

ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

10223 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

March 11, 2002

Representative Joe Hayes
State Capitol
Room 415
Juneau, AK 99801-1182

Dear Representative Hayes:

There are a number of bills being considered this legislative session related to amending the current Certificate of Need laws, including SB 256, HB 407 and HB 485.

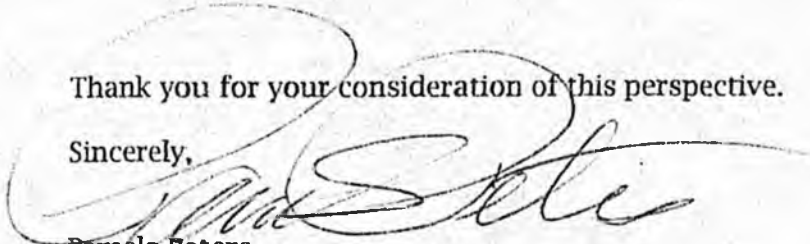
I believe that lifting the current CON threshold of \$1,000,000 or, worse yet, eliminating the need for a Certificate of Need in communities greater than 55,000 residents, will jeopardize the health of our state's community hospitals.

37 states currently have CON. Others are considering strengthening it. In the lower 48, managed care has led many states to try to allow them to manage the marketplace instead of CON. But in Alaska we don't have managed care and it is doubtful we ever will. Your proposal will not create competition, and it might create chaos. I ask that you give your proposal more thought and withdraw it from consideration during the current session.

We need a strong CON law in Alaska to provide a measure of discipline to the market. By loosening the standards, you will open the door to a host of problems. I urge you to consider strengthening the CON, lowering the cost threshold and requiring more projects to be reviewed instead of only a handful.

Thank you for your consideration of this perspective.

Sincerely,



Pamela Peters
5002 Dartmouth Rd. Unit 15
Fairbanks, Alaska 99709
907-479-4161

CC: Interior Delegation
Senator Lyda Green, Chair, Senate HESS
Representative Fred Dyson, Chair, House HESS

March 11, 2002
Representative Gary Wilken
State Capitol
Room 514
Juneau, AK.99801-1182

Dear Representative Wilken:

In reference to Certificate of Need Laws, SB 256, I am opposed to it because access to health resources is widely regarded as an important social good. If SB 256 is passed then the health recourses will be tainted by greed and the quality of personnel will decline.

Thank you for your consideration of this perspective.

Sincerely,

Lou E. Williams

*Lou E. Williams
95 Farewell Ave. #10
Fairbanks, AK. 99701
907-456-2375.*

March 8, 2002

Representative John Coghill
State Capitol
Room 415
Juneau, AK 99801-1182

Dear Representative Coghill:

There are a number of bills being considered this legislative session related to amending the current Certificate of Need laws, including SB 256, HB 407 and HB 485.

I am concerned that lifting the current CON threshold of \$1,000,000 or, worse yet, eliminating the need for a Certificate of Need in communities greater than 55,000 residents, will jeopardize the health of our state's community hospitals.

I believe in a reasonable level of state oversight of the establishment of new programs. The government should make certain that the project can be built for a reasonable amount of money, that it can be staffed appropriately, that it is likely to have the volumes necessary to achieve economies of scale, and a likely prospect of producing good outcomes. The existing CON program does these things now, and I think it would be a big mistake to try an untested experiment of allowing programs to spring up wherever providers think they can make some money.

Thank you for your consideration of this perspective.

Sincerely,



Lisa Kennedy
1006 Apt. 4
Apple Street
FT. WW, AK. 99703
907-356-7668

CC: Interior Delegation
Senator Lyda Green, Chair, Senate HESS
Representative Fred Dyson, Chair, House HESS

March 9, 2002

Senator Gary Wilkin
State Capitol
Room 514
Juneau, AK 99801-1182

Dear Senator Wilkin:

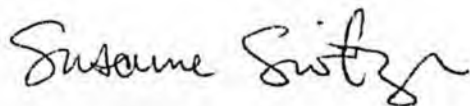
I am writing you to express my feelings on the bills being considered this legislative session related to amending the current Certificate of Need laws, including SB 256, HB 407 and HB 485.

I am opposed to SB 256 because access to health resources is widely regarded as an important social good. If SB 256 is passed then the health resources will be tainted by greed and the quality of personnel will decline.

Although SB 256 looks good on paper, after researching the issue I believe it would do more harm than good. I found that other states doomed their healthcare system by passing similar bills. They are suffering both in the quality of care they provide and financially. I would think that in the future, this will create more problems for the Alaska State Legislature.

Thank you for your consideration of this important issue.

Sincerely,



Susanne Switzer
2256 Jack Street
Fairbanks, Alaska 99709

CC: Interior Delegation
Senator Lyda Green, Chair, Senate HESS
Representative Fred Dyson, Chair, House HESS

March 25, 2002

Representative John Coghill
State Capitol, Room 102
Juneau, AK 99801

907 465 3719

907 465 3258 - FAX

Dear Representative Coghill:

I am writing to you to express my concerns regarding House Bill 407, the attempt to eliminate the need for approval of new medical facilities through the Certificate of Need process.

My concerns, as a health care professional associated with Fairbanks Memorial Hospital, are for the impact on the financially non-operative hospital services now provided. Should a "Surgery Center" be built (when the need has not been demonstrated), it would siphon from our hospital the cream of the payors, primarily private insurance. This would decrease the available resources to fund "non-profitable" services such as long term care, mental health, home health and daily care on

on the nursing units. A privately run facility would have no responsibility to the community to take Medicaid patients. Those who are pushing to have this bill passed are self-serving, financially well off individuals that do not have the community's best interests at heart.

At the level closest to my personal responsibilities, I am concerned that a surgery center would create a great deal more strain on the already critical shortages we are seeing in nursing, radiology and pharmacy.

I urge you, as my representative, to take measures to prevent this bill from moving forward.

Sincerely,

Janet Owen Denton

7209 RICH HWY
SALCHA, AK 99714

(JANET OWEN-DENTON)

CC: Each member of the
Interior Legislative
Delegation

March 25, 2002

Representative John Coghill
State Capitol, Room 102
Juneau, AK 99801
Phone: 907-465-3719
Fax: 907-465-3258

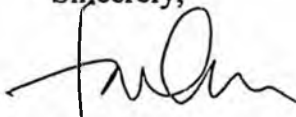
Dear Representative Coghill,

I am writing to you regarding my opposition of HB407.

I am concerned that changing the existing CON laws would weaken – not strengthen – the healthcare industry in Fairbanks. It is my opinion that the CON laws are partially responsible for maintaining the level and breadth of services at Fairbanks Memorial Hospital. Changing these laws through HB407, would open the door for profit seeking providers to come into Fairbanks, glean the high paying services, and leave the hospital to pick up the unwanted services – mental health, public inebriates, etc.

Please reconsider your stand on this issue.

Sincerely,



Jane Walsh

CC: Senator Pete Kelly
Senator Gary Wilken
Senator Gene Therriault
Representative John Davies
Representative Jim Whitaker
Representative Hugh Fate
Representative Jeanette James
Representative Joe Hayes
Representative Fred Dyson, Chairman House HESS



CHOGGIUNG LIMITED

VILLAGE CORPORATION

P.O. Box 330 Main Street Dillingham, Alaska, 99575
PHONE: (907) 842-5218 FAX: (907) 842-5462

March 26, 2002

Mr. Fred Dyson
Oil & Gas Committee
Alaska State Legislature
State Capitol (MS 3100)
Juneau, Alaska 99801-1182

Re: Alaska Natural Gas Development Authority, HB 410

Dear Representative Dyson:


We are writing to you to indicate the support of Choggiung Ltd. for the establishment of the Alaska Natural Gas Development Authority if the Authority is created with the mandate to design, construct and operate other facilities necessary to deliver gas to market and to communities throughout Alaska, including rural and remote Alaska, Anchorage and the Railbelt. We believe this action will be an important step in providing less expensive, environmentally - friendly energy to western Alaskan residents. The enclosed Resolution is an indication of our commitment.

Choggiung Ltd. is the Alaskan Native village corporation of Dillingham. It represents more than 1400 shareholders in western Alaskan and throughout the state. We are committed to creating a thriving, prosperous economy in the Bristol Bay region. Our company is in full support of this project and will do our part to effect its establishment and successful implementation.

Access to less expensive energy sources will be vital to sustaining our fundamental educational and community programs. This program will be integral to revitalizing our economic development initiatives, which have been decimated in recent years with the downturn of traditional fisheries-related businesses.

Please contact us if we can be of assistance in bringing about passage of this important legislative action.

Respectfully,
Choggiung Ltd.


Greta Goto, President


Karl Potts, CEO

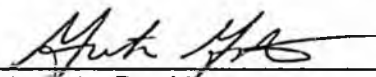
Enclosure: Corporate Resolution

**CHOGGIUNG LIMITED
THE BOARD OF DIRECTORS**

**RESOLUTION 2002-06
Support for the proposed Alaska Natural Gas Development Authority**

- WHEREAS, the Constitution of the State of Alaska states in Article VIII, Section 2., that the legislature shall provide for the utilization, development and conservation of all natural resources belonging to the State, including land and waters, for the maximum benefit of its people; and
- WHEREAS, despite Alaska having an oil pipe line, home heating and gasoline costs in Dillingham are extremely high, for example: Dillingham residents currently pay \$2.14 per gallon for #1 home heating fuel, \$2.59 per gallon for gasoline, and \$4.25 per gallon for propane, and;
- WHEREAS, Dillingham is solely dependent upon diesel generators for electricity and residents pay among the highest electricity rates in the state, and;
- WHEREAS, high energy costs in Dillingham has a direct impact on the cost of living, the cost of doing business, transportation, maintaining public and private buildings, operating water and sewer systems, and operation of our schools, and;
- WHEREAS, one of the cornerstones of economic development is to have access to cheap electrical power, and high energy costs currently impedes upon the economic development efforts of rural Alaskan communities such as Dillingham and surrounding villages, and;
- WHEREAS, our fishing industry cannot initiate value-added salmon and herring processing activities unless we have a low-cost source of energy in Dillingham and Bristol Bay, and;
- WHEREAS, the state of Alaska needs new revenue, Alaskans need jobs, especially in Western Alaska where the depressed fishery is forcing many people to look for other work, and;
- WHEREAS, with natural gas and derivatives being cheaper and cleaner burning than diesel oil, Choggiung Limited would like to have access to natural gas for the purpose of lowering the cost of living for its shareholders, and;
- NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Choggiung Limited that Alaska's State Legislature, the Governor's Office, and the Alaska Congressional Delegation ensure that all Alaskan communities be provided access to natural gas from the proposed North Slope gas line; and
- BE IT FURTHER RESOLVED THAT the Choggiung Limited Board of Directors supports the development of an Alaska Natural Gas Development Authority IF the Authority is created with the mandate to design, construct and operate other facilities necessary to deliver gas to market and to communities throughout Alaska, including rural and remote Alaska, Anchorage and the Railbelt.

APPROVED AND ADOPTED by a duly constituted quorum of the Board of Directors of Choggiung Limited this 20th day of March 2002.



Greta Goto, President

ATTEST: 

Wanda Fulton, Secretary

March 25, 2002

Representative John Coghill
State Capitol, Room 102
Juneau, AK 99801
Phone: 907-465-3719
Fax: 907-465-3258

Dear Representative Coghill,

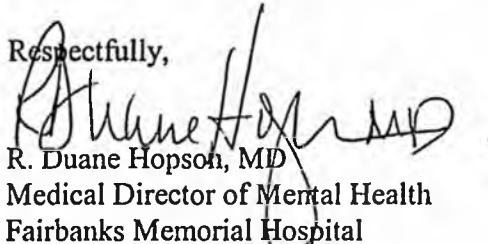
I am writing to you regarding HB407 and would like to express my concerns related to the changes this bill would have on healthcare.

First of all, my concern relates to the elimination of the current CON. I feel that changing the CON as it currently exists would effect changes that would begin the deterioration of the Health Care System in Fairbanks as we know it today. My past experience of 15 years working as a physician in a heavily managed care environment has given me the opportunity to experience the unhealthy competition and declining quality of care that is produced ultimately from these changes.

