Effects of a Tobacco Tax

Economists use the concept of "price elasticity of demand" to describe the sensitivity of consumption to changes in price. The price elasticity of demand is defined as the percentage change in consumption that results from a 1 percent increase in price.<sup>6</sup> A recent analysis based on sampling over 110,000 youths across the United States found a youth smoking price elasticity of -

0.675, meaning that for every 1% increase in the price of cigarettes, youth smoking would decrease by 0.675%, an estimate consistent with other studies.<sup>6</sup> Therefore, a \$1.00 increase per pack of cigarettes would prevent 5704 of the projected 17,999 smoking-related deaths (Table 2). A larger increase would save more lives; conversely, a smaller increase would save fewer lives (Figure 1).

Table 2. Summary of projected health gains due to tobacco price increases in Alaska<sup>a</sup>

	No change	Increase \$1.00 per pack	Increase \$2.00 per pack
% ↑ in price	0	46.95%	93.90%
% ↓ in youth smoking	0	31.69%	63.38%
Projected # of smokers <sup>b</sup>	56,246	38,422	20,597
Projected deaths <sup>c</sup>	17,999	12,295	6,591
Deaths prevented <sup>d</sup>	0	5,704	11,408

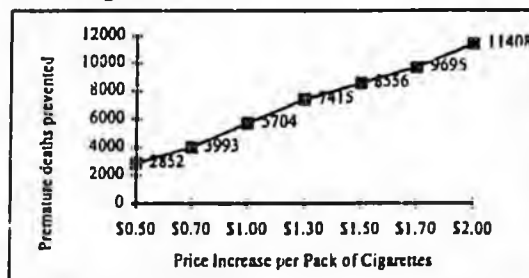
<sup>a</sup>Assumes an average cost of \$2.13 per pack of 20 cigarettes in Alaska

<sup>b</sup>Number of youth currently aged 0-17 who would eventually become smokers

<sup>c</sup>Premature smoking-related deaths, calculated as 32% of projected smokers

<sup>d</sup>Premature smoking-related deaths prevented, calculated as 17999 - projected deaths

Figure 1. Number of premature smoking-related deaths prevented by price increase per pack of cigarettes<sup>7</sup>



### Summary

The decisions that children and adolescents make about experimenting with tobacco often result in a life-long addiction. Among Alaska high school students, 21.1% are already frequent smokers. The use of tobacco begins even before high school. Alaska Native youth are disproportionately affected by tobacco. Tobacco use may be even more prevalent among youth not in school. Studies in the U.S. and Canada have clearly shown the effectiveness of increased price in reducing youth consumption.<sup>5</sup> Increasing the price by at least \$1.00 per pack would prevent many premature tobacco-related deaths among Alaska youth currently aged 0-17 years, as well as the illness and suffering that would precede the deaths.

### References

- 1992 Alaska Behavioral Risk Factor Surveillance System: 1992 Annual Report. Alaska Division of Public Health.
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Bulletin No. 23 May 8, 1997

## Sexual Behavior Among Alaska Adolescents

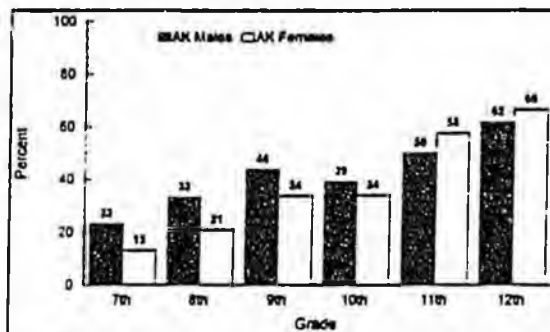
### Introduction

The Youth Risk Behavior Survey (YRBS) measures health risk behaviors related to the leading causes of mortality, morbidity and social problems among youth in the United States. In 1995, Alaska implemented the survey for the first time among high school and middle school students.<sup>1</sup> The survey sampled a representative group of high school and middle school students (1,634 high school and 1,265 middle school students). Six categories of adolescent behavior were examined: behaviors that result in unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors; dietary behaviors; and physical activity.

### Students Who Report Having Had Sexual Intercourse at Least Once

Overall 47% of Alaska high school students and 23% of middle school students reported having had sexual intercourse at least once. Rates increased with grade level and were similar for males and females in high school. Middle school male students were more likely than female students to report having had sexual intercourse at least once.

Figure 1. Percent of Alaska Students Who Reported Having Had Sexual Intercourse at Least Once by Grade and Gender



### Sexual Behavior of Students Currently Sexually Active

Overall 31% of Alaska high school students reported that they were "currently sexually active" (sexual intercourse at least once in the past three months). Male students were more likely to have had multiple sex partners during the last three months than female students (Table 1).

Table 1. Alaska High School Students: Percent of Sexually Active Students Who Reported Having Had More than One Sexual Partner in the Last Three Months

Number of Sexual Partners in Past 3 Months	Student's Gender	
	Female	Male
1 person only	76%	63%
2-3 persons	22%	25%
4 or more persons	3%	13%

Of high school students who reported having sexual intercourse during the past three months, 54% practiced "safe sex" by using a condom during their last sex. Male high school students were more likely to report condom use during last sexual intercourse than female students (56% and 44% respectively). One quarter (25%) of male high school students reported "withdrawal or no method used to prevent pregnancy" during

last sexual intercourse, compared to 34% of female high school students. Only 18% of currently sexually active female high school students reported using birth control pills as their method of birth control. More than one-in-four (27%) of currently sexually active high school students reported that they had used alcohol or drugs before last sexual intercourse. Male use of alcohol or drugs during last sexual intercourse was higher than females (61% and 40% respectively).

### Early Initiation of Sexual Intercourse

Among Alaska high school seniors who reported being currently sexually active, 9% reported they had first sexual intercourse prior to age 13, 32% ages 13-14, and 60% age 15 and older. High risk behaviors tend to be more prevalent among students who reported early initiation of sexual activity than later onset or not active at all. (Table 2).

Table 2. Percent reporting high risk behaviors among Alaska high school students

		Age when first had sexual intercourse			
		<13 yr	13-14 yr	15+yr	Never had
Physical fighting (1)	Female	62%	47%	20%	15%
	Male	65%	68%	44%	31%
Current smokers (2)	Female	65%	61%	41%	22%
	Male	56%	54%	50%	17%
Current drinkers (3)	Female	66%	65%	56%	31%
	Male	70%	72%	64%	33%
Current marijuana use (4)	Female	54%	44%	33%	12%
	Male	64%	47%	46%	15%
Seriously considered suicide (5)	Female	47%	46%	39%	24%
	Male	30%	21%	18%	11%
Have driven while drinking (6)	Female	12%	13%	12%	7%
	Male	21%	20%	25%	7%
Have carried a weapon in past 30 days (7)	Female	41%	15%	5%	7%
	Male	56%	50%	30%	28%
Have been gotten someone pregnant (8)	Female	27%	13%	10%	NA
	Male	10%	13%	3%	NA

1. One or more times in past 12 months
2. At least once in past 30 days
3. At least one day in past 30 days
4. At least once in past 30 days
5. During the past 12 months
6. Once or more in past 30 days
7. Once or more in past 30 days (weapon such as gun, knife or club)
8. One or more times

### Discussion

Parrillo, Felts, and Mikow-Porto<sup>2</sup> report that several health-risks and health-risk behaviors are significantly associated with early-onset (initiation) of sexual intercourse. Alaska's YRBS data are consistent with their findings. The data suggest that significant numbers of teens become sexually active before entering high school, and that there are negative consequences associated with early initiation of sexual intercourse. Based on the data, it is evident that educating pre-teens about the risks of early initiation of sexual activity - and the benefits of delaying onset of such activity - should remain a high priority for schools within the context of comprehensive health education.

### References

1. Youth Risk Behavior Survey Alaska Report 1995. Alaska Department of Health and Social Services and Department of Education, February 1996.
2. Parrillo AV, Felts WM, and Mikow-Porto V. (1997) Early initiation of sexual intercourse and its co-occurrence with other health-risk behaviors in high school students: the 1993 North Carolina Youth Risk Behavior Survey. *J of Sch Health* 1997;28(2):85-93.