Secondly, as Medical Director of Mental Health at Fairbanks Memorial Hospital, I feel strongly that for quality mental health care to continue to be delivered, we need the resources and financial support that HB407 threatens by virtue of the effect on overall funding for the hospital. Additionally, I feel that the statewide plan for the development of mental health beds is important to the development of a well-balanced mental health system throughout the state, and HB407 threatens this plan.

Finally, I feel that any legislative action that holds potential harm to healthcare throughout the state as HB407 does, requires careful consideration by those supporting the changes. Thank you for your consideration in this very important matter.

Respectfully,


R. Duane Hopson, MD
Medical Director of Mental Health
Fairbanks Memorial Hospital
1650 Cowles St.
Fairbanks, AK 99701
(907)458-5529

CC: Senator Pete Kelly
Senator Gary Wilken
Senator Gene Therriault
Representative John Davies
Representative Jim Whitaker
Representative Hugh Fate
Representative Jeanette James
Representative Joe Hayes
Representative Fred Dyson, Chairman House HESS

**Greater
Fairbanks
Community
Hospital
Foundation, Inc.**

March 25, 2002

▼
*Owners of Denali Center,
Fairbanks Memorial Hospital
and Fairbanks Cancer
Treatment Center*

P.O. Box 71396
Fairbanks, AK 99707

(907) 458-5550
fax: (907) 458-5551

▼
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David D. Rasley
1st Vice President
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Karen Holt

Representative Fred Dyson
Chairman, House HESS
State Capitol
Juneau, AK 99801

Dear Representative Dyson,

The movement in the state government to change the CON rules alarms me. We have operated as they are presently on the books since we began our community hospital. Reflect for a moment where we came from: 1967 flood, departure of the Sisters of Providence, creation of the Greater Fairbanks Community Hospital Foundation, various fund drives, constant building and changes to deliver the best hospital care at the least possible cost. We have done and are continuing to do the job for the Fairbanks community without cost to the state government. We are not receiving an appropriation from the state in 2002. We are not a part of any Senate or House appropriation bill.

Some legislators have expressed the feeling that they do not understand the hospital business. Give us credit for 30 + years of involvement on a daily basis at no cost to anyone gives us an understanding of our local hospital and healthcare needs. Kill those unwarranted CON bills.

Very truly yours,

Harry J. Porter JP

Harry J. Porter
Treasurer

March 25, 2002

Representative John Coghill
State Capitol, Room 102
Juneau, AK 99801
Fax:907-465-3258

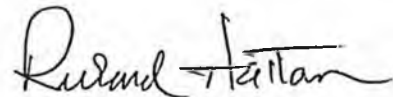
Dear Representative Coghill:

I have been following the legislation proposing to change the Certificate of Need limitations to a higher limit. This started several years ago in Fairbanks with the attempt to place a for profit outpatient surgery center in Fairbanks. A lot of the testimony at hearings on this matter was very telling as to the true motives of the people involved. Although testimony centered on freedom of choice and lower cost, what I got out of the hearings was transfer of insured patients and well-heeled patients to the for profit center with overall costs for the community only increased. Excess capacity and profit motive would increase usage of the for profit outpatient facility leaving less remunerative care as a responsibility of Fairbanks Memorial Hospital.

I hear many positive comments about the not-for-profit community based medical care currently available in Fairbanks from patients who have had to deal with much more complex systems available in the lower 48 states. Patients in Fairbanks need not worry about the true motives of physicians when care is either recommended or discouraged. Physicians are not rewarded for recommending care at Fairbanks Memorial Hospital nor are they discouraged when care is ordered for underinsured or non-paying patients.

I feel that changing the CON limitations may be good for a few businesses and individuals but is not a good change for the community.

Sincerely,



Richard Hattan, MD
992 Willow Grouse Rd
Fairbanks, AK 99712

CC: Representative Fred Dyson

March 25, 2002

Representative John Coghill
State Capitol, Room 102
Juneau, AK 99801
Phone: 907-465-3719
Fax: 907-465-3258

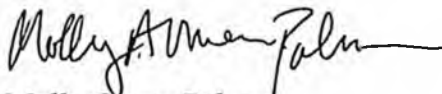
Dear Representative Coghill,

This letter concerns Certificate of Need and HB407.

The business that we conduct at Fairbanks Memorial Hospital, Denali Center (FMHDC) is one of give and take. Some of our departments make money and some departments lose money. If we are unable to maintain that balance, due to competition that duplicates only the money making departments, then areas such as mental health and home health will suffer. No one is interested in duplicating money losing services. Somehow we must finance these areas because there is a need for them and my community hospital, FMHDC, is proud to provide them, but we can't do it if areas of profit are essentially robbed by those interested in money only.

I've lived in Fairbanks since August 31, 1970. I've worked at Fairbanks Memorial Hospital since June of 1983, as a Registered Nurse. I oppose HB407. And I vote.

Sincerely,



Molly Owen-Palmer
515 Panorama Dr.
Fairbanks, AK 99712
(907)456-8557

CC: Senator Pete Kelly
Senator Gary Wilken
Senator Gene Therriault
Representative John Davies
Representative Jim Whitaker
Representative Hugh Fate
Representative Jeanette James
Representative Joe Hayes
Representative Fred Dyson, Chairman House HESS

March 25, 2002

Representative John Coghill
State Capitol, Room 102
Juneau, AK 99801

Dear Representative Coghill:

I am writing to you today to discuss HB 407. I am concerned that the proposed legislation in its current form, will harm healthcare in our Fairbanks community, and I would ask that you abandon this bill for the following reasons.

The Certificate of Need is a very useful tool for communities and the state as it compels any and all entities wishing to provide healthcare services to be reviewed and the business plan balanced against the actual needs of the community.

I have heard the arguments that the CON restricts competition in a marketplace. This is nonsense. The CON process ensures fair and even handed analysis of the proposed service. Competition is good and the CON does not impair that competition.


I have heard arguments that raising the CON limit or eliminating the CON all together would ensure there are not any monopolies in the marketplace. What is physician practice but a monopoly?

The healthcare marketplace is complex. In Fairbanks' case you have a community-owned hospital providing a wide range of healthcare services to all in the not-for-profit tradition. The services are a mixture of the profitable, i.e., surgery, and the unprofitable, i.e., mental health. The CON balances requests to provide services with the needs of healthcare in this community, superceding the desires of a few people whose interests appear to be for their profit and their bank accounts at the expense of all health care services in our community.

Healthcare is complex and I believe that we should have a series of public meetings here in Fairbanks to discuss the situation and to ensure whatever legislation occurs in the best interests of the community. Please abandon the current HB 407.

I would like to thank you for your time and considerations.

Sincerely,



Leigh Thurston
436 Valley View Dr.
Fairbanks, AK 99712
907-457-1164

Cc: Senator Pete Kelly
Senator Gary Wilken
Senator Gene Therriault
Representative John Davies
Representative Jim Whitaker
Representative Hugh Fate
Representative Jeanette James
Representative Joe Hayes
Representative Fred Dyson, Chairman House HESS

March 25, 2002

Representative John Coghill
State Capitol, Room 102
Juneau, AK 99801

Dear Representative Coghill:

I appreciate this opportunity to express my opposition to House Bill 407. I urge you to reconsider this move to alter the Certificate of Need process.

I have authored CONs for alcohol and drug services and helped with one for mental health services in Fairbanks. The process is reasonable and insists on accountability. I have studied and practiced healthcare management for two decades and know that our current system of CON supports what we value. Our system requires collaboration, cooperation, commitment and compassion.

I am absolutely clear on the impact of a change in the CON process. Under the guise of competition, groups with their scope defined by their profit-agenda will creep in to take the high yield-low commitment services. Healthcare is just no place to run blue-light specials. This bill would not introduce healthy alternatives nor honor competition. It would instead introduce an opportunistic infection as it were.

Thank you and I would welcome further communication with you on this subject.

Sincerely,



Carol Davila
875 Luthers Loop
Fairbanks, AK 99712
907-458-5545

Cc: Senator Pete Kelly
Senator Gary Wilken
Senator Gene Therriault
Representative John Davies
Representative Jim Whitaker
Representative Hugh Fate
Representative Jeanette James
Representative Joe Hayes
Representative Fred Dyson, Chairman House HESS

March 25, 2002

Representative John Coghill
State Capitol, Room 102
Juneau, AK 99801
Phone: 907-465-3719
Fax: 907-465-3258

Dear Representative Coghill,

As an employee of Fairbanks Memorial Hospital (FMH) and a member of the Fairbanks community for 20 years, I feel compelled to write to you regarding the issue of the proposed change to the CON process.

I believe that the CON process provides accountability to the Fairbanks community for the provision of health care. To eliminate the CON process will dilute services and will allow cherry picking of profitable procedures and surgeries which would undermine the financial base of FMH, and leave in question, support of non-profitable endeavors, such as Mental Health, Cancer Treatment, etc.

Instead of passing legislation that will have such a dramatic change in the Fairbanks community, why not delay the passage of this bill and hold public meetings to really scrutinize the issue. This seems a reasonable approach for such a contentious situation that will have such a negative impact in Fairbanks.

Sincerely,



Carol Meyer
4250 Aspenwood Dr.
Fairbanks, AK 99709
(907)474-8520

CC: Senator Pete Kelly
Senator Gary Wilken
Senator Gene Therriault
Representative John Davies
Representative Jim Whitaker
Representative Hugh Fate
Representative Jeanette James
Representative Joe Hayes
Representative Fred Dyson, Chairman House HESS

Jim Holm
P.O. Box 71565
Fairbanks, Alaska 99707
(907)451-8733

March 25, 2002

Representative John Coghill
State Capitol, Room 102
Juneau, AK 99801
Phone: 907-465-3719
Fax: 907-465-3258

John,

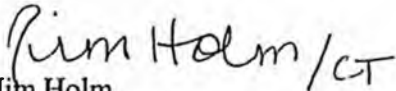
This legislation HB407 needs to be addressed in public meetings here in Fairbanks. I don't recall that this was a burning issue previously. Please pull this bill so that you can hear the full impact of your bill.

The health industry is unlike normal competitive industry. Fairbanks Memorial Hospital has requirements to provide services that are subsidized by our profitable departments. If you "cherry-pick" our services you will drastically reduce the overall service of FMH to citizens of Fairbanks.

John - you know that I am a champion of the free enterprise system. Your bill needs to either be tabled or at least pulled for this year so that you may understand our dilemma. No one filed for a CON when we put 5 million dollars into the Adult Mental Health Center here. We lose \$250,000 each year on home care, and yet we are the cheapest provider of hospital care in the state!

There are 25 of your friends and constituents that serve on the Fairbanks Memorial Hospital Board for no compensation. We do so gladly and urge you to reconsider your bill for the benefit of all of the citizens in the Fairbanks North Star Borough. Please call me at (907)451-8733.

Sincerely,


Jim Holm

President, Holm Town Nursery, Inc.
Fairbanks North Star Borough Assembly Member
Fairbanks Memorial Hospital Board of Directors

CC: Senator Pete Kelly
Senator Gary Wilken
Senator Gene Therriault
Representative John Davies
Representative Jim Whitaker
Representative Hugh Fate
Representative Jeanette James
Representative Joe Hayes
Representative Fred Dyson, Chairman House HESS

March 25, 2002

Representative John Coghill
State Capitol, Room 102
Juneau, AK 99801

Dear Representative Coghill:

This letter is in regards to HB 407. I ask that you not support, nor pass this legislative bill.

I came from a community where this was allowed to happen. The community was a little smaller than the community of Fairbanks. The community hospital was progressive and very proactive. They had several specialty clinics and physicians as well as the general physicians. The hospital had approved an additional new surgery suite, renovation of all of the patient's suites, renovation of the imaging department with state of the art equipment being installed, new Emergency Department, home health center, and new OB suites. While this was in progress, a group of physicians decided to build a new surgery center, with imaging also being included.