### The Youth Risk Behavior Survey (YRBS), 1995

To obtain a copy of the full YRBS report, contact the State of Alaska, Section of Epidemiology, P.O. Box 240249, Anchorage, Alaska 99524-0249, phone 907-269-8000, fax 907-562-7802.



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Bulletin No. 8 February 26, 1997

## Alcohol and Drug use Among Alaska Adolescents

### Introduction

The Youth Risk Behavior Survey (YRBS) assesses the most important health risk behaviors that contribute to the leading causes of mortality, morbidity and social problems among youth in the United States. In 1995, Alaska implemented the survey for the first time among high school and middle school students<sup>1</sup>. The survey sampled a representative group of high school and middle school students (1,634 high school and 1,265 middle school students).

### Alcohol and Drug Use Among Alaska High School Students

Alaska high school students were similar to U.S. students in their reported use of alcohol and other drugs (Table 1). The behaviors of Alaska Native students in relation to alcohol and other drugs were similar to other students in Alaska and the US. About half of Alaska high school students reported using alcohol in the past 30 days, and about 30 percent reported using marijuana.

Table 1. Alcohol and drug use among Alaska and U.S. high school students: 1995

	Alaska	Alaska Natives	U.S.
	Percent of Students		
Episodic <sup>a</sup> Heavy Drinking	31	31	33
Current <sup>a</sup> Alcohol Use	48	44	52
Current <sup>a</sup> marijuana Use	29	29	25
Ever Used Cocaine	8	7	7
Current <sup>a</sup> Cocaine Use	3	2	3
Ever used inhalants	22	19	20
Ever used Crack	5	5	5
Ever used Steroids	4	3	4
Ever injected Drugs	2	1	2

<sup>a</sup> Used in the last 30 days

<sup>b</sup> 5 or more drinks on one occasion at least once in past 30 days

### Alcohol and Drug use Among Alaska Middle School Students

Over two thirds (68%) of middle school students (grades 7 and 8) reported ever having had a drink of alcohol (the alcohol question excluded drinking wine for religious

reasons). The next most common drugs reported having been used were marijuana (26.1%) and inhalants (19.6%). Cocaine (6.8%), crack (4.4%), steroids (4.3%) and injected drugs (2.7%) were also reported to have been used by middle school students.

### Other Behaviors Associated with Alcohol and Drug Use Among Alaska High School Students

Those who reported current use of alcohol and other drugs were more likely to report other high risk behaviors (Table 2). Those who reported using alcohol, for example, were more likely also to report using tobacco and be sexually active, compared to students who reported not using alcohol.

### Discussion

These findings indicate that multiple high risk behaviors tend to cluster in individuals. The tendency to engage in multiple risk or problem behaviors characterizes adolescents at risk<sup>2</sup>. Efforts to reduce risk behaviors need to address social, cultural and environmental circumstances that influence these behaviors. Success in reducing high risk behaviors requires a focused, sustained, concerted campaign that integrates the efforts of parents, families, schools, health and social service agencies, religious organizations, media, and young people themselves.<sup>3</sup>

### References

1. Youth Risk Behavior Survey Alaska Report 1995. Alaska Department of Health and Social Services and Department of Education, Feb. 1996..
2. Dryfoos, J.: Adolescents at risk: Prevalence and Prevention. Oxford Press, New York, NY. 1990.
3. Kolbe, Lloyd J; Kann, Laura; and Collins, Janet L.: Overview of the Youth Risk Behavior Surveillance System. Public Health Rep 108: (Supplement 1) 2-10, 1993.

### The Youth Risk Behavior Survey (YRBS), 1995

To obtain a copy of the full YRBS report, contact the State of Alaska, Section of Epidemiology, 3601 C Street, Suite 540, P.O. Box 240249, Anchorage, Alaska 99502-0249, phone (907) 269-8000, FAX (907)562-7802.

Table 2. High risk behaviors associated with alcohol and drug use among Alaska high school students

		Alcohol Use in past 30 days		Marijuana Use in past 30 days	
		Yes(%)	No(%)	Yes(%)	No(%)
Physical Fighting <sup>a</sup>	Boys	57	31	61	37
	Girls	35	17	42	20
Current smokers <sup>a</sup>	Boys	56	14	72	19
	Girls	57	19	78	23
Sexual Intercourse <sup>a</sup>	Boys	63	30	53	18
	Girls	63	34	52	23
Seriously Considered Suicide <sup>a</sup>	Boys	21	11	30	9
	Girls	41	26	44	29

<sup>a</sup>One or more times in past 12 months

<sup>b</sup>At least once in past 30 days

<sup>c</sup>In past 3 months

<sup>d</sup>Within past 12 months



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Bulletin No. 8 May 14, 1998

## Physical Fighting and Weapon Carrying Behavior Among Alaska Adolescents

### Introduction

The Youth Risk Behavior Survey (YRBS) measures health risk behaviors related to the leading causes of mortality, morbidity and social problems among youth in the United States. In 1995, Alaska implemented the survey for the first time among high school and middle school students.<sup>1</sup> The Alaska survey sampled a representative group of high school and middle school students (1,634 high school and 1,265 middle school students). Six categories of adolescent behavior were examined: behaviors that result in unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors; dietary behaviors; and physical activity.

### Fighting and Weapon Carrying Among High School Students (Alaska and U.S.)

Overall Alaska high school students were similar to U.S. students in regard to fighting and weapon carrying. As with national trends, physical fighting and weapon carrying are more likely to be reported by males than females (Table 1).

No significant differences were found between Alaska Native and Non-Native students regarding fighting or weapon carrying. It is important to note that whereas some of the students may be carrying weapons for legitimate activities (i.e., hunting), carrying weapons on school property is never appropriate. Nineteen percent of Alaska high school males and 5% of females report having carried a weapon to school on one or more of the last 30 days.

Table 1. Physical Fighting & Weapon Carrying Behavior Among High School Students

Risk Behavior	Alaska		U.S.	
	Males (%)	Females (%)	Males (%)	Females (%)
Carried a weapon on one or more of last 30 days	35.7	9.9	31.1	8.3
Carried a gun on one or more of last 30 days	14.3	3.3	12.3	2.5
Carried a weapon on school property on one or more of last 30 days	18.8	4.8	14.5	4.9
In physical fight one or more times during past 12 months	45.0	25.5	46.1	30.6
In physical fight on school property one or more times during past 12 months	25.0	7.5	21.0	9.6

### Fighting and Weapon Carrying Among Alaska Middle School Students

Eighty percent of middle school males and 56% of females report having been in a physical fight. Over two thirds (75%) of male middle school students and almost one half of female middle school students report having ever carried a weapon. Over half (59%) of male middle school students report having ever carried a gun, while just over a quarter (28%) of female middle school students report having ever carried a gun.

### Other High Risk Behaviors Associated with Physical Fighting and Weapon Carrying Among Alaska Adolescents

Students who report having carried a weapon in the past 30 days are more likely to report other risky behaviors than are students who have not carried a weapon (Table 2). These risky behaviors include: alcohol use, smoking, sexual activity, and marijuana use. Students who report having carried a weapon in the past 30 days are also more likely to report having considered suicide.

Table 2. Risk Behaviors Associated With Weapon Carrying

Risk Behaviors	% Reporting Risk Behavior within past 30 days		
	no weapon	carry weapon	
Current Alcohol Use	Males	44	60
	Females	44	58
Current Smokers	Males	30	58
	Females	24	43
Current Sexual Activity	Males	24	37
	Females	31	36
Current Marijuana Use	Males	26	43
	Females	23	41
Seriously Considered Suicide	Males	12	24
	Females	30	55

### Discussion

Overall these data suggest that a significant number of adolescents in Alaska are involved in physical fighting and carrying weapons. Results indicate that these same students are involved in other high-risk behaviors. Given that risk-taking behaviors do not occur in isolation, it is important to address prevention and intervention efforts in a broad context.<sup>2</sup> For violence prevention programs to have the greatest impact and to be successful, they (prevention programs) must cast a wide net. Schools alone can not stem the tide nor can communities, parents, public health agencies, or individuals, but collectively these groups can change the picture of youth violence.<sup>3</sup>

### References

1. Youth Risk Behavior Survey Alaska Report 1995 (1997-update). Alaska Department of Health & Social Services and Department of Education, December 1997.
2. Dryfoos, J: *Adolescents at Risk: Prevalence and Prevention*. Oxford Press, New York, NY, 1990.
3. DeClemente, Ralph J; Hansen, William B; and Ponton, Lynne E: *Handbook of Adolescent Health Risk Behavior*. Plenum Press, New York, NY, 1996.



Department of Health and Social Services  
Karen Perdue, Commissioner  
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Division of Public Health  
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Section of Epidemiology  
John Middaugh, MD, Editor  
Volume No. 1 Number 1  
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## Physical Activity Among Alaska Adolescents

### Introduction

The Youth Risk Behavior Survey (YRBS) measures health risk behaviors related to the leading causes of mortality, morbidity and social problems among youth in the United States. In 1995, Alaska implemented the YRBS survey, sampling a representative group of 1643 high school and 1265 middle school students.<sup>1</sup> Six categories of adolescent behavior were examined: behaviors that result in unintentional and intentional injuries, tobacco use, alcohol and other drug use, sexual behaviors, dietary behaviors, and physical activity. Previous Epidemiology Bulletins have addressed the areas of alcohol/drug use and sexual behavior.<sup>2,3</sup>

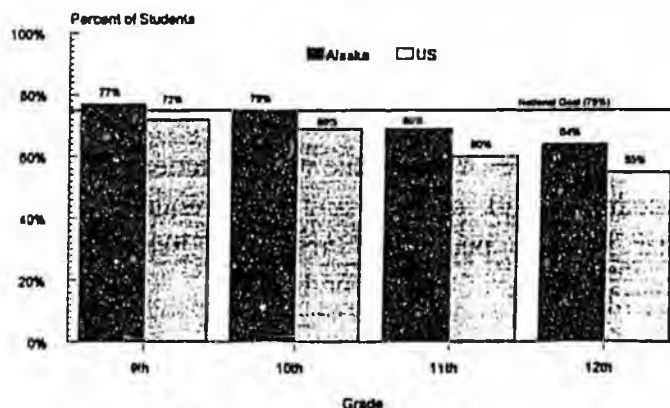
### The Benefits of Adolescent Physical Activity

In 1996, the Office of the Surgeon General released its first report on the relationship between physical activity and health.<sup>4</sup> The report finds that the benefits of physical activity, both long and short-term, begin in youth. Physical activity during adolescence helps build and maintain bones, muscles and joints; helps control weight, build lean muscle and reduce fat; reduces anxiety and stress and increases self-esteem; and may prevent or delay the development of high blood pressure later in life. Continued into adulthood, regular physical activity reduces the risk of developing or dying from some of the leading causes of illness and death in the US.

### Physical Activity Levels of Alaska High School Students

**Vigorous Activity** Alaska high school students report higher levels of vigorous physical activity than US students overall, but share a declining trend in activity as youth advance through school (Figure 1). While, on average, 72% of Alaska adolescents exercise vigorously at least three times a week (compared with only 64% of US students), this activity level is still below the National health goal of 75%.<sup>5</sup> As with Alaska adults, female and Alaska Native students report the lowest levels of vigorous activity (66% and 62%, data not shown).<sup>6,7</sup>

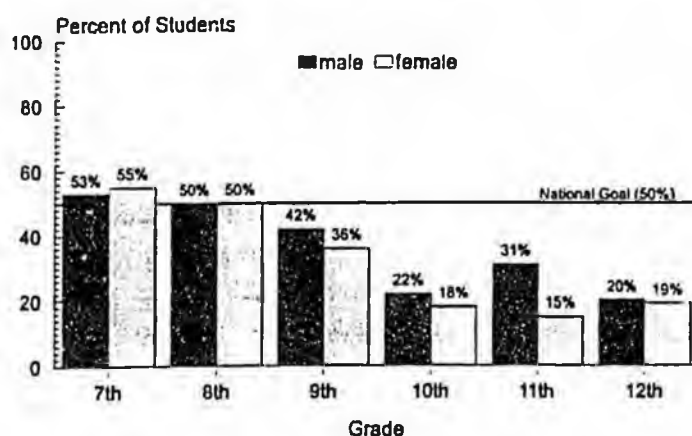
Figure 1. Vigorous<sup>1</sup> Activity Levels Among Alaska and US High School Students, 1995



<sup>1</sup> Activities that cause sweat and heavy breathing for at least 20 minutes, on at least 3 of the past 7 days

**Physical Education (PE)** Daily PE class attendance among Alaska high school students (26% overall) is similar to reported attendance across the rest of the US (25% overall). Daily participation drops with each grade, and female students are less likely to attend daily PE class than male students (Figure 2). Native high school students are slightly more likely to report participation in daily PE (31% overall, data not shown). Notably, only middle school students appear to be achieving the National health goal of 50% daily PE participation.<sup>5</sup>

**Figure 2. Daily Physical Education Participation Among Alaska Middle and High School Students, 1995**



### Other Behaviors Associated with Physical Activity in Alaska High School Students

**Overall** Students who report high levels of physical activity are less likely to engage in some high risk behaviors than those students who are physically inactive (Table 1). In particular, students who exercise vigorously at least 5 times a week are less likely to report contemplating suicide, smoking tobacco, eating insufficient fruits and vegetables, or perceiving themselves as overweight. However, the active students do not appear to drink alcohol any less frequently than their inactive peers and are more likely to eat excess amounts of fatty foods.

**Male/Female Differences** The association between physical activity and health risk behaviors appears to differ between the sexes (Table 1). Physically active female students (but

not male) are less likely to report ever having had sexual intercourse while physically active male students (but not female) report less marijuana use. Active male students are somewhat more likely to report potentially injurious behaviors, such as carrying weapons on school property and physical fighting, than inactive males.

**Table 1. Comparison of the Prevalence of Health Risk Behaviors Reported among Active and Inactive Alaska High School Students, 1995**

Health Risk Behaviors	Males (%)		Females (%)	
	Active <sup>1</sup> (n=458)	Inactive <sup>2</sup> (n=58)	Active <sup>1</sup> (n=330)	Inactive <sup>2</sup> (n=111)
seriously considered suicide <sup>3</sup>	14	20	28	39
current smoker <sup>4</sup>	30	51	32	41
regular smoker <sup>5</sup>	17	41	16	26
current marijuana user <sup>6</sup>	28	35	22	22
current drinker <sup>7</sup>	47	50	41	41
binge drinker <sup>8</sup>	33	38	26	28
sexual intercourse <sup>9</sup>	48	43	39	52
eat excess fatty foods <sup>10</sup>	44	38	22	14
eat inadequate fruits/vegetables <sup>11</sup>	55	85	64	83
overweight <sup>12</sup>	16	32	34	41
carry weapons at school <sup>13</sup>	18	12	4	3
physical fighting <sup>14</sup>	45	37	23	25

<sup>1</sup> at least 5 days of vigorous activity (causing sweat and heavy breathing for at least 20 minutes) in the past 7 days

<sup>2</sup> 0 days of vigorous activity (causing sweat and heavy breathing for at least 20 minutes) in the past 7 days

<sup>3</sup> during the past 12 months

<sup>4</sup> at least once in the past 30 days

<sup>5</sup> at least 20 cigarettes in the past 30 days

<sup>6</sup> at least once in the past 30 days

<sup>7</sup> at least once in the past 30 days

<sup>8</sup> at least 5 drinks within a couple of hours during the past 30 days

<sup>9</sup> ever

<sup>10</sup> more than 2 servings in the last day

<sup>11</sup> less than 5 servings in the last day

<sup>12</sup> "slightly" or "very"

<sup>13</sup> at least once in the past 30 days

<sup>14</sup> at least once in the past 12 months

### Clustering of Health-Related Behaviors

The findings from Table 1 suggest that multiple high risk behaviors tend to cluster in physically inactive individuals. Previous analyses noted similar clusterings of high risk behaviors among students who engage in early sexual intercourse or early alcohol and drug use.<sup>3,2</sup> Regular physical activity has been shown to be a key factor or "asset" in developing healthy adolescents.<sup>8</sup>