The results of the new facility started a domino effect. The hospital started losing their highly trained professional staff to the new facility. The physicians started hostilities towards each other and their corresponding facility with which they had affiliation. Many physicians refused to try to work under these conditions, and left the area. Costs went up for both facilities, as they were competing for the same business, neither which once it was split, would support both facilities. Staff hours were cut back for both facilities, which caused them to eventually seek employment out of the area. Quality became an issue with the new facility. The hospital had to quit providing some of their services, which did not then provide the community with a full realm of medical services. The community became divided and there was a great deal of animosity and dissention.

The hospital was forced to realize that even with cutting back their services, they could not afford to keep the facility. It just recently sold to a bigger conglomerate corporation. The last I heard, it is being made into a "Critical Care Access" facility.

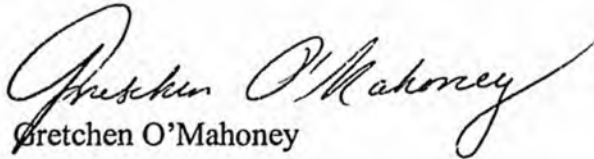
The most devastating and tragic aspect to this scenario, is that the community lost a very viable medical center provider, and now patients have to travel 64 miles to get the services that were once extremely accessible for them. No one "won" and the people of the community became the losers.

As a Radiology Manager, I have been on both sides of the spectrum. I was Director of Operations of nine freestanding Imaging Centers in Houston, Texas, as well as Director

As a Radiology Manager, I have been on both sides of the spectrum. I was Director of Operations of nine freestanding Imaging Centers in Houston, Texas, as well as Director of Imaging Services of several hospitals. I have seen this happen in many different locations. I implore you to not pass this legislation and to have open forums in the communities that this legislation could affect. The constituents need to be informed and asked about their opinions regarding this extremely important issue.

Thank you.

Sincerely,



Gretchen O'Mahoney
212 Wedgewood Drive
Fairbanks, AK 99701
907-458-5662

Cc: Senator Pete Kelly
Senator Gary Wilken
Senator Gene Therriault
Representative John Davies
Representative Jim Whitaker
Representative Hugh Fate
Representative Jeanette James
Representative Joe Hayes
Representative Fred Dyson, Chairman House HESS

March 25, 2002

Representative John Coghill
State Capitol, Room 102
Juneau, AK 99801

cc: Senator Pete Kelly,
Senator Gary Wilfong
Senator Gene Theriault
Representative John Davies
Representative Tim Whitaker
Representative Hugh Feste
Representative Jeanette James
Representative Joe Hayes
Representative Fred Dyson

Dear Representative Coghill,

I am writing today in opposition of HB 407 & SB 256. I am very much in favor of preserving the CON process in order to protect the citizens of Alaska.

Eliminating the CON will decrease quality & increase the costs of healthcare. Let me explain why I believe this:

- ① Look at the costs in Anchorage. It has more facilities than any other community in AK & the costs are higher than in Fairbanks.
- ② I continue to hear that this is about competition. The only ones that will have a choice are physicians as they direct care to the facility they own.
- ③ Mental health, home health, inpatient care, etc... do not pay for themselves. They are much needed services that the community cannot do without. The prices of these services will have to increase if you allow cherry picking. This will increase costs to Medicaid, Medicare & all consumers.
- ④ Quality will go down. There is already a severe shortage of OR nurses. Staff will lose proficiency when volumes decrease or ~~are~~ are split between facilities.
- ⑤ More buildings, more staff & more capital will have to be paid for & it will come at the expense of increased costs.

Please preserve the CON process for the benefit of the citizens of Alaska.

Thank you.

Robert Gould 479-9191 (h)
4820 Drake St 458-5305 (w)
Fairbanks AK 99709



April 3, 2002

Representative Jeannette James
Alaska State Legislature
State Capitol, Rm. 214
Juneau, AK 99801-1182

Dear Representative James:

I would like to express a concern regarding SB 256, HB 407, and HB 485. In Fairbanks we enjoy a community hospital that provides excellent services at a low cost. My concern is that if we change the rules for a Certificate of Need, we may undermine the level of service and care.

I support a competitive marketplace, whether it be in health care or in any other business. However, my understanding is that the current law provides for that competition if there is a need for more services.

Thank you for considering my perspective on this issue.

Sincerely,

John Binkley
Chairman and CEO

cc: Senator Lyda Green, Chair, Senate HESS
Representative Fred Dyson, Chair, House HESS

ALASKA RIVERWAYS, INC.

Subject: Hearing on HR407 on Tuesday

Date: Wed, 03 Apr 2002 06:14:28 -0900

From: Carl Wales <cwales@alaska.com>

To: Representative_Fred_Dyson@legis.state.ak.us

Mr, Chairman,

In thinking back to the hearing yesterday I would like to offer a couple of comments:

1. I applaud your bringing out that the lady that testified from out of state was paid by FMH.
2. I am disappointed that you do not have people identify themselves as a registered lobbyist (if they are, and I believe at least one of the people who testified is) and for whom they are a lobbyist.
3. I hope the Committee understands that the Board in Fairbanks that advises the hospital is not part of the management. FMH is operated and managed by an out of state firm -- Banner Health.

Please share this and my email of yesterday with the whole committee.

Carl Wales

Carl Wales
PO Box 82647
Fairbanks, AK 99708-2647

voice 907-479-3180
fax 907-479-0997

Subject: HR407 hearing today

Date: Tue, 02 Apr 2002 17:22:27 -0900

From: Carl Wales <cwales@alaska.com>

To: Representative_Fred_Dyson@legis.state.ak.us

Mr. Chairman;

I attended the hearing on HR407 today at the local LAO here in Fairbanks. I was the next person you were going to call on in Fairbanks when you switched to a person in your hearing room (a former employee of FMH I believe) as the last person to testify today. You never asked if there was anyone in Fairbanks who could not attend on Thursday.

I took time off from work (the hours are non-billable) to attend and testify today. I cannot take time off on Thursday.

I have no doubt that verbal testimony has more impact than written submissions and I am extremely disappointed that almost all of the testimony time was devoted to people from the industry including people from out of state who were paid to testify. These people are all very biased.

You only heard from one patient-- you should be hearing from patients/private citizens first and industry people after individual citizens. I only hope you and your committee will read my testimony material which was faxed to you (or at least turned in to be faxed to you).

I also strongly encourage you to be careful about believing what people tell you. The lady from Seattle who claims there is no need in Fairbanks because of the CON process in 1999 has NOT been a patient in Fairbanks. I-- and many if not most or even all-- patients in Fairbanks will disagree about the lack of need. The CON process in 1999 was political and not decided on merit.

Please pass HR 407 or even better do away with the CON process as so many states have done.

My experience today suggests that only those people who can take the time to testify as part of their job, and in many cases have an employer or organization to pay them to go to Juneau, get to influence the legislative process.

Respectfully submitted;

Carl Wales

Carl Wales
PO Box 82647
Fairbanks, AK 99708-2647

voice 907-479-3180
fax 907-479-0997

Subject: CON HB407 Outpatient Rate Myth FMH

Date: Wed, 03 Apr 2002 12:24:15 -0900

From: Stephen Hendricks <ziptech@pobox.alaska.net>

To: Representative_Fred_Dyson@legis.state.ak.us

Dear Representative Dyson,

I had the opportunity yesterday to listen in on the teleconference about the Certificate of Need (CON) Bill and have several comments.

The Administrator from Fairbanks Memorial Hospital made statements about FMH providing services for outpatients at FMH that are currently cheaper than anyone else in the state. While on the surface this may appear to be true there are several points that are worth consideration.

1) This was not the case prior to 1999. It was not until **after** two potential competitors, Tanana Valley Clinic (TVC) and Fairbanks Ambulatory Surgery Center (FASC), submitted CON Applications to the AKDHSS, that FMH subsequently lowered all of their rates, so that they could make the claim they were the lowest. Both of these CON applications contained projected rates for service that were based on the Alaska Surgery Center's (ASC) rates in Anchorage. ASC's rates were lower than FMH's rates, prior to the two CON applications.

Remember what telephone calls in Alaska used to cost before GCI came on the scene and... before they offered service statewide? During that transition, Alascom continually lowered its rates in order to try and convince its present and GCI's future customers that a telecommunication monopoly was good.

2) Second part to this observation is that FMH makes this claim utilizing "room rates". Room rates means what it implies, the cost relates to the fee for the Operating Room. Other fees can be and **are** added to room rates by the hospital for supplies that are used during the course of the procedure. The ASC and the proposed FASC used global rates in their projections. Global rates are all inclusive, everything is included in the one single rate. One of the problems I have with AKDHSS is that they don't require a standardization for data of this type when evaluating competing applications - they just guess when the data is presented in two differing formats. The problem I have with FMH is that they make claims like this that are totally untrue.

Best regards,

Steve Hendricks
907-563-4816

p.s. He (the FMH administrator) also said that that AKDHSS denied all applications and that the need for Two Additional Operating Rooms wouldn't be necessary until the year 2017. This is incredibly untrue per AKDHSS's website,

"Two new surgery suites will not be needed until sometime between 2004 to 2007."

<http://www.hss.state.ak.us/das/facilities/certofneed/AnnualReports/99Activity.htm>

The reason for the "Two Operating Rooms" criteria is that a freestanding Outpatient Surgery Center is not considered viable with just a single operating room.

S

Subject: CON HB407 Charity Care Myth

Date: Wed, 03 Apr 2002 13:58:41 -0900

From: Stephen Hendricks <ziptech@pobox.alaska.net>

To: Representative_Fred_Dyson@legis.state.ak.us

Dear Representative Dyson,

I had the opportunity yesterday to listen in on the teleconference about the CON Bill and have several comments.

There was some testimony from a Providence employee about charity care and operating at a loss in Seward. Every institution that opposes this HB407 insinuates that any potential competitor will cherry pick all of the high profit (*excess revenue* in non-profit lingo) cases and leave the non-profit institutions with all the cases that fall into the charity care, and then they would go out of business or not be able to help the poor. This assumes of course that any potential for-profit competitor would not handle charity care. Ms. Kim Pickerel, former Administrator of Alaska Surgery Center (ASC) told me that charity care comprises 12% of all ASC's cases. That doesn't sound to me like cherry picking. Moreover, the hospitals make out on Medicaid when compared with the reimbursement rates that freestanding outpatient surgery centers get for same services. Please see the attached document to find out how it costs the State of Alaska, on average, about \$310 more and the federal government \$510 more, for every Medicaid case done at a hospital instead of at a freestanding outpatient surgery center.

All of the examples the FMH Administrator cited at the 04/02/02 HESS hearing defined situations where the big-bad, cherry-picking, for-profit, competitor came in and made the uniquely-altruistic, good-guy, non-profit, hospitals go out of business. Nowhere did he cite one example where the competitor came in with better technology, provided better care at a better price, and saved the consumer money. Nor did he indicate whether or not the failed institutions had any management, training, or lawsuit related performance problems that may have contributed to their ultimate demise. Not to mention the fact they may have existed in an area with 3 or 4 other hospitals, they amongst the group were the weakest, and their demise made business better for the remaining hospitals and all of the patients served by them. Hmmm.... These examples all exist. Lots of them.

Secondly, Seward hospital operates at a \$7 million dollar loss - maybe (only the IRS knows for sure and considering the holdings of Providence, it would take more than one IRS agent to figure that issue out). Based on that information, what potential competitor that had any legitimate business experience and appropriate funding would try to compete with Seward Hospital? For what services? Besides, I think if you include everyone between Seward and Moose Pass there may be 4,000 people living there, which is a far cry from the 55,000 threshold this bill seeks to change.


So that brings us to money made in Anchorage to pay for the loss in Seward. Patients who are charged more for services at one (non-profit) institution, have no say how the extra cost is expended elsewhere in the system. Take FMH for example. Every board member on the board of the Greater Fairbanks Community Hospital Foundation thinks that they have some legitimate voice or control over how FMH is run. What most of them don't realize is that somewhere between 1 and 2 million dollars of FMH's excess revenue annually goes outside to Luthern Healthcare Services (now known as Banner Health System) to support services outside of Alaska. This is because Luthern Healthcare Services holds the contract to run FMH and does so the way they see fit. None of these board members have any say on how these funds that leave Alaska are spent.