## Recommended Amounts of Physical Activity

The International Consensus Conference on Physical Activity Guidelines for Adolescents recommends that "all adolescents...be physically active daily, or nearly every day, as part of play, games, sports, work, transportation, recreation, physical education, or planned exercise, in the context of family, school and community activities" and that "adolescents engage in three or more sessions per week of activities that last 20 minutes or more at a time and that require moderate to vigorous levels of exertion."<sup>9</sup>

### *Team Participation*

Teams can provide students with a sense of structure and belonging.<sup>8</sup> Team participation also enables many youth to attain the recommended physical activity levels, but it is important to recognize that many team sports (such as basketball, volleyball, hockey and soccer) are not readily sustainable in adulthood. Consequently, youth should learn lifelong activities (such as cross-country skiing, hiking, ice skating and swimming) as well.<sup>9</sup>

## How to Encourage Adolescent Physical Activity

Due to their almost population-wide access to adolescents, schools are "the most widely available resource for promoting physical activity."<sup>4</sup> Key recommendations by the surgeon General include:

### *Schools*

- provide quality instruction in lifelong physical activities (those which can be performed alone or with one other person) in addition to structured sports--and begin instruction in elementary school
- emphasize enjoyment over competition
- include instruction about the benefits/value of exercise and other healthy lifestyle habits
- recognize and address potentially different needs among gender and ethnic groups

Numerous opportunities also exist for parents and communities to encourage physical activity among adolescents:

### *Parents*

- support and encourage children's participation in physical activities
- provide a role model by playing and being physically active with children

### *Communities*

- ensure youth have access to safe equipment/facilities during non-school hours and vacations--and that they and their parents are aware of these resources
- advocate for lifelong-oriented, daily physical education which begins in elementary school and continues throughout all four years of high school
- advocate for qualified physical education instructors and the provision of both in-service training in and regular evaluation of comprehensive health programs

## Summary

The Surgeon General states that "physical activity is directly related to preventing disease and premature death and to maintaining a high quality of life."<sup>4</sup> Physical activity among Alaska youth declines during the high school years, and, by adulthood, almost a quarter of Alaskans are physically inactive.<sup>6</sup> By establishing a routine of lifelong-oriented physical activity in adolescence, Alaskans stand a much better chance of continuing to exercise throughout life and may decrease their likelihood of adopting high risk behaviors. Teaching Alaska youth to value physical activity should become an essential element of the broader academic curriculum. Based on the link between physical inactivity and other high risk behaviors, comprehensive health programs should be emphasized throughout the school system. However, reduction of physical inactivity (and other high risk behaviors) will require a coordinated effort across communities, families and schools.

## References

1. Youth Risk Behavior Survey Report 1995. Alaska Department of Health and Human Services and Department of Education. February 1996.
2. Alcohol and Drug Use Among Alaska Adolescents. State of Alaska Epidemiology Bulletin. No. 8: February 26, 1997.
3. Sexual Behavior Among Alaska Adolescents. State of Alaska Epidemiology Bulletin. No. 23: May 9, 1997.
4. US Department of Health and Human Services. Physical Activity and Health: A Report of the Surgeon General. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1996.
5. National Center for Health Statistics. Healthy People 2000 Review, 1995-96. Hyattsville, Maryland: Public Health Service. 1996.
6. Alaska Behavioral Risk Survey 1994 Annual Report. Alaska Department of Health and Social Services. November 1996.
7. Alaska Behavioral Risk Survey 1991-1993. Alaska Department of Health and Social Services and Alaska Area Native Health Service. February 1997.
8. Benson PL, Galbraith MA, Espeland P. What Kids Need to Succeed. Minneapolis, MN: Free Spirit Publishing, 1995.
9. Centers for Disease Control and Prevention. Guidelines for School and Community Programs to Promote Lifelong Physical Activity among Young People. MMWR 1997; 46 (No. R-6).

## The Youth Risk Behavior Survey 1995

To obtain a copy of the full YRBS report, contact the State of Alaska, Section of Epidemiology, P.O. Box 240249, Anchorage, Alaska, 99524-0249, phone 907-269-8000, fax 907-562-7802.

## Physical Activity and Health : A Report of the Surgeon General (and related summary materials)

To obtain a full copy of the Surgeon General's Report or related "At-A-Glance" summary materials, contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity, MS K-46, 4770 Buford Highway, NE, Atlanta, GA 30341, phone 800-232-4674.

(Submitted by Kelin Colberg, Student Intern, Section of Epidemiology.)

BULK RATE  
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Bulletin Recommendations and Reports  
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**1997 Youth Risk Behavior Survey  
COOPERATIVE AGREEMENT  
Between  
The Alaska Department of Education  
And  
The Department of Health and Social Services**

**PURPOSE**

The purpose of this interdepartmental memorandum of agreement is to ensure the collaboration between the Department of Health and Social Services and the Department of Education in the successful implementation of the 1999 Youth Risk Behavior Survey (YRBS). Through this collaborative effort, the state of Alaska will obtain relevant and generalizable behavior data that may be used when planning future programs for both agencies. These two departments will also ensure the success and implementation of local data gathering, should districts choose to participate, which will assist them in local program planning. The following sections define and assign roles to best meet tasks required for successful implementation of the 1999 YRBS.

**ALASKA DEPARTMENT OF EDUCATION (DOE):**

- Work with local school districts and contacts to promote the purpose and use of the YRBS.
- Develop relationships with local school boards, parent groups, administration and community members as necessary to promote and obtain support for the implementation and use of the resulting information of the YRBS.
- Assist DHSS in updating computer generated sample by providing current statistics.
- Assist DHSS in obtaining clearances for surveys at the district level.
- Assist with development of reports and promotional materials relating to the 1999 YRBS results.
- Share in expenses for supplies, contracts etc. when funding is available.

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES (DHSS):**

- Work with local school districts and contacts to promote the purpose and use of the YRBS.
- Obtain clearances for surveys at the district level.
- Provide the necessary resources and personnel to administer the YRBS, including independent contractor for local data analysis.
- Determine type of parental consent needed for the approved survey questionnaire.
- Administer needed documentation, track results and determine further action.
- Identify districts that require more detailed or specific information and conduct necessary steps to implement district wide survey implementation.
- Draw student sample, establish tracking system (ID numbers), draw class samples, assemble survey materials and distribute to schools.
- Assist districts with implementation of survey.
- Implement tracking and follow up procedure with schools.
- Close data collection, assemble raw materials and send all state information to the Centers for Disease Control and Prevention Contractor for scanning and data analysis.
- Assemble and send all local information to an independent contractor for scanning and data analysis.
- Develop report materials and presentation materials.

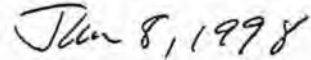
**POINTS OF COLLABORATION:**

- Both DOE and DHSS will plan and be responsible for timetable of events during entire implementation process.
- Both DOE and DHSS will work with local districts and agencies to build support for the YRBS.
- Adapt/modify questionnaire if necessary.
- Both DOE and DHSS will present and promote the results of the 1999 YRBS and continue to discuss the importance of accurate data collection efforts throughout the state.
- Both DOE and DHSS will provide ongoing expertise and leadership surrounding controversial issues.
- Both DOE and DHSS will present, promote and provide expertise on the continued need for reliable and useable data within the state of Alaska such as the YRBS at various conferences and meetings.
- Review and modify the YRBS Data Guidelines produced by both agencies and update as necessary.

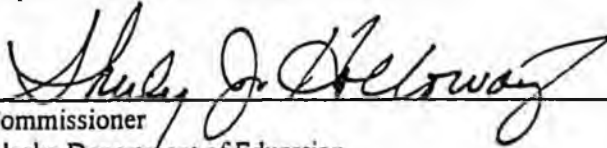
We agree to review and renew this agreement when there are significant programmatic changes or when the specific issues and/or concerns at the local level require added attention and response.



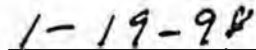
\_\_\_\_\_  
Commissioner  
Department of Health and Human Services



\_\_\_\_\_  
Date



\_\_\_\_\_  
Commissioner  
Alaska Department of Education



\_\_\_\_\_  
Date



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## REPRESENTATIVE FRED DYSON

### CSHB 70 Sponsor Statement

#### **"An Act relating to questionnaires or surveys administered in public schools."**

Alaska State Law (AS 14.03.110) requires parental consent for student questionnaires. There has been some confusion over "passive" versus "active" parental consent. A controversy arose recently with the use of the anonymous "Youth Risk Behavior Survey," sponsored by the Alaska's Department of Health and Human Services (DHSS). The successful completion of the "Youth Risk Behavior Survey" is reported to be necessary for the securing of Federal grant funds.