Consider this, what if all of the non-profit health institutions in Alaska had to pay property taxes the same way that for-profit institutions have to? What dollar amount would the communities, all over Alaska have available to spend on their populations from these taxes, which would be controlled by city governments made up by people elected by those constituents? At least if that money was spent contrary to a voters wishes, there would be some recourse at

the polls. As it stands, no one in Anchorage has any say how Providence spends their money in Seward, much less does anyone in Fairbanks have any say about how money from the portion of excess revenue that FMH sends to Banner Health System operating in one of the 14 states it has programs.

Best regards,

Steve Hendricks

 Medicaid Savings memo.doc	Name: Medicaid Savings memo.doc Type: WINWORD File (application/msword) Encoding: base64 Download Status: Not downloaded with message
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Subject: Fairbanks Certificate of Need

Date: Wed, 3 Apr 2002 15:14:41 -0900

From: "alaskaboy" <alaskaboy@mosquitonet.com>

To: <Representative_Fred_Dyson@legis.state.ak.us>

Dear Mr. Dyson,

I know this has already passed thru your committee, but please take a few minutes to think about this matter and I will keep this as brief as possible. I am part of a small group of physicians who work on a contract basis to provide imaging services for both Fairbanks Memorial Hospital and Tanana Valley Clinic on a contract basis. I am generally pro-clinic in most matters as this provides our business with an alternative to FMH which provides a majority of our work. The presence of a surgery center addition to TVC or continued utilization of the available beds at FMH will have no effect upon my practice in a monetary sense. I do feel strongly that the hospital does an excellent job of taking the more lucrative services, of which ambulatory surgery is the golden fleece, and reinvesting in non-profitable services like the mental health unit and the cancer treatment center. This is consistent with the Non-profit status of the hospital which Fairbanks is fortunate enough to have conceived. Multiple studies published by the AMA and The New England Journal of Medicine have shown that self-referral leads to increased utilization and higher costs to the patient and medical carrier. This is self evident with the new addition of the lower resolution MRI unit at TVC in February 2002. I am not familiar with all the technical charges (those which TVC bill for) of each exam, although of the studies of which I have dealt with are 20 to 40 percent higher than similar services provided at the hospital imaging department. In no practical sense does a patient have the ability or even knowledge that they can choose where to undergo a procedure.

Unfortunately, I believe lifting the CON this has more to do with patient control and profits rather than patient advocatism. I ask you to thoroughly consider the consequences of allowing the siphoning of funds from a non-profit institution into a privately held physician-owned corporation where reinvestment in the community is left for someone else to burden.

Please contact me for any questions you may have.

Sincerely,

Mark Burton, M.D.

Subject: Follow Up

Date: Wed, 03 Apr 2002 12:57:53 -0700

From: "Dennis Murray" <Dennis.Murray@bannerhealth.com>

To: <Representative_Fred_Dyson@legis.state.ak.us>

Dear Rep. Dyson:

Thanks for the opportunity to testify on HB 407. I appreciated your desire to understand this pretty complex issue. I thought your questions of those testifying were perceptive.

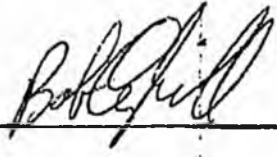
Are you planning to be at Providence's community celebration this Saturday at St. Patrick's?? Would be great to visit with you about this legislation. I'm not sure you can resolve some of your questions by Thursday. I hope you hold the legislation long enough be satisfied that it is in the state's best interest to remove the CON from equipment/facility construction (including costs) in our three major urban centers (Anchorage, Mat-Su and Fairbanks).

Dennis Murray

160 City Lights Blvd.
Fairbanks, AK 99712
Work: 479-3909 Work fax 479-2215
Home: 457-2637 Email: bob_coghill@hotmail.com

Bob Coghill

Fax

To: Rep. Fred Dyson **From:** Bob Coghill 

Fax: 907/465-4587 **Pages:** 1

Phone: **Date:** 4/4/02

Re: HB 407 **CC:**

- Urgent For Review Please Comment Please Reply Please Recycle

• **Comments:**

Concerning HB 407 – Certificate of Need

I hope you carefully consider this bill. Passage of this bill could provide for more opportunities for quality care in Fairbanks. It probably will result in considerable savings to individuals and those who insure the health care of those individuals.

As a member of the F.N.S.B. Board of Education I have watched the cost of health care erode the education dollar. The same erosion is certainly true at the University, the City of Fairbanks and every major employer in Fairbanks.

This should result in major saving to the State Medicaid program with less expensive procedures available in Fairbanks.

Thank you for your consideration.

Yours truly, Bob Coghill

April 1, 2002

Dear Representative Dyson,
(fax # 907-465-4587)

I am extremely concerned about the current Certificate of Need (CON) legislation that is being considered by the state legislature.

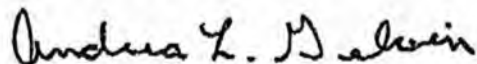
Fairbanks' health care needs have been well met by FMH for the last 30 years in a responsible way, complying with the current CON program. I see little need for a change that mainly targets FMH to the benefit of a few doctors who are merely "cherry picking" the best paying procedures or services. Generally I believe in the free market system, but the health care system of the interior of Alaska is very complex and has more issues to consider than increasing the income of a few doctors.

I wonder if you have considered the fact that doctors who own a facility will refer patients to themselves, the facility where they have financial interest. Is that a fair market, when FMH cannot competitively refer patients to itself? Can these doctors who are hoping to increase their profit, make an unbiased decision as to whether or not to do a procedure or prescribe a service if there is a personal financial incentive to do so.

Nationally, the health care system is already not a free market system. Medicare is already severely underpaying for the services they expect a community healthcare system to support. If you want to work toward a free market system, start there first.

Please stop the current legislation changing the CON program. It is shortsighted and extremely unfair in the big picture. It is difficult to factor in the expense of compassion and community spirit, into the financial bottom line of a health care institution, but FMH has been doing a fine job of that for all these years. Please do not sacrifice a well-managed community non-profit hospital for the personal financial interests of a few.

Sincerely,



Andrea L. Gelvin, P.O. Box 83967, Fairbanks, AK 99708

HB

408



Alaska State Legislature

House Special Committee on Education Representative Con Bunde, Chair

State Capitol
Juneau, AK 99801-1182
(800) 892-4843 (907) 465-4843 (phone)
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Representative_Con_Bunde@legis.state.ak.us

Brian Porter
Joe Green
Peggy Wilson
Gary Stevens
Reggie Joule
Gretchen Guess

Sponsor Statement

HB 408

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

The purpose of the proposed repeal and reenactment of AS 14.03.110 is to enable local school districts in the State of Alaska to administer anonymous questionnaires and surveys to students with passive parental consent. Additionally, this bill requires that schools must provide a parent or legal guardian at least two weeks' written notice of any survey so that parents may have the option to deny permission for their student to participate. Moreover, students may opt out at anytime, as this statute refers to voluntary, not mandatory, surveys or questionnaires.

Current statute requires active written parental consent from the parent or legal guardian for the student to participate in the survey. This has resulted in the lack of "weighted" data collection, due to the logistics and time required to collect sufficient parental permission forms. When passive parental consent was used prior to the enactment of AS 14.03.110, the State was able to collect weighted data from the Youth Risk Behavior Survey (YRBS) in both 1995 and 1999. In January of 2001 (the last YRBS cycle), the YRBS high school sample was drawn. The high school sample included 36 schools from 19 districts and sought 1,480 completed questionnaires. The goal was to get a level of participation from both schools and students to achieve an overall response rate of 60% or greater. The overall response rate for 2001 was 29%. This is far short of the 60% overall rate needed to have "weighted" or representative data. To provide a comparison, the 1999 YRBS response rate was 66% and the 1995 response rate was 64%.

Anonymous survey data results are used to help focus programs and policies for comprehensive school health education, school safety policy and education, and drug and violence prevention education. Additionally, results from surveys can also be used to:

- Monitor how priority health risk behaviors among high school (grades 9-12) and middle school (grades 7-8) students increase, decrease or remain the same over time.
- Evaluate the impact of broad national, state, and local efforts to prevent health-risk behaviors.
- Monitor progress in achieving relevant national and state health objectives and National Education Goals.
- Obtain grants for programs and services.
- Monitor and evaluate the impact of the 1997 Alaska Tobacco Tax increase.
- Support local school districts in assessment, implementation, and evaluation of comprehensive school health programs.
- Set Priorities for *statewide* comprehensive school health education teacher training and instructional programs.
- Provide comparable data between state and national results.
- Monitor progress in achieving Healthy Alaskan 2010 objectives.
- Provide the state with the most reliable and valid instrument available to assess risk behaviors of Alaskan youth.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101


State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

February 18, 2002

SUBJECT: Public school questionnaires - HB 408

TO: Representative Con Bunde
Attn: Karen

FROM: Michael F. Ford 
Legislative Counsel

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Prohibits a public school student being given a school questionnaire or survey unless written permission is obtained from the student's parent or legal guardian, or the questionnaire or survey is anonymous or concerns a matter of public record or public observation.

Section 2. Provides that for an anonymous school questionnaire or survey written permission is not required, but the student's parent or legal guardian must get the opportunity to deny permission to take the questionnaire or survey.

Section 3. Requires that for purposes of a school questionnaire or survey under AS 14.03.110(a) or (b), the school district must provide a parent or legal guardian at least two weeks written notice of the right to grant or deny permission to take the school questionnaire or survey, before it is administered.

Section 4. Specifies the contents of the written notice required to be given a parent or legal guardian, regarding a school district questionnaire or survey.

Section 5. Provides that a student's parent or legal guardian may refuse to allow participation in a specific school questionnaire or survey by submitting written denial of permission for the student's participation.

MFF:med
02-167.med

SECTIONAL ANALYSIS

FISCAL NOTE

STATE OF ALASKA
2002 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: HB 408
 (H) Publish Date: 2/20/02

Revision Date/Time (Note if correction): _____ Dept. Affected: EED
 Title "An Act relating to questionnaires and surveys BRU Teaching and Learning Support
administered in the public schools" Component Special and Supplemental
 Sponsor H EDU Services
 Requester H EDU Component No. 166

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

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

FUND SOURCE (Thousands of Dollars)

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

Estimate of any current year (FY2002) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2003 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Currently, the law states that active parental permission is required before schools and districts can survey students anonymously. This bill would change the current legislation by allowing districts to gather passive parental permission before the administration of any anonymous surveys. This change would maximize the ability of school, district and state agencies to gather pertinent information about student reported behaviors that lead to early morbidity and mortality. By being able to gather credible data from students, many local and state agencies would have valid and reliable assessment data which in turn, would allow for better program planning and use of program dollars. This change would allow local and state agencies to compete effectively for limited state and federal grant funds that rely on accurate needs assessments.

Prepared by: Beth Shoher, Education Specialist
 Division: Teaching and Learning Support
 Approved by: Ed McLain
 Agency: Education and Early Development

Phone 465-2887
 Date/Time 2/19/02 10:57 AM
 Date 2/19/2002



Alaska State Legislature

House Special Committee on Education Representative Con Bunde, Chair

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Brian Porter
Joe Green
Peggy Wilson
Gary Stevens
Reggie Joule
Gretchen Guess

MEMORANDUM

DATE: February 22, 2002

TO: Representative Fred Dyson
Chair, House HESS Committee

FROM: Representative Con Bunde, Chair

RE: HB 408, "Student Questionnaires and Surveys"

I respectfully request that you schedule a hearing for HB 408 at your earliest possible convenience. I have attached copies of the bill, sponsor statement, sectional analysis, fiscal note, backup information and letters of support.

If you have any questions or concerns about this legislation, I would be happy to discuss them with you.

Thank you for your consideration of this request.

Anonymous Self-Reporting Survey Data

General Talking Points/Frequently Asked Questions.

- **What are the benefits from conducting anonymous student surveys?** State and local education agencies and communities can use results to help focus programs and policies for comprehensive school health education, school safety education and policy as well as drug and violence prevention education. Results from surveys can also be used to (1) monitor how priority health risk behaviors among high school students (grades 9-12) increase, decrease or remain the same over time; (2) evaluate the impact of broad national, state, and local efforts to prevent health-risk behaviors; (3) monitor progress in achieving relevant national and state health objectives and National Education Goals; and (4) local and state education agencies can use results to obtain grants for programs and services.
- **Will these surveys cause students to initiate or increase high-risk behaviors?** Students are exposed regularly to information about tobacco, alcohol and other drug use, violence, and sexuality through their school curricula, the media, parents, friends, and community organizations. 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 these surveys to subsequent suicide attempts among respondents.
- **How is student privacy and anonymity protected?** Survey administration procedures are designed to protect student privacy and allow for anonymous participation. The student completes the survey in complete anonymity, and **no** personal identifiers are recorded anywhere that could link a student to a survey form. Additionally, participation is voluntary and no student is required to participate.
- **Do students answer the questions truthfully?** Research indicates data of this nature may be gathered as reliably from adolescents as from adults. Internal reliability checks help identify the small percentage of students who falsify their answers. To obtain truthful answers, students must perceive the survey as important and know that procedures have been developed to protect their privacy and allow for anonymous participation.
- **Who uses the survey results?** Statewide survey results lend to the augmentation and refinement of prevention and intervention programs with adolescent populations. From local school districts to state and Municipal agencies such as the EED, DHSS, Department of Transportation, Department of Juvenile Justice, Department of Corrections, and Department of Public Safety; survey results are used in a variety of arenas. The Alaska State Legislature and the Office of the Governor also have utilized the findings of previous surveys for programmatic purposes.

Other Benefits to schools and communities:

- Provide data to monitor and evaluate the impact of the 1997 Alaska Tobacco Tax
- Monitor progress in achieving the National Education Goal that focuses on safe, disciplined, and drug-free schools.
- Support local school districts in assessment, implementation and evaluation of comprehensive school health programs.
- Set Priorities for *statewide* comprehensive school health education teacher training and instructional programs.
- Identify self-reported behaviors among youth, which put them at greatest risk for early morbidity and mortality.
- Provide comparable data between state and national results.
- Monitor progress in achieving Healthy Alaskan 2010 objectives.
- Support state policy development, evaluation, and/or revision.
- Provide the state with the most reliable and valid instrument available to assess risk behaviors.

Methodology for Collecting a Valid and Reliable Youth Risk Behavior Sample: Resulting Efforts of the 2001 Youth Risk Behavior Survey (YRBS)

In January of 2001, the YRBS high school sample was drawn. The high school sample included 36 schools from 19 districts and sought 1,480 completed questionnaires. The goal was to get a level of participation from both schools and students to achieve an overall response rate of 60% or greater. Twenty-four schools participated, resulting in 637 completed survey responses, far short of the 1,480. The overall response rate for 2001 was 29%. This is far short of the 60% overall rate needed to have weighted or representative data. To provide a comparison, the 1999 YRBS response rate was 66%.

Additionally, all school districts were invited to participate at the local level to collect local district level data to compare to state and national data. In previous years, more than 25 of the 53 school districts participated and received the surveys, scanning and data analysis free of charge. Of those districts, 22 received weighted data. In 2001, however, only 14 districts chose to participate. Several Districts who declined to participate confided it was because of the active parental consent law.

Of the 14 districts that participated at the local level, only four received "weighted" or useable data, and of those four, only one had more than one *school* in the district. Additionally, the multi-school district that did receive weighted data said that they would not participate again (with active consent) as it was a huge undertaking. That district mailed consent letters and explanations of the data collection process via US mail as well as sending copies home with students. When the return rate was low, they sent out another letter and augmented that effort with phone calls to parents. That effort raised the return rate, but was still short of what was necessary. At that point, they utilized village school aides to visit homes and try to get the slips signed. That final effort brought the return rate to 90%.

Other school districts made similar efforts to collect signed parental permission slips. The following is a summary of what districts around the state did during the school year of 2000 -2001 to collect enough parental permission slips to obtain weighted data YRBS data.

1. Several districts had permission slips available at registration for parents to sign. Although this worked well in some districts, many districts do not require the parent to be present at registration to activate the student for the year. Therefore, many districts fell short of reaching all parents with method.
2. Another venue that districts used to collect additional permission slips was at the fall parent/teacher conferences. Again, this was successful for some districts, especially small districts, but for larger ones it was not as successful.
3. In January, after the State YRBS sample had been drawn, many districts were still trying to collect parental permission slips. After notification of inclusion in the State sample, many of those districts sent out an additional letter to parents. By the end of February, the return rates for parental permission slips were still quite low in most districts. We offered to assist districts in their efforts by providing money for additional mailings. All districts refused our offer of funds, but did send out additional letters to parents and in some cases two additional letters. Additionally, several districts tried to increase their return rates by contacting parents by phone, and in some cases, in person.
4. Lastly, many districts used incentives to try to increase the return rates of permission slips. In some cases, these incentives cost the district money from already stretched program budgets.

Literature Review

Passive vs Active Parental Consent –How Does the Chosen Methodology Effect Parental Rights and Does it Influence the Quality of the Data Collected?

The purpose of this literature review is to specifically answer the following questions:

- 1) what does the research say about parental rights when **passive** consent is the chosen parental consent methodology,
- 2) what are the costs of active versus passive consent, and
- 3) what are the effects of **active** consent procedures on scientific validity and reliability of the data.

The following, summarizes and synthesizes the information collected in this literature search.

DEFINITIONS

Ellickson and Hawes (1989), define active and passive parental consent as follows:

- 1) **Passive parental consent:** A letter is sent home to parents informing them of the selection of their child in the sample as well as detailing information regarding the survey. Parents must send back a signed *exclusion* form, or directly inform the principal at their child's school if they **DO NOT** want their child to participate in the survey. Otherwise, parental consent is implied.
- 2) **Active parental consent:** A letter is sent to parents describing the survey and informing them of the selection of their child in the sample. Parents must send back a signed parental consent form **BEFORE** their child can participate in the survey. Under active parental consent procedures, parents who do not return a permission slip, as well as those individuals who indicate on the form that they do not want their child to participate in the survey are treated as parental refusals. The above definitions appear to be consistent through out the literature.

IS PASSIVE CONSENT "CONSENT"

A key issue in the passive consent debate revolves around the number of parents who would have refused if active consent had been used. Ellickson and Hawes, (1989) through extensive follow-up with parents from both active and passive consent procedures, found that failure to return a form is considerably more likely to reflect latent consent than latent refusal. Specifically, Ellickson and Hawes found that when parents who were informed via passive consent were asked about their decision for their child to participate or not, the great majority of parents (87%) said that yes, they had received the materials, understood them, and decided to allow their child to participate. Research indicates that carefully designed passive consent methods can avoid the negative consequences of active consent while ensuring that parents receive the consent materials, pay attention to them, and have sufficient time to refuse participation. Additionally, Catalona (1994) also found failure to return a signed active consent form is more likely to reflect apathy or inertia than objection to the research. Strasburger (1998) believes active parental consent requires overly stringent informed consent procedures, especially when applied to **anonymous confidential surveys**.

COST OF ACTIVE CONSENT VERSUS PASSIVE CONSENT

In a study of two schools, Ellickson and Hawes (1989) examined refusal rate associated with active and passive consent procedures. They found that in the school requiring passive consent 93% of the students participated, compared to 86% in the schools requiring active consent. One might assume that 86% participation is quite good for active consent, but it came at a high cost in terms of time and money. Three mailings, at least two follow-up phone calls to all non-respondents, two special parent meetings and daily reminders by classroom teacher to students to return their forms were the efforts needed to obtain an 86% participation rate. Ellickson and Hawes estimated that for a sample of 7,500 students, active consent would cost

\$112,500 and require a minimum of 20 interviewers working full time for 3 weeks to obtain the 86% participation rate. It is important to note that the estimated cost of \$112,500 was calculated in 1987, and it is with certainty that those costs would be much higher today.

SCIENTIFIC VALIDITY

Researchers who have used active consent report that it yields unacceptably low response rates (50-60%) and underrepresentation of important groups—Blacks, Asian Americans, low achievers, students with less well-educated parents, and those at risk for engaging in high risk or problem behaviors (Kearney 1983, and Anderman, Cheadle, Curry, Diehr, Shultz, Wagner, 1995). Conversely, passive consent procedures can garner response rates of 80-96% (Severson and Biglan 1989; Murry and Hannan 1990; Landis and Janes 1995). Low response rates and sample bias under active consent procedures have been and continue to be problematic in terms of collecting quality data that is generalizable and representative of the population. Although these methodological concerns can be reduced through researchers' efforts and diligence, the cost and personnel efforts required can be prohibitive (Ellikson and Hawes 1989; Kearney et al. 1983).

STATE OF ALASKA

Department of Education & Early Development

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FAX TRANSMITTAL INFORMATION SHEET

DATE: February 13, 2002

TIME: 3:38 PM

TO: Name: Karen McCarthy
Agency/Office: Rep. Bunde
Fax Number: (907) 465-3871
Comments: This is a document that was produced in 1999 and has not been revised yet for the current conversation. What is important is the second bullet on page 2 regarding FERPA. Please call with any questions!

FROM: Name: Terri Campbell
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Number of Pages Including Cover Sheet: 5

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Youth Risk Behavior Survey

WHY DOES DOE WANT TO DO THE YRBS IN ALASKA? WHAT DOES IT PROVIDE?

The YRBS assists the DOE and school districts throughout the state in reaching the Quality School Initiatives. The following are areas that are addressed through completion of the survey.

High Student Academic Standards and Assessment	Quality Professional Standards	School Excellence Standards	Family, School, Business and Community Network
Provide information that will assist school districts in shaping programs, services and referrals that provide students with the knowledge and skills necessary to make healthier choices. Healthier, safer students are better able to attend to other areas of instruction, including RWM, thus improving academic achievement.	Provides schools with the information necessary to implement/augment professional development opportunities for teachers surrounding current health education "best practices". Understanding what the problems are will assist districts in creating professional opportunities to educate teachers in addressing these problems successfully.	Assist schools and districts in planning and providing for safer and healthier school environments for students and staff.	Assist parents, schools and communities identify and address issues pertinent to student health and well being. By providing information, all concerned groups can address and support improved educational efforts to address the failing health and safety of students in their districts.

Other strengths for participation in the YRBS:

- Monitor progress in achieving the National Education Goal that focuses on safe, disciplined, and drug-free schools.
- Support local school districts in assessment, implementation and evaluation of comprehensive school health programs *at no charge* to the district.
- Focus *statewide* comprehensive school health education teacher training and instructional programs.
- Focus the state on behaviors among youth causing the most important health problems. Provide comparable data between state and national results.
- Monitor progress in achieving Healthy Alaskan 2000 objectives.
- Support state policy development, evaluation, and/or revision.
- Provides the state with the most reliable and valid instrument available to assess risk behaviors.

What the Alaska Department of Education can do to support the YRBS:

1. Become familiar with the purpose and "hot" questions surrounding the YRBS.
2. Look at the Alaska Law regulating family related questions the Attorney General's interpretation.
3. Consider issuing a statement from the Department of Education outlining position on what is family related information.
4. Issue a statement in support of the YRBS from the Commissioner's office.
5. Ask the State Board of Education to issue a position supporting the use of the YRBS.
6. Communicate with the Office of the Governor regarding the importance/purpose of the YRBS.
7. Review the cooperative agreement signed between the DOE and DHSS (enclosed) and review responsibilities agreed upon.

YRBS General Talking Points/ Frequently Asked Questions.