The survey was administered by some districts without parental permission. Some schools, and districts, chose to not use the survey, in deference to parental concerns. Other districts obtained legal opinions indicating that they did not require "active" parental consent in apparent contradiction of the intent of the legislature. While parents were upset with the lack of involvement offered, the survey was considered by many to be too invasive and far too personal. Samples of some of the questions are included in the bill packet.

The immediate solution to the dilemma would appear to be getting active parental consent for the surveys. However, public health officials maintain that it would be impractical to handle the logistics and that too few parents would respond positively. Committee Substitute for HB 70 attempts to solve this dilemma by allowing for a once a year blanket parental consent for anonymous questionnaires and surveys. The sponsor anticipates that each district or school would obtain the blanket annual anonymous questionnaire permission at the time of student registration. With automation, the school should be able to enter and retrieve the list of authorized questionnaire recipients. Public health officials argue that even this won't work. Even with all-inclusive annual parental permission, CSHB 70 requires that parents and students be given two weeks notice before the anonymous survey and another opportunity to decline to participate.

CSHB 70 tries to strike a practical balance between the rights of parents to control the educational experience of their children while allowing public officials to obtain apparently needed information and the grants that follow. The bill closely follows a law recently passed in Utah.

- E-mail -  
Representative\_Fred\_Dyson  
@Legis.state.ak.us

- Internet -  
<http://www.akrepublicans.org>

HOUSE COMMITTEE REPORT

(7)

Date Referred to Committee: January 25, 1999

FURTHER REFERRALS:

Date of Committee Action: \_\_\_\_\_

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 70

HOUSE BILL NO. 70

PUBLIC SCHOOL SURVEYS

"An Act relating to questionnaires or surveys administered in public schools."

recommends it be replaced with the following committee substitute \_\_\_\_\_  the same title  a new title

additional referral to \_\_\_\_\_ Committee  attached amendment(s)

ADOPTS: \_\_\_\_\_ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) \_\_\_\_\_ APPROVES PREVIOUS: (Dept/Date) \_\_\_\_\_  
 fiscal note(s) \_\_\_\_\_  fiscal note(s) \_\_\_\_\_  
 zero fiscal note(s) \_\_\_\_\_  zero fiscal note(s) \_\_\_\_\_

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>			<input checked="" type="checkbox"/>	
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CHAIR'S SIGNATURE *[Signature]* *[Signature]*

ANCHORAGE DAILY NEWS  
Letters  
APR 14 1999

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HB 70 supports parents' rights

[\[Top\]](#) [\[Next\]](#)

I support passing House Bill 70 to protect my parental rights to give written permission when it deals with schools asking my children personal questions. I cannot depend on the Anchorage School District to guarantee that my children's right to privacy is protected. When schools ask students private questions, I want to know about it before they're asked.

It's my parental right to guide my children as they learn what and how much of themselves they should divulge and to whom. It's my parental duty, not the school's, to teach values to my children. It's my parental responsibility to keep track and monitor what my children do.

Please support HB 70 so it will become law. This school district has already shown me indifference when I've gone to them for help in resolving situations with my children. What about teaching students so they can get their diplomas, instead of snooping into private lives? Whose business is it anyway? Help me protect our children's right to privacy when we can't be there to protect them.

This bill was introduced by Rep. Fred Dyson and is being heard by the Health, Education and Social Services Committee. Call your local Legislative Information Office to find out when. Last I knew, they would take public testimony on the bill on Thursday. In Anchorage, call the LIO at 258-8111 and sign up to testify. Also send support by e-mail to [Representative\\_Fred\\_Dyson@legis.state.ak.us](mailto:Representative_Fred_Dyson@legis.state.ak.us).

P.S. I'm an ordinary citizen, I don't work in the health industry, and I don't live on the Hillside.

- Frank R. Phillips

Anchorage

---

**Subject: HB 70 Support**

**Date: Wed, 14 Apr 1999 18:26:57 -0500**

**From: Andree McLeod <mcleodak@alaska.net>**

**To: Representative Dyson <Representative\_Fred\_Dyson@legis.state.ak.us>**

Dear Representaive Fred Dyson,

Thank you for taking the time to protect parent's and family's right to privacy.

It's hard enough raising children without having to worry about government agencies going into schools behind our backs, intruding in on our children's privacy and diminishing their study time at school by asking questions.

The compromise you have reached in your bill, as I understand it, is to give annual blanket permission at the time of school registration. Also, parents will be notified in advance before specific surveys are administered where parents can opt to not have their children participate.

Again, thank you for all your efforts on this issue. It has not been easy dealing with most health professional in this state as they have used their power to usurp our privacy. But when the Attorney General's office backs the Administration's position, hopelessness and helplessness abounds for us common folk. You have truly been a saving grace.

Andree McLeod



- 1 THE STUDENT'S PARENT OR GUARDIAN OR IF THIS NOTIFICATION IS
- 2 OTHERWISE PROHIBITED BY STATE OR FEDERAL LAW.]

**CS FOR HOUSE BILL NO. 70( )**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-FIRST LEGISLATURE - FIRST SESSION**

BY

Offered:  
Referred:

Sponsor(s): REPRESENTATIVE DYSON

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to tests, treatments, surveys, analyses, or evaluations, administered  
2 in public schools."

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

4 \* Section 1. AS 14.03.110 is repealed and reenacted to read:

5 **Sec. 14.03.110. Obtaining information from students in public schools. (a)**

6 A school district or school district employee may not, without the prior written consent  
7 of the student's parent or guardian, administer to a student or permit the administration  
8 to a student of a psychological or psychiatric examination, test, or treatment, or a  
9 survey, analysis, or evaluation in which the purpose or evident intended effect is to  
10 cause the student to reveal information, whether the information is personally  
11 identifiable or not, concerning the student's or any family member's

- 12 (1) political affiliation or political philosophy;
- 13 (2) mental or psychological problems;
- 14 (3) sexual behavior, orientation, or attitudes;

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- (4) illegal, antisocial, self-incriminating, or demeaning behavior;
- (5) critical appraisal of individuals with whom the student or family member has close family relationships;
- (6) religious affiliation or beliefs;
- (7) legally recognized privileged relationships and analogous relationships, including those with lawyers, medical personnel, or ministers; and
- (8) income, except as required by law.

(b) The prohibitions set out in (a) of this section also apply within the curriculum and in other school activities unless prior written consent of the student's parent or legal guardian has been obtained.

(c) Written consent required under (a) of this section is valid only if a parent or legal guardian has been first given written notice and a reasonable opportunity to obtain written information concerning

- (1) records or information, including information about relationships, that may be examined or requested;
- (2) the means by which the records or information may be examined or reviewed;
- (3) the means by which the information is to be obtained;
- (4) the purposes for which the records or information are needed;
- (5) the entities or persons, regardless of affiliation, who will have access to personally identifiable information; and
- (6) a method by which a parent or guardian of a student can grant permission to another person to obtain or examine personally identifiable information.

(d) Except in response to a situation that a school employee reasonably believes to be an emergency, or as ordered by a court, disclosure to a parent or legal guardian required under (c) of this section must be given at least two weeks before information protected under this section is sought. After disclosure as required under this subsection, a parent or guardian may waive the two week minimum notification period imposed under this subsection.

(e) Written consent required under (a) of this section is valid until the commencement of the subsequent school year or until one of the following occurs:

1 (1) the child completes or withdraws from the course, activity, or  
2 program for which the parent consent was granted; or

3 (2) a written withdrawal of authorization is submitted to the school  
4 principal by the authorizing parent or guardian.

5 (f) A general consent form used to approve admission to school or a student's  
6 involvement in special education, remedial education, or a school activity does not  
7 constitute written consent required under (a) of this section.

8 (g) This section does not limit the ability of a student to spontaneously express  
9 sentiments or opinions otherwise protected against disclosure under this section.