- **How will education agencies and schools benefit from conduction the YRBS?** Results can be used to help focus programs and policies for HIV prevention education, comprehensive school health education, school safety education and policy as well as drug and violence prevention education. Results from the survey can also be used to (1) monitor how priority health risk behaviors among high school students (grades 9-12) increase, decrease or remain the same over time; (2) evaluate the impact of broad national, state, and local efforts to prevent health-risk behaviors; (3) monitor progress in achieving relevant national and state health objectives and National Education Goals.
- **Does the YRBS contradict the Protection of Pupil Rights (also known as the Buckley Amendment) and the Family Educational Rights and Privacy Act of 1974 (FERPA)?** Each of these federal laws is specific in its protection of student's rights and privacy when information is part of a student's educational record or when a student is required to participate in a project where personal information is revealed. Both are tied to the United States Department of Education, and are relevant to any survey conducted and paid for with those funds. The US DOE neither conducts the YRBS nor are USDOE funds used to pay the expense of the survey. Additionally, these laws relate to surveys that are *required* and when *the results will be placed in the student's record*. Neither is the case with the YRBS. Schools who choose to participate in the YRBS are not in violation of federal laws protecting student's rights and privacy because the YRBS is anonymous and voluntary.
- **What is the focus of the YRBS?** The survey focus on priority health risk behaviors established during youth that result in the most significant mortality and morbidity during both youth and adulthood. The behaviors included are ones that the student has complete choice when making (i.e. no questions are asked about genetic predisposition, handicapping situations, etc). They include behaviors that (1) result in unintentional and intentional injuries; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that result in HIV infection, other sexually transmitted diseases (STD's), and unintended pregnancies; (5) dietary behaviors; and (6) physical activity.
- **Will this survey cause students to initiate or increase high risk behaviors?** The causes and determinants of health-risk behaviors are very complex. Students are exposed regularly to information about tobacco, alcohol and other drug use, violence, and sexuality through their school curricula, the media, parents, friends, and community organizations. 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. Because suicide is the third leading cause of death among adolescents, it is particularly important to ask questions about suicide-related behaviors. Suicide questions have been asked in previous school based surveys of adolescents. No evidence links these surveys to subsequent suicide attempts among respondents.
- **Is student participation anonymous? How is student privacy protected?** Survey administration procedures are designed to protect student privacy and allow for anonymous participation. Students submit a completely optically scannable questionnaire booklet containing no personal identifiers. Additionally, Alaska provides manila envelopes for students to seal their survey in, as an extra measure of confidentiality.
- **Do students answer the questions truthfully?** Research indicates data of this nature may be gathered as reliably from adolescents as from adults. Internal reliability checks help identify the small percentage of students who falsify their answers. To obtain truthful answers, students must perceive the survey as important and know that procedures have been developed to protect their privacy and allow for anonymous participation.
- **Who supports the YRBS?** Both nationally and state wide, the survey results lend to the augmentation and refinement of prevention and intervention programs with adolescent populations. From local school districts to state agencies such as the DOE, DHSS, Department of Transportation, Department of criminal justice, Department of Corrections, Department of Public Safety, the survey results have offered several years of pertinent and relevant information. The Alaska State Legislature and the Office of the Governor also have utilized the findings of this survey for programmatic purposes.

CAUSES OF DEATH AMONG YOUTH AGES 5-24 YEARS: (NATION WIDE)

- Motor vehicle crash - 28%
- Other unintentional injury - 11%
- Homicide - 21%
- Suicide - 12%
- All other causes - 28%

CAUSES OF DEATH AMONG YOUTH AGES 5-24 YEARS: (ALASKA SPECIFIC, 1995)

- Motor vehicle crash - 26%
- Other unintentional injury - 33%
- Homicide - 7%
- Suicide - 17%
- All other causes - 17%

** Vast differences in Other unintentional injury may result from reporting classification, increased death specifically related to subsistence living (i.e., fishing/drowning, gun shots not related to homicide etc.)

GOALS 2000: EDUCATE AMERICA ACT

MARCH 21, 1994.—Ordered to be printed

SEC. 1017. PROTECTION OF PUPILS.

Section 439 of the General Education Provisions Act (20 U.S.C. 1232g) is amended to read as follows:

"PROTECTION OF PUPIL RIGHTS

"SEC. 439. (a) 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) 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.

"(c) 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."

1999 Youth Risk Behavior Survey Results

Alaska (Excluding Anchorage) High School Survey

		Unweighted (N)	Weighted (Percent)
Q1. How old are you?			
1	12 years old or younger	2	0.1
2	13 years old	3	0.2
3	14 years old	164	9.7
4	15 years old	433	27.4
5	16 years old	412	28.4
6	17 years old	249	20.4
7	18 years old or older	149	13.8
	Missing	15	
Q2. What is your sex?			
1	Female	696	47.5
2	Male	710	52.5
	Missing	21	
Q3. In what grade are you?			
1	9th grade	522	31.7
2	10th grade	374	25.8
3	11th grade	307	21.8
4	12th grade	205	20.5
5	Ungraded or other grade	2	0.1
	Missing	17	
Q4. How do you describe yourself? (Select one or more responses.)			
1	American Indian/Alaska Native	237	16.7
2	Asian	25	1.9
3	Black or African American	41	2.8
4	Hispanic or Latino	30	2.4
5	Native Hawaiian/other Pacific Islander	12	0.9
6	White	987	70.3
7	Multiple – Hispanic	15	1
8	Multiple – Non-Hispanic	58	4.2
	Missing	22	
Q5. Height in meters			
Q6. Weight in kilograms			

Youth Risk Behavior Survey-1999

		Unweighted (N)	Weighted (Percent)
Q7. When you rode a motorcycle during the past 12 months, how often did you wear a helmet?			
1	Did not ride a motorcycle	964	66.8
2	Never	106	8
3	Rarely	28	2.1
4	Sometimes	41	3.1
5	Most of the time	69	5
6	Always	210	15.1
	Missing	9	
Q8. When you rode a bicycle during the past 12 months, how often did you wear a helmet?			
1	Did not ride a bicycle	253	18.4
2	Never	859	61.8
3	Rarely	102	6.8
4	Sometimes	64	4
5	Most of the time	77	5.1
6	Always	62	3.8
	Missing	10	
Q9. How often do you wear a seat belt when riding in a car driven by someone else?			
1	Never	105	7.4
2	Rarely	169	11.9
3	Sometimes	238	16.5
4	Most of the time	428	30.3
5	Always	479	33.8
	Missing		
Q10. 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?			
1	0 times	1,007	69.9
2	1 time	146	11.2
3	2 or 3 times	147	10.3
4	4 or 5 times	33	2.5
5	6 or more times	82	6
	Missing	12	
Q11. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?			
1	0 times	1,231	86.1
2	1 time	63	4.7
3	2 or 3 times	55	4.2
4	4 or 5 times	22	1.7
5	6 or more times	44	3.2
	Missing	12	

		Unweighted (N)	Weighted (Percent)
Q12. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?			
1	0 days	1,078	76.6
2	1 day	46	3.2
3	2 or 3 days	69	5.2
4	4 or 5 days	23	1.7
5	6 or more days	175	13.3
	Missing	36	

Q13. During the past 30 days, on how many days did you carry a gun?

1	0 days	1,300	92.1
2	1 day	32	2.3
3	2 or 3 days	28	2.1
4	4 or 5 days	7	0.5
5	6 or more days	38	3
	Missing	22	

Q14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?

1	0 days	1,253	88.6
2	1 day	26	1.9
3	2 or 3 days	25	1.9
4	4 or 5 days	7	0.5
5	6 or more days	97	7.2
	Missing	19	

Q15. During the past 30 days, 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?

1	0 days	1,373	96.3
2	1 day	19	1.3
3	2 or 3 days	11	0.7
4	4 or 5 days	6	0.4
5	6 or more days	17	1.3
	Missing	1	

Q16. 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?

1	0 times	1,298	90.8
2	1 time	54	3.9
3	2 or 3 times	21	1.5
4	4 or 5 times	6	0.4
5	6 or 7 times	3	0.2
6	8 or 9 times	7	0.6
7	10 or 11 times	2	0.1
8	12 or more times	35	2.5
	Missing	1	

Youth Risk Behavior Survey-1999

		Unweighted (N)	Weighted (Percent)
Q17. During the past 12 months, how many times were you in a physical fight?			
1	0 times	934	65.8
2	1 time	189	13.7
3	2 or 3 times	154	11.1
4	4 or 5 times	37	2.6
5	6 or 7 times	21	1.6
6	8 or 9 times	14	1.1
7	10 or 11 times	4	0.3
8	12 or more times	55	3.9
	Missing	19	
Q18. 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?			
1	0 times	1,353	95.5
2	1 time	36	2.5
3	2 or 3 times	5	0.4
4	4 or 5 times	4	0.3
5	6 or more times	18	1.3
	Missing	11	
Q19. During the past 12 months, how many times were you in a physical fight on school property?			
1	0 times	1,192	84.1
2	1 time	128	9.3
3	2 or 3 times	46	3.1
4	4 or 5 times	13	0.9
5	6 or 7 times	5	0.3
6	8 or 9 times	3	0.3
7	10 or 11 times	1	0.1
8	12 or more times	24	1.9
	Missing	15	
Q20. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?			
1	Yes	142	10.5
2	No	1,282	89.5
	Missing	3	
Q21. Have you ever been forced to have sexual intercourse when you did not want to?			
1	Yes	140	10
2	No	1,277	90
	Missing	10	

		Unweighted (N)	Weighted (Percent)
Q22. 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?			
1	Yes	346	24.3
2	No	1,079	75.7
	Missing	2	
Q23. During the past 12 months, did you ever seriously consider attempting suicide?			
1	Yes	272	18.5
2	No	1,133	81.5
	Missing	22	
Q24. During the past 12 months, did you make a plan about how you would attempt suicide?			
1	Yes	224	15.5
2	No	1,201	84.5
	Missing	2	
Q25. During the past 12 months, how many times did you actually attempt suicide?			
1	0 times	1,187	92.3
2	1 time	54	3.9
3	2 or 3 times	33	2.3
4	4 or 5 times	3	0.2
5	6 or more times	17	1.4
	Missing	133	
Q26. 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?			
1	Did not attempt suicide	1,181	91.4
2	Yes	36	2.7
3	No	83	5.9
	Missing	127	
Q27. Have you ever tried cigarette smoking, even one or two puffs?			
1	Yes	991	71.5
2	No	415	28.5
	Missing	21	

Youth Risk Behavior Survey-1999

		Unweighted (N)	Weighted (Percent)
Q28. How old were you when you smoked a whole cigarette for the first time?			
1	Never smoked a cigarette	532	37.6
2	8 years old or younger	103	7.8
3	9 or 10 years old	117	8.2
4	11 or 12 years old	238	17
5	13 or 14 years old	275	19.9
6	15 or 16 years old	100	7.4
7	17 years old or older	20	2
	Missing	42	
Q29. During the past 30 days, on how many days did you smoke cigarettes?			
1	0 days	929	66.1
2	1 or 2 days	91	6.8
3	3 to 5 days	41	2.8
4	6 to 9 days	33	2.4
5	10 to 19 days	50	3.7
6	20 to 29 days	64	4.5
7	All 30 days	178	13.6
	Missing	41	
Q30. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?			
1	Did not smoke	929	65.8
2	Less than 1 per day	74	5.4
3	1 cigarette per day	69	5
4	2 to 5 cigarettes per day	203	14.5
5	6 to 10 cigarettes per day	69	5.4
6	11 to 20 cigarettes per day	24	2
7	More than 20 per day	25	1.9
	Missing	34	
Q31. During the past 30 days, how did you usually get your own cigarettes?			
1	Did not smoke cigarettes	930	66.4
2	Store	42	3.4
3	Vending machine	1	0.1
4	Someone else bought them	160	11.9
5	Borrowed them	150	11.1
6	Stole them	27	1.9
7	Some other way	73	5.3
	Missing	44	
Q32. When you bought cigarettes in a store during the past 30 days, were you ever asked to show proof of age?			
1	Did not buy cigarettes	1,276	88.9
2	Yes	53	4.4
3	No	93	6.7
	Missing	5	

		Unweighted (N)	Weighted (Percent)
Q33. During the past 30 days, on how many days did you smoke cigarettes on school property?			
1	0 days	1,223	86.8
2	1 or 2 days	63	4.4
3	3 to 5 days	30	2.1
4	6 to 9 days	29	2.2
5	10 to 19 days	12	0.8
6	20 to 29 days	10	0.7
7	All 30 days	40	3
	Missing	20	

Q34. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?

1	Yes	385	28.5
2	No	1,019	71.5
	Missing	23	

Q35. Have you ever tried to quit smoking cigarettes?

1	Yes	482	36.2
2	No	866	63.8
	Missing	79	

Q36. 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?

1	0 days	1,198	84.6
2	1 or 2 days	69	5
3	3 to 5 days	30	2.2
4	6 to 9 days	20	1.6
5	10 to 19 days	23	1.6
6	20 to 29 days	14	1.1
7	All 30 days	54	4.1
	Missing	19	

Q37. During the past 30 days, on how many days did you use chewing tobacco or snuff on school property?

1	0 days	1,276	90.1
2	1 or 2 days	40	3.1
3	3 to 5 days	18	1.2
4	6 to 9 days	17	1.2
5	10 to 19 days	11	0.9
6	20 to 29 days	10	0.8
7	All 30 days	36	2.8
	Missing	19	

Youth Risk Behavior Survey-1999

		Unweighted (N)	Weighted (Percent)
Q38. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?			
1	0 days	1,265	88.3
2	1 or 2 days	91	6.8
3	3 to 5 days	31	2.2
4	6 to 9 days	9	0.7
5	10 to 19 days	3	0.2
6	20 to 29 days	2	0.2
7	All 30 days	21	1.6
	Missing	5	
Q39. During your life, on how many days have you had at least one drink of alcohol?			
1	0 days	275	19.8
2	1 or 2 days	149	10.7
3	3 to 9 days	224	16.6
4	10 to 19 days	154	11.7
5	20 to 39 days	145	11.1
6	40 to 99 days	153	12.6
7	100 or more days	215	17.5
	Missing	112	
Q40. How old were you when you had your first drink of alcohol other than a few sips?			
1	Never drank alcohol	272	19.5
2	8 years old or younger	147	11.4
3	9 or 10 years old	119	9.1
4	11 or 12 years old	182	13.5
5	13 or 14 years old	392	29.3
6	15 or 16 years old	192	15.5
7	17 years old or older	18	1.7
	Missing	105	
Q41. During the past 30 days, on how many days did you have at least one drink of alcohol?			
1	0 days	749	53.1
2	1 or 2 days	267	19.3
3	3 to 5 days	160	11.8
4	6 to 9 days	105	8.4
5	10 to 19 days	55	4.4
6	20 to 29 days	17	1.2
7	All 30 days	24	1.9
	Missing	50	

		Unweighted (N)	Weighted (Percent)
Q42. During the past 30 days, on how many days did you have five or more drinks of alcohol in a row, that is, within a couple of hours?			
1	0 days	942	65.6
2	1 day	134	10.1
3	2 days	102	7.3
4	3 to 5 days	103	7.7
5	6 to 9 days	72	5.6
6	10 to 19 days	25	1.9
7	20 or more days	22	1.8
	Missing	27	
Q43. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?			
1	0 days	1,326	93.7
2	1 or 2 days	53	3.6
3	3 to 5 days	11	0.8
4	6 to 9 days	3	0.2
5	10 to 19 days	7	0.6
6	20 to 29 days	1	0.1
7	All 30 days	14	1.1
	Missing	12	
Q44. During your life, how many times have you used marijuana?			
1	0 times	635	42.9
2	1 or 2 times	146	10.6
3	3 to 9 times	141	10.4
4	10 to 19 times	77	5.7
5	20 to 39 times	85	5.9
6	40 to 99 times	81	6.1
7	100 or more times	239	18.3
	Missing	23	
Q45. How old were you when you tried marijuana for the first time?			
1	Never tried marijuana	635	42.7
2	8 years old or younger	55	4.2
3	9 or 10 years old	41	2.9
4	11 or 12 years old	142	9.9
5	13 or 14 years old	359	26.2
6	15 or 16 years old	159	12.2
7	17 years old or older	20	1.9
	Missing	16	

Youth Risk Behavior Survey-1999

		Unweighted (N)	Weighted (Percent)
Q46. During the past 30 days, how many times did you use marijuana?			
1	0 times	991	69.3
2	1 or 2 times	123	9
3	3 to 9 times	97	6.9
4	10 to 19 times	62	4.5
5	20 to 39 times	46	3.5
6	40 or more times	87	6.8
	Missing	21	
Q47. During the past 30 days, how many times did you use marijuana on school property?			
1	0 times	1,285	91
2	1 or 2 times	41	3
3	3 to 9 times	35	2.6
4	10 to 19 times	19	1.4
5	20 to 39 times	2	0.1
6	40 or more times	26	1.9
	Missing	19	
Q48. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?			
1	0 times	1,295	91.2
2	1 or 2 times	45	3.5
3	3 to 9 times	23	1.7
4	10 to 19 times	12	1
5	20 to 39 times	7	0.5
6	40 or more times	28	2.1
	Missing	17	
Q49. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?			
1	0 times	1,354	95.9
2	1 or 2 times	21	1.7
3	3 to 9 times	10	0.7
4	10 to 19 times	2	0.2
5	20 to 39 times	3	0.2
6	40 or more times	18	1.3
	Missing	19	
Q50. During your life, how many times have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?			
1	0 times	1,213	85.5
2	1 or 2 times	98	7
3	3 to 9 times	46	3.4
4	10 to 19 times	20	1.5
5	20 to 39 times	12	0.8
6	40 or more times	28	1.9
	Missing	10	

		Unweighted (N)	Weighted (Percent)
Q51. 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?			
1	0 times	1,353	95.7
2	1 or 2 times	25	1.6
3	3 to 9 times	17	1.2
4	10 to 19 times	6	0.4
5	20 to 39 times	2	0.1
6	40 or more times	12	0.9
	Missing	12	
Q52. During your life, how many times have you used heroin (also called smack, junk, or China White)?			
1	0 times	1,371	96.1
2	1 or 2 times	17	1.4
3	3 to 9 times	6	0.5
4	10 to 19 times	4	0.3
5	20 to 39 times	6	0.5
6	40 or more times	17	1.2
	Missing	6	
Q53. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?			
1	0 times	1,277	89.1
2	1 or 2 times	67	4.9
3	3 to 9 times	23	1.8
4	10 to 19 times	19	1.5
5	20 to 39 times	8	0.6
6	40 or more times	27	2
	Missing	6	
Q54. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?			
1	0 times	1,357	95
2	1 or 2 times	26	1.9
3	3 to 9 times	14	1.1
4	10 to 19 times	5	0.3
5	20 to 39 times	5	0.5
6	40 or more times	16	1.2
	Missing	4	
Q55. During your life, how many times have you used a needle to inject any illegal drug into your body?			
1	0 times	1,377	96.5
2	1 time	18	1.5
3	2 or more times	27	2
	Missing	5	

Youth Risk Behavior Survey-1999

		Unweighted (N)	Weighted (Percent)
Q56. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?			
1	Yes	402	29
2	No	1,014	71
	Missing	11	
Q57. Have you ever had sexual intercourse?			
1	Yes	564	43.3
2	No	809	56.7
	Missing	54	
Q58. How old were you when you had sexual intercourse for the first time?			
1	Never had sexual intercourse	808	56.7
2	11 years old or younger	56	4.1
3	12 years old	40	2.9
4	13 years old	85	6.3
5	14 years old	133	9.8
6	15 years old	138	10.4
7	16 years old	75	6.2
8	17 years old or older	37	3.6
	Missing	55	
Q59. During your life, with how many people have you had sexual intercourse?			
1	Never had sexual intercourse	806	56.7
2	1 person	203	15.7
3	2 people	97	7.2
4	3 people	82	6.3
5	4 people	54	4.1
6	5 people	23	1.8
7	6 or more people	102	8.2
	Missing	60	
Q60. During the past three months, with how many people did you have sexual intercourse?			
1	Never had sexual intercourse	807	56.7
2	None during past 3 months	220	16.4
3	1 person	251	19.9
4	2 people	45	3.4
5	3 people	15	1.2
6	4 people	3	0.2
7	5 people	1	0.1
8	6 or more people	27	2.1
	Missing	58	

		Unweighted (N)	Weighted (Percent)
Q61. Did you drink alcohol or use drugs before you had sexual intercourse the last time?			
1	Never had sexual intercourse	808	56.6
2	Yes	179	13.7
3	No	387	29.7
	Missing	53	
Q62. The last time you had sexual intercourse, did you or your partner use a condom?			
1	Never had sexual intercourse	804	56.9
2	Yes	353	26.5
3	No	204	16.6
	Missing	66	
Q63. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?			
1	Never had sexual intercourse	808	57.6
2	No method was used	82	6.4
3	Birth control pills	6	5.6
4	Condoms	286	21.6
5	Depo-Provera	30	2.4
6	Withdrawal	49	4.1
7	Some other method	10	0.8
8	Not sure	21	1.5
	Missing	75	
Q64. How many times have you been pregnant or gotten someone pregnant?			
1	0 times	1,316	93.2
2	1 time	42	3.3
3	2 or more times	16	1.2
4	Not sure	30	2.3
	Missing	23	
Q65. How do you describe your weight?			
1	Very underweight	26	1.8
2	Slightly underweight	185	13.2
3	About the right weight	745	52.3
4	Slightly overweight	409	29
5	Very overweight	53	3.7
	Missing	9	
Q66. Which of the following are you trying to do about your weight?			
1	Lose weight	614	42.6
2	Gain weight	217	16.2
3	Stay the same weight	219	15.3
4	Not trying to do anything	366	25.9
	Missing	11	

Youth Risk Behavior Survey-1999

		Unweighted (N)	Weighted (Percent)
Q67. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?			
1	Yes	814	57.3
2	No	594	42.7
	Missing	19	
Q68. 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?			
1	Yes	576	40.1
2	No	841	59.9
	Missing	10	
Q69. 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?			
1	Yes	177	11.9
2	No	1,235	88.1
	Missing	15	
Q70. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight?			
1	Yes	101	7.1
2	No	1,313	92.9
	Missing	13	
Q71. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?			
1	Yes	76	5.2
2	No	1,338	94.8
	Missing	13	
Q72. During the past seven days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice?			
1	Not during the past 7 days	216	15.4
2	1 to 3 times past 7 days	447	31.8
3	4 to 6 times past 7 days	290	20.2
4	1 time per day	123	8.8
5	2 times per day	155	10.8
6	3 times per day	101	7
7	4 or more times per day	83	6.1
	Missing	12	

		Unweighted (N)	Weighted (Percent)
Q73. During the past seven days, how many times did you eat fruit?			
1	Not during the past 7 days	134	9.4
2	1 to 3 times past 7 days	485	35
3	4 to 6 times past 7 days	329	23
4	1 time per day	169	11.9
5	2 times per day	162	11.3
6	3 times per day	76	5.5
7	4 or more times per day	56	4
	Missing	16	

Q74. During the past seven days, how many times did you eat green salad?

1	Not during the past 7 days	394	27.6
2	1 to 3 times past 7 days	609	42.8
3	4 to 6 times past 7 days	207	14.8
4	1 time per day	136	9.7
5	2 times per day	39	3
6	3 times per day	6	0.5
7	4 or more times per day	23	1.7
	Missing	13	

Q75. During the past seven days, how many times did you eat potatoes?

1	Not during the past 7 days	344	23.5
2	1 to 3 times past 7 days	754	53.6
3	4 to 6 times past 7 days	206	14.7
4	1 time per day	70	5.1
5	2 times per day	21	1.6
6	3 times per day	6	0.5
7	4 or more times per day	16	1.1
	Missing	10	

Q76. During the past seven days, how many times did you eat carrots?