10 (h) If, after receiving records or information, a school employee or agent  
11 believes that a situation exists that presents a serious threat to the well-being of a  
12 student, the school employee or agent shall notify the student's parent or guardian  
13 without delay. If, however, the matter has been reported to the Department of Health  
14 and Social Services, it is the responsibility of the department to notify the student's  
15 parent or guardian of any possible investigation before the student's return home from  
16 school.

17 (i) The Department of Health and Social Services may be exempted from the  
18 notification requirements described in (h) of this section only if the department  
19 determines that the student would be endangered by notification of the student's parent  
20 or guardian or if that notification is otherwise prohibited by state or federal law.

MARTI P. HUGHES  
12825 Lindsey Circle  
Anchorage, Alaska 99516  
Phone: (907) 345-8337  
Fax: (907) 345-6706

April 14, 1999

Representative Fred Dyson  
FAX (907) 465-4587  
Juneau, Alaska

Dear Representative Dyson:

I am writing to you (and the members of the HESS committee) in support of CS HB 70. Of particular importance to me is the component requiring parents' active permission before any survey inquiring about my teenager's or my family's personal information could be administered to my child at school.

While numerous health officials and even top administrators in our State Department of Health and Social Services have testified against this bill, I urge you to remember the rights of parents and the importance of privacy regarding family issues and beliefs.

When my son was a freshman at an Anchorage School District high school last year (1997/1998), I heard him and some of his classmates discussing some 'touchy-feely' questions they had to answer in their World History class. A visit with the Assistant Principal of Curriculum at the school revealed that my son's history class was one of the 9th grade classes randomly selected to participate in a grant-sponsored program. The weekly program involved survey questions, guest speakers, and group discussions. Some of the future topics to be discussed were "Payoff's; Reactions/Moods; Depression & Suicide Prevention; Lessons on relationships...personal health; Relationships; and Choices and Decision Making." I was never provided a listing of the topics that had already been discussed in class.

A subsequent conversation with the Assistant Principal revealed:

- 1) How much time was this taking from the class curriculum?  
Answer: One class day per month "plus two short periods of time."
- 2) Is this part of the District's approved curriculum?  
Answer: "Apparently" it is not part of the approved curriculum.
- 3) Were parents asked to give written permission for their son/daughter to participate in the program?  
Answer: "Apparently" not.
- 4) Were parents given written notification or provided any information about the program?  
Answer: "Apparently" not.

After the above information was provided to me, I was told the program was put on hold indefinitely. For the remainder of the year, that program was not a part of my son's class.

As a parent who has been very involved with my children's education from the day they entered kindergarten, I knew this program did not belong in the classroom until it had been approved as part of the curriculum and until proper active parent notification had occurred. I resent the amount of time my son spent on the unauthorized surveys and I resent that it was done without my permission or knowledge.

I urge your support of CS HB 70 requiring active parent permission as described in Section 1 of the proposed bill. As far as a fiscal note is concerned, I suggest that the department or organization requesting to survey our children should bear the cost of administering such survey -- but only after proper screening and approval by the district and after active parent permission is received.

Sincerely,

*Marti Hughes*  
Marti (Marilyn) P. Hughes



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Public Health Service

Centers for Disease Control  
and Prevention (CDC)  
Atlanta, GA 30333

October 16, 1998

John P. Middaugh, M.D.  
State Epidemiologist  
Alaska Division of Public Health  
3601 C Street, Suite 540  
P. O. Box 240249  
Anchorage, Alaska 99524-0249

Dear Dr. Middaugh:

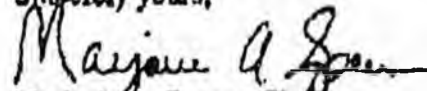
You inquired about the classification of the Youth Risk Behavior Survey (YRBS) with respect to its research status. The YRBS is actually two surveys. One survey is a national YRBS which is conducted by the Centers for Disease Control and Prevention (CDC). CDC contracts with a survey firm to conduct the survey in several hundred schools throughout the country. The intent of this survey is to generate generalizable knowledge about youth health behaviors. The survey is classified as research and reviewed and approved by the CDC institutional review board (IRB) and the contractor's IRB.

The other YRBS is a survey that may be conducted at the state level through the cooperative agreements CDC awards to state Departments of Education. These surveys are one of several activities for which states may use the funds. They are conducted at the state's discretion and used for program planning. We do not consider these state surveys to be research because their primary intent is not to generate or contribute to generalizable knowledge. However, in any particular state, state officials may decide to use the funds to conduct a research survey; in such a situation, the survey would be require IRB approval.

In Alaska, the purpose of conducting the YRBS is to enhance programs targeted to youth. The data are used by school and health officials for program planning. Thus, the survey does not constitute research as defined in the Federal Regulations for Protecting Human Research Subjects (Title 45 CFR Part 46).

I hope this information is helpful. If you have further questions, please contact me at 404 639-7260.

Sincerely yours,

  
Marjorie A. Speers, Ph.D.  
Deputy Associate Director for Science

1 for research??

## United States Code : Title 20, Section 1232h

<http://www4.law.cornell.edu/uscode/20/1232h.text.html>

### Sec. 1232h. Protection of pupil rights

#### (a) Inspection of instructional materials by parents or guardians

All instructional materials, including teacher's manuals, films, tapes, or other supplementary material which will be used in connection with any survey, analysis, or evaluation as part of any applicable program shall be available for inspection by the parents or guardians of the children.

#### (b) Limits on survey, analysis, or evaluations

No student shall be required, as part of any applicable program, to submit to a survey, analysis, or evaluation that reveals information concerning -

- (1) political affiliations;
- (2) mental and psychological problems potentially embarrassing to the student or his family;
- (3) sex behavior and attitudes;
- (4) illegal, anti-social, self-incriminating and demeaning behavior;
- (5) critical appraisals of other individuals with whom respondents have close family relationships;
- (6) legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers; or
- (7) income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior consent of the student (if the student is an adult or emancipated minor), or in the case of an unemancipated minor, **without the prior written consent of the parent** (*emphasis added*).

#### (c) Notice

Educational agencies and institutions shall give parents and students effective notice of their rights under this section.

#### (d) Enforcement

The Secretary shall take such action as the Secretary determines appropriate to enforce this section, except that action to terminate assistance provided under an applicable program shall be taken only if the Secretary determines that -

- (1) there has been a failure to comply with such section; and
- (2) compliance with such section cannot be secured by voluntary means.

#### (e) Office and review board

The Secretary shall establish or designate an office and review board within the Department of Education to investigate, process, review, and adjudicate violations of the rights established under this section.

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- (7) income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior consent of the student (if the student is an adult or emancipated minor), or in the case of an unemancipated minor, **without the prior written consent of the parent** (*emphasis added*).

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## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Public Health Service

Centers for Disease Control  
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October 16, 1998

John P. Middaugh, M.D.  
State Epidemiologist  
Alaska Division of Public Health  
3601 C Street, Suite 540  
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Anchorage, Alaska 99524-0249

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I hope this information is helpful. If you have further questions, please contact me at 404 639-7260.

Sincerely yours,

Marjorie A. Speers, Ph.D.  
Deputy Associate Director for Science

is research??

**Subject: HB 70 Support**

**Date: Wed, 14 Apr 1999 18:26:57 -0500**

**From: Andree McLeod <mclcodak@alaska.net>**

**To: Representative Dyson <Representative\_Fred\_Dyson@legis.state.ak.us>**

Dear Representaive Fred Dyson,

Thank you for taking the time to protect parent's and family's right to privacy.

It's hard enough raising children without having to worry about government agencies going into schools behind our backs, intruding in on our children's privacy and diminishing their study time at school by asking questions.

The compromise you have reached in your bill, as I understand it, is to give annual blanket permission at the time of school registration. Also, parents will be notified in advance before specific surveys are administered where parents can opt to not have their children participate.

Again, thank you for all your efforts on this issue. It has not been easy dealing with most health professional in this state as they have used their power to usurp our privacy. But when the Attorney General's office backs the Administration's position, hopelessness and helplessness abounds for us common folk. You have truly been a saving grace.

Andree McLeod

ANCHORAGE DAILY NEWS  
Letters  
APR 14 1999

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HB 70 supports parents' rights

[\[Top\]](#) [\[Next\]](#)

I support passing House Bill 70 to protect my parental rights to give written permission when it deals with schools asking my children personal questions. I cannot depend on the Anchorage School District to guarantee that my children's right to privacy is protected. When schools ask students private questions, I want to know about it before they're asked.

It's my parental right to guide my children as they learn what and how much of themselves they should divulge and to whom. It's my parental duty, not the school's, to teach values to my children. It's my parental responsibility to keep track and monitor what my children do.

Please support HB 70 so it will become law. This school district has already shown me indifference when I've gone to them for help in resolving situations with my children. What about teaching students so they can get their diplomas, instead of snooping into private lives? Whose business is it anyway? Help me protect our children's right to privacy when we can't be there to protect them.

This bill was introduced by Rep. Fred Dyson and is being heard by the Health, Education and Social Services Committee. Call your local Legislative Information Office to find out when. Last I knew, they would take public testimony on the bill on Thursday. In Anchorage, call the LIO at 258-8111 and sign up to testify. Also send support by e-mail to [Representative\\_Fred\\_Dyson@legis.state.ak.us](mailto:Representative_Fred_Dyson@legis.state.ak.us).

P.S. I'm an ordinary citizen, I don't work in the health industry, and I don't live on the Hillside.

- Frank R. Phillips

Anchorage

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CS FOR HOUSE BILL NO. 70( )  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-FIRST LEGISLATURE - FIRST SESSION

BY

Offered:  
Referred:

Sponsor(s): REPRESENTATIVE DYSON

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to tests, treatments, surveys, analyses, or evaluations administered  
2 in public schools."

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

4 \* Section 1. AS 14.03.110 is repealed and reenacted to read:

5 Sec. 14.03.110. Obtaining information from students in public schools. (a)

6 A school district or school district employee may not, without the prior written consent  
7 of the student's parent or guardian, administer to a student or permit the administration  
8 to a student of a psychological or psychiatric examination, test, or treatment, or a  
9 survey, analysis, or evaluation in which the purpose or evident intended effect is to  
10 cause the student to reveal information, whether the information is personally  
11 identifiable or not, concerning the student's or any family member's

- 12 (1) political affiliation or political philosophy;
- 13 (2) mental or psychological problems;
- 14 (3) sexual behavior, orientation, or attitudes;

- 1 (4) illegal, antisocial, self-incriminating, or demeaning behavior;  
2 (5) critical appraisal of individuals with whom the student or family  
3 member has close family relationships;  
4 (6) religious affiliation or beliefs;  
5 (7) legally recognized privileged relationships and analogous  
6 relationships, including those with lawyers, medical personnel, or ministers; and  
7 (8) income, except as required by law.

8 (b) The prohibitions set out in (a) of this section also apply within the  
9 curriculum and in other school activities unless prior written consent of the student's  
10 parent or legal guardian has been obtained.

11 (c) Written consent required under (a) of this section is valid only if a parent  
12 or legal guardian has been first given written notice and a reasonable opportunity to  
13 obtain written information concerning

14 (1) records or information, including information about relationships,  
15 that may be examined or requested;

16 (2) the means by which the records or information may be examined  
17 or reviewed;

18 (3) the means by which the information is to be obtained;

19 (4) the purposes for which the records or information are needed;

20 (5) the entities or persons, regardless of affiliation, who will have  
21 access to personally identifiable information; and

22 (6) a method by which a parent or guardian of a student can grant  
23 permission to another person to obtain or examine personally identifiable information.

24 (d) Except in response to a situation that a school employee reasonably  
25 believes to be an emergency or to create a danger to the student or others, or as  
26 ordered by a court, disclosure to a parent or legal guardian required under (c) of this  
27 section must be given at least two weeks before information protected under this  
28 section is sought. After disclosure as required under this subsection, a parent or  
29 guardian may waive the two week minimum notification period imposed under this  
30 subsection.

31 (e) Written consent required under (a) of this section is valid until the

1 commencement of the subsequent school year or until one of the following occurs:

2 (1) the child completes or withdraws from the course, activity, or  
3 program for which the parent consent was granted; or

4 (2) a written withdrawal of authorization is submitted to the school  
5 principal by the authorizing parent or guardian.

6 (f) A general consent form used to approve admission to school or a student's  
7 involvement in special education, remedial education, or a school activity does not  
8 constitute written consent required under (a) of this section.

9 (g) This section does not limit the ability of a

10 (1) student to spontaneously express sentiments or opinions otherwise  
11 protected against disclosure under this section; or

12 (2) school employee to counsel a student regarding class schedules or  
13 curriculum.

14 (h) Unless the matter must be reported to the Department of Health and Social  
15 Services under AS 47.17.020 or the records or information were received in the course  
16 of an investigation by the department under AS 47.17.027, a school employee or agent  
17 who receives records or information under this section and who believes that a  
18 situation exists that presents a serious threat to the well-being of a student shall notify  
19 the student's parent or guardian without delay.

# 1999 Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

*Thank you very much for your help.*

**Directions**

- o Use a #2 pencil only.
- o Make dark marks.
- o Fill in a response like this: A B C D.
- o To change your answer, erase completely.

1. How old are you?
  - A. 12 years old or younger
  - B. 13 years old
  - C. 14 years old
  - D. 15 years old
  - E. 16 years old
  - F. 17 years old
  - G. 18 years old or older
  
2. What is your sex?
  - A. Female
  - B. Male
  
3. In what grade are you?
  - A. 9th grade
  - B. 10th grade
  - C. 11th grade
  - D. 12th grade
  - E. Ungraded or other grade
  
4. How do you describe yourself? (Select one or more responses.)
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Hispanic or Latino
  - E. Native Hawaiian or Other Pacific Islander
  - F. White

5. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
3	0
4	1
5	2
6	3
7	4
	5
	6
	7
	8
	9
	10
	11

Height	
Feet	Inches
3	0
4	1
5	2
6	3
7	4
	5
	6
	7
	8
	9
	10
	11

6. How much do you weigh without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

Weight		
Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

**The next 5 questions ask about personal safety.**

7. **When you rode a motorcycle during the past 12 months, how often did you wear a helmet?**
- A. I did not ride a motorcycle during the past 12 months
  - B. Never wore a helmet
  - C. Rarely wore a helmet
  - D. Sometimes wore a helmet
  - E. Most of the time wore a helmet
  - F. Always wore a helmet
8. **When you rode a bicycle during the past 12 months, how often did you wear a helmet?**
- A. I did not ride a bicycle during the past 12 months
  - B. Never wore a helmet
  - C. Rarely wore a helmet
  - D. Sometimes wore a helmet
  - E. Most of the time wore a helmet
  - F. Always wore a helmet
9. **How often do you wear a seat belt when riding in a car driven by someone else?**
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
10. **During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?**
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
11. **During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?**
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

**The next 10 questions ask about violence-related behaviors.**

12. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
13. During the past 30 days, on how many days did you carry a gun?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
15. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times

17. During the past 12 months, how many times were you in a physical fight?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
18. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
19. During the past 12 months, how many times were you in a physical fight on school property?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
20. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. Yes
  - B. No
21. Have you ever been forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No

**The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.**

22. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities.
- A. Yes
  - B. No
23. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
  - B. No
24. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
  - B. No
25. During the past 12 months, how many times did you actually attempt suicide?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
26. **If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?**
- A. I did not attempt suicide during the past 12 months
  - B. Yes
  - C. No

**The next 12 questions ask about tobacco use.**

27. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
  - B. No

28. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
29. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
30. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
- A. I did not smoke cigarettes during the past 30 days
  - B. Less than 1 cigarette per day
  - C. 1 cigarette per day
  - D. 2 to 5 cigarettes per day
  - E. 6 to 10 cigarettes per day
  - F. 11 to 20 cigarettes per day
  - G. More than 20 cigarettes per day
31. During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)
- A. I did not smoke cigarettes during the past 30 days
  - B. I bought them in a store such as a convenience store, supermarket, or gas station
  - C. I bought them from a vending machine
  - D. I gave someone else money to buy them for me
  - E. I borrowed them from someone else
  - F. I stole them
  - G. I got them some other way
32. When you bought cigarettes in a store during the past 30 days, were you ever asked to show proof of age?
- A. I did not buy cigarettes in a store during the past 30 days
  - B. Yes
  - C. No

33. During the past 30 days, on how many days did you smoke cigarettes on school property?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
34. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?
- A. Yes
  - B. No
35. Have you ever tried to quit smoking cigarettes?
- A. Yes
  - B. No
36. During the past 30 days, on how many days did you use chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
37. During the past 30 days, on how many days did you use chewing tobacco or snuff on school property?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

38. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

**The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

39. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 39 days
  - F. 40 to 99 days
  - G. 100 or more days
40. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
41. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

42. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days
43. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

**The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.**

44. During your life, how many times have you used marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 to 99 times
  - G. 100 or more times
45. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older

46. During the past 30 days, how many times did you use marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
47. During the past 30 days, how many times did you use marijuana on school property?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

The next 9 questions ask about cocaine and other drugs.

48. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
49. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

50. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
51. During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
52. During your life, how many times have you used heroin (also called smack, junk, or China White)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
53. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

54. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
55. During your life, how many times have you used a needle to inject any illegal drug into your body?
- A. 0 times
  - B. 1 time
  - C. 2 or more times
56. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
- A. Yes
  - B. No

**The next 8 questions ask about sexual behavior.**

57. Have you ever had sexual intercourse?
- A. Yes
  - B. No
58. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
  - B. 11 years old or younger
  - C. 12 years old
  - D. 13 years old
  - E. 14 years old
  - F. 15 years old
  - G. 16 years old
  - H. 17 years old or older

59. During your life, with how many people have you had sexual intercourse?
- A. I have never had sexual intercourse
  - B. 1 person
  - C. 2 people
  - D. 3 people
  - E. 4 people
  - F. 5 people
  - G. 6 or more people
60. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
  - B. I have had sexual intercourse, but not during the past 3 months
  - C. 1 person
  - D. 2 people
  - E. 3 people
  - F. 4 people
  - G. 5 people
  - H. 6 or more people
61. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
- A. I have never had sexual intercourse
  - B. Yes
  - C. No
62. The last time you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
  - B. Yes
  - C. No
63. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)
- A. I have never had sexual intercourse
  - B. No method was used to prevent pregnancy
  - C. Birth control pills
  - D. Condoms
  - E. Depo-Provera (injectable birth control)
  - F. Withdrawal
  - G. Some other method
  - H. Not sure

64. How many times have you been pregnant or gotten someone pregnant?
- A. 0 times
  - B. 1 time
  - C. 2 or more times
  - D. Not sure

**The next 7 questions ask about body weight.**

65. How do you describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
66. Which of the following are you trying to do about your weight?
- A. Lose weight
  - B. Gain weight
  - C. Stay the same weight
  - D. I am not trying to do anything about my weight
67. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
68. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
69. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
70. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)
- A. Yes
  - B. No

71. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
- A. Yes
  - B. No

The next 7 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

72. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A. I did not drink 100% fruit juice during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
73. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)
- A. I did not eat fruit during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
74. During the past 7 days, how many times did you eat green salad?
- A. I did not eat green salad during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

75. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)
- A. I did not eat potatoes during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
76. During the past 7 days, how many times did you eat carrots?
- A. I did not eat carrots during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
77. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
78. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
  - B. 1 to 3 glasses during the past 7 days
  - C. 4 to 6 glasses during the past 7 days
  - D. 1 glass per day
  - E. 2 glasses per day
  - F. 3 glasses per day
  - G. 4 or more glasses per day

**The next 8 questions ask about physical activity.**

79. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
80. On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
81. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

82. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
83. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
84. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- A. I do not take PE
  - B. Less than 10 minutes
  - C. 10 to 20 minutes
  - D. 21 to 30 minutes
  - E. More than 30 minutes
85. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
- A. 0 teams
  - B. 1 team
  - C. 2 teams
  - D. 3 or more teams
86. During the past 12 months, how many times were you injured while exercising, playing sports, or being physically active and had to be treated by a doctor or nurse?
- A. 0 times
  - B. 1 time
  - C. 2 times
  - D. 3 times
  - E. 4 times
  - F. 5 or more times

**The next question asks about AIDS education.**

87. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure

**This is the end of the survey.  
Thank you very much for your help.**

# 1999

## YOUTH RISK BEHAVIOR SURVEY

### MIDDLE SCHOOL QUESTIONNAIRE

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

*Thank you very much for your help.*

**Directions**

- o Use a #2 pencil only.
- o Make dark marks.
- o Fill in a response like this: A B C D.
- o To change your answer, erase completely.

1. How old are you?
  - A. 10 years old or younger
  - B. 11 years old
  - C. 12 years old
  - D. 13 years old
  - E. 14 years old
  - F. 15 years old
  - G. 16 years old or older
  
2. What is your sex?
  - A. Female
  - B. Male
  
3. In what grade are you?
  - A. 6th grade
  - B. 7th grade
  - C. 8th grade
  - D. Other
  
4. How do you describe yourself?
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Hispanic or Latino
  - E. Native Hawaiian or Other Pacific Islander
  - F. White

5. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes on your answer sheet. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
3	0
4	1
5	2
6	3
7	4
	5
	6
	7
	8
	9
	10
	11

6. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes on your answer sheet. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8

	9	9
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**The next 7 questions ask about personal safety and violence-related behaviors.**

7. How often do you wear a seat belt when riding in a car?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
  
8. When you ride a bicycle, how often do you wear a helmet?
  - A. I do not ride a bicycle
  - B. Never wear a helmet
  - C. Rarely wear a helmet
  - D. Sometimes wear a helmet
  - E. Most of the time wear a helmet
  - F. Always wear a helmet
  
9. When you rollerblade or ride a skateboard, how often do you wear a helmet?
  - A. I do not rollerblade or ride a skateboard
  - B. Never wear a helmet
  - C. Rarely wear a helmet
  - D. Sometimes wear a helmet
  - E. Most of the time wear a helmet
  - F. Always wear a helmet
  
10. Have you ever ridden in a car driven by someone who had been drinking alcohol?
  - A. Yes
  - B. No
  - C. Not sure
  
11. Have you ever carried a weapon, such as a gun, knife, or club?
  - A. Yes
  - B. No
  
12. Have you ever been in a physical fight?
  - A. Yes
  - B. No
  
13. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
  - A. Yes
  - B. No

**The next 3 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.**

14. Have you ever **seriously** thought about killing yourself?  
A. Yes  
B. No
15. Have you ever made a **plan** about how you would kill yourself?  
A. Yes  
B. No
16. Have you ever **tried** to kill yourself?  
A. Yes  
B. No

**The next 9 questions ask about tobacco use.**

17. Have you ever tried cigarette smoking, even one or two puffs?  
A. Yes  
B. No
18. How old were you when you smoked a whole cigarette for the first time?  
A. I have never smoked a whole cigarette  
B. 8 years old or younger  
C. 9 years old  
D. 10 years old  
E. 11 years old  
F. 12 years old  
G. 13 years old  
H. 14 years old or older
19. **During the past 30 days**, on how many days did you smoke cigarettes?  
A. 0 days  
B. 1 or 2 days  
C. 3 to 5 days  
D. 6 to 9 days  
E. 10 to 19 days  
F. 20 to 29 days  
G. All 30 days
20. **During the past 30 days**, on the days you smoked, how many cigarettes did you smoke per day?

- A. I did not smoke cigarettes during the past 30 days
  - B. Less than 1 cigarette per day
  - C. 1 cigarette per day
  - D. 2 to 5 cigarettes per day
  - E. 6 to 10 cigarettes per day
  - F. 11 to 20 cigarettes per day
  - G. More than 20 cigarettes per day
21. **During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)**
- A. I did not smoke cigarettes during the past 30 days
  - B. I bought them in a store, such a convenience store, super market, or gas station
  - C. I bought them from a vending machine
  - D. I gave someone else money to buy them for me
  - E. I borrowed them from someone else
  - F. I stole them
  - G. I got them some other way
22. **When you bought cigarettes in a store during the past 30 days, were you ever asked to show proof of age?**
- A. I did not buy cigarettes during the past 30 days
  - B. Yes
  - C. No
23. **Have you ever smoked cigarettes regularly, that is, at least one cigarette, every day for 30 days?**
- A. Yes
  - B. No
24. **During the past 30 days, on how many days did you use chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?**
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
25. **During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?**