1	Not during the past 7 days	551	38.8
2	1 to 3 times past 7 days	594	42.1
3	4 to 6 times past 7 days	154	10.7
4	1 time per day	71	5.2
5	2 times per day	22	1.6
6	3 times per day	9	0.6
7	4 or more times per day	15	1
	Missing	11	

Youth Risk Behavior Survey-1999

		Unweighted (N)	Weighted (Percent)
Q77. During the past seven days, how many times did you eat other vegetables?			
1	Not during the past 7 days	171	12.2
2	1 to 3 times past 7 days	551	39.3
3	4 to 6 times past 7 days	354	24.3
4	1 time per day	186	13.2
5	2 times per day	96	7.1
6	3 times per day	26	1.8
7	4 or more times per day	30	2.1
	Missing	13	

Q78. During the past seven days, how many glasses of milk did you drink?			
1	Not during the past 7 days	158	11.3
2	1 to 3 glasses past 7 days	266	18.5
3	4 to 6 glasses past 7 days	257	18.2
4	1 glass per day	186	13.1
5	2 glasses per day	242	16.8
6	3 glasses per day	152	11.3
7	4 or more glasses per day	151	10.8
	Missing	15	

Q79. On how many of the past seven days did you exercise or participate in physical activities for at least 20 minutes that made you sweat and breathe hard?			
1	0 days	182	13.1
2	1 day	88	5.9
3	2 days	131	9.2
4	3 days	174	12.3
5	4 days	149	10.6
6	5 days	220	15.5
7	6 days	136	9.9
8	7 days	337	23.5
	Missing	10	

Q80. On how many of the past seven days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard?			
1	0 days	402	28
2	1 day	153	10.5
3	2 days	179	13
4	3 days	170	11.7
5	4 days	116	8.2
6	5 days	91	6.6
7	6 days	44	3.4
8	7 days	261	18.7
	Missing	11	

		Unweighted (N)	Weighted (Percent)
Q81. On how many of the past seven days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?			
1	0 days	288	20.6
2	1 day	122	8.4
3	2 days	152	10.9
4	3 days	192	13.6
5	4 days	166	11.4
6	5 days	182	12.9
7	6 days	88	6.4
8	7 days	224	15.9
	Missing	13	
Q82. On an average school day, how many hours do you watch TV?			
1	No TV on average school day	151	11
2	Less than 1 hour per day	238	17
3	1 hour per day	227	16.2
4	2 hours per day	329	23.1
5	3 hours per day	236	16.9
6	4 hours per day	112	8.1
7	5 or more hours per day	114	7.7
	Missing	20	
Q83. In an average week when you are in school, on how many days do you go to physical education (PE) classes?			
1	0 days	638	49.6
2	1 day	8	0.6
3	2 days	10	0.8
4	3 days	102	7.7
5	4 days	280	19.8
6	5 days	284	21.5
	Missing	105	
Q84. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?			
1	Do not take PE	638	49.6
2	Less than 10 minutes	21	1.5
3	10 to 20 minutes	59	4.1
4	21 to 30 minutes	107	7.9
5	More than 30 minutes	497	37
	Missing	105	
Q85. During the past 12 months, on how many sports teams did you play?			
1	0 teams	479	34
2	1 team	336	23.8
3	2 teams	288	20.3
4	3 or more teams	313	21.8
	Missing	11	

Youth Risk Behavior Survey-1999

		Unweighted (N)	Weighted (Percent)
Q86. 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?			
1	0 times	781	55.4
2	1 time	299	21.1
3	2 times	189	13.5
4	3 times	70	4.8
5	4 times	19	1.3
6	5 or more times	55	4
	Missing	14	

Q87. Have you ever been taught about AIDS or HIV infection in school?

1	Yes	1,254	88.5
2	No	86	6.3
3	Not sure	76	5.2
	Missing	11	

1999 Youth Risk Behavior Survey Results
 Alaska (Excluding Anchorage) Middle School Survey

		Unweighted (N)	Unweighted (Percent)
Q1. How old are you?			
1	10 years old or younger	1	0.1
2	11 years old	6	0.6
3	12 years old	106	10.9
4	13 years old	422	43.3
5	14 years old	409	42
6	15 years old	24	2.5
7	16 years old or older	6	0.6
	Missing	1	
Q2. What is your sex?			
1	Female	493	50.9
2	Male	475	49.1
	Missing	7	
Q3. In what grade are you?			
1	6th grade	12	1.2
2	7th grade	349	36.2
3	8th grade	596	61.8
4	Other	7	0.7
	Missing	11	
Q4. How do you describe yourself?			
1	American Indian or Alaska Native	251	26.4
2	Asian	16	1.7
3	Black or African American	14	1.5
4	Hispanic or Latino	13	1.4
5	Native Hawaiian/other Pacific Islander	8	0.8
6	White	576	60.7
7	Multiple - Hispanic	7	0.7
8	Multiple - Non-Hispanic	64	6.7
	Missing	26	
Q5. Height in meters			
Q6. Weight in kilograms			
Q7. How often do you wear a seat belt when riding in a car?			
1	Never	87	9
2	Rarely	109	11.2
3	Sometimes	208	21.5
4	Most of the time	305	31.5
5	Always	260	26.8
	Missing	6	

Youth Risk Behavior Survey-1999

		Unweighted (N)	Unweighted (Percent)
Q8. When you ride a bicycle, how often do you wear a helmet?			
1	Do not ride a bicycle	60	6.2
2	Never	556	57.5
3	Rarely	140	14.5
4	Sometimes	80	8.3
5	Most of the time	88	9.1
6	Always	43	4.4
	Missing	8	

Q9. When you rollerblade or ride a skateboard, how often do you wear a helmet?

1	Do not rollerblade/skateboard	348	35.9
2	Never	419	43.2
3	Rarely	76	7.8
4	Sometimes	47	4.9
5	Most of the time	35	3.6
6	Always	44	4.5
	Missing	6	

Q10. Have you ever ridden in a car driven by someone who had been drinking alcohol?

1	Yes	378	39
2	No	436	45
3	Not sure	155	16
	Missing	6	

Q11. Have you ever carried a weapon, such as a gun, knife, or club?

1	Yes	502	52
2	No	464	48
	Missing	9	

Q12. Have you ever been in a physical fight?

1	Yes	591	61.6
2	No	369	38.4
	Missing	15	

Q13. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?

1	Yes	69	7.2
2	No	896	92.8
	Missing	10	

Q14. Have you ever seriously thought about killing yourself?

1	Yes	240	24.8
2	No	729	75.2
	Missing	6	

		Unweighted (N)	Unweighted (Percent)
Q15. Have you ever made a plan about how you would kill yourself?			
1	Yes	193	19.9
2	No	778	80.1
	Missing	4	
Q16. Have you ever tried to kill yourself?			
1	Yes	111	11.4
2	No	859	88.6
	Missing	5	
Q17. Have you ever tried cigarette smoking, even one or two puffs?			
1	Yes	535	57.3
2	No	398	42.7
	Missing	2	
Q18. How old were you when you smoked a whole cigarette for the first time?			
1	Never smoked a cigarette	524	55.7
2	8 years old or younger	73	7.8
3	9 years old	46	4.9
4	10 years old	64	6.8
5	11 years old	63	6.7
6	12 years old	93	9.9
7	13 years old	65	6.9
8	14 years old or older	12	1.3
	Missing	35	
Q19. During the past 30 days, on how many days did you smoke cigarettes?			
1	0 days	739	79
2	1 or 2 days	56	6
3	3 to 5 days	28	3
4	6 to 9 days	25	2.7
5	10 to 19 days	24	2.6
6	20 to 29 days	20	2.1
7	All 30 days	44	4.7
	Missing	39	
Q20. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?			
1	Did not smoke cigarettes	733	78.8
2	Less than 1 cigarette	55	5.9
3	1 cigarette	38	4.1
4	2 to 5 cigarettes	71	7.6
5	6 to 10 cigarettes	23	2.5
6	11 to 20 cigarettes	5	0.5
7	More than 20 cigarettes	5	0.5
	Missing	45	

Youth Risk Behavior Survey-1999

		Unweighted (N)	Unweighted (Percent)
Q21. During the past 30 days, how did you usually get your own cigarettes?			
1	Did not smoke cigarettes	732	79
2	Store	4	0.4
4	Someone else bought them	59	6.4
5	Borrowed them	63	6.8
6	Stole them	24	2.6
7	Some other way	44	4.8
	Missing	49	
Q22. When you bought cigarettes in a store during the past 30 days, were you ever asked to show proof of age?			
1	Did not buy cigarettes	875	92.1
2	Yes	14	1.5
3	No	61	6.4
	Missing	25	
Q23. Have you ever smoked cigarettes regularly, that is, at least one cigarette, every day for 30 days?			
1	Yes	155	16.4
2	No	793	83.6
	Missing	27	
Q24. 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?			
1	0 days	881	91.9
2	1 or 2 days	27	2.8
3	3 to 5 days	13	1.4
4	6 to 9 days	5	0.5
5	10 to 19 days	9	0.9
6	20 to 29 days	5	0.5
7	All 30 days	19	2
	Missing	16	
Q25. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?			
1	0 days	900	93.2
2	1 or 2 days	39	4
3	3 to 5 days	4	0.4
4	6 to 9 days	8	0.8
5	10 to 19 days	3	0.3
6	20 to 29 days	1	0.1
7	All 30 days	11	1.1
	Missing	9	

		Unweighted (N)	Unweighted (Percent)
Q26. Have you ever had a drink of alcohol, other than a few sips?			
1	Yes	450	49.2
2	No	465	50.8
	Missing	60	

Q27. How old were you when you had your first drink of alcohol other than a few sips?			
1	Never drank alcohol	452	50.2
2	8 years old or younger	85	9.4
3	9 years old	35	3.9
4	10 years old	41	4.6
5	11 years old	64	7.1
6	12 years old	108	12
7	13 years old	89	9.9
8	14 years old or older	27	3
	Missing	74	

Q28. Have you ever used marijuana?			
1	Yes	274	28.9
2	No	674	71.1
	Missing	27	

Q29. How old were you when you first tried marijuana for the first time?			
1	Never tried marijuana	672	71
2	8 years old or younger	35	3.7
3	9 years old	20	2.1
4	10 years old	26	2.7
5	11 years old	54	5.7
6	12 years old	64	6.8
7	13 years old	60	6.3
8	14 years old or older	15	1.6
	Missing	29	

Q30. Have you ever used any form of cocaine, including powder, crack, or freebase?			
1	Yes	55	5.7
2	No	907	94.3
	Missing	13	

Q31. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?			
1	Yes	116	12
2	No	853	88
	Missing	6	

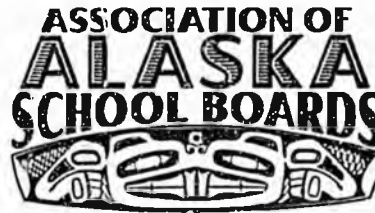
Youth Risk Behavior Survey-1999

		Unweighted (N)	Unweighted (Percent)
Q32. Have you ever used steroids?			
1	Yes	26	2.7
2	No	943	97.3
	Missing	6	
Q33. Have you ever used a needle to inject any illegal drug into your body?			
1	Yes	17	1.8
2	No	945	98.2
	Missing	13	
Q34. Have you ever had sexual intercourse?			
1	Yes	142	15.8
2	No	757	84.2
	Missing	76	
Q35. How old were you when you had sexual intercourse for the first time?			
1	Never had sexual intercourse	758	84.2
2	8 years old or younger	23	2.6
3	9 years old	4	0.4
4	10 years old	7	0.8
5	11 years old	19	2.1
6	12 years old	23	2.6
7	13 years old	47	5.2
8	14 years old or older	19	2.1
	Missing	75	
Q36. With how many people have you ever had sexual intercourse?			
1	Never had sexual intercourse	754	84.2
2	1 person	49	5.5
3	2 people	37	4.1
4	3 or more people	55	6.1
	Missing	80	
Q37. The last time you had sexual intercourse, did you or your partner use a condom?			
1	Never had sexual intercourse	756	84.3
2	Yes	93	10.4
3	No	48	5.4
	Missing	78	
Q38. How do you describe your weight?			
1	Very underweight	41	4.3
2	Slightly underweight	121	12.7
3	About the right weight	495	51.8
4	Slightly overweight	253	26.5
5	Very overweight	46	4.8
	Missing	19	

		Unweighted (N)	Unweighted (Percent)
Q39. Which of the following are you trying to do about your weight?			
1	Lose weight	428	44.5
2	Gain weight	96	10
3	Stay the same weight	206	21.4
4	Not trying to do anything	231	24
	Missing	14	
Q40. Have you ever exercised to lose weight or to keep from gaining weight?			
1	Yes	632	65.7
2	No	330	34.3
	Missing	13	
Q41. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?			
1	Yes	444	46.5
2	No	510	53.5
	Missing	21	
Q42. Have you ever gone without eating for 24 hours or more (also called fasting) to lose weight or keep from gaining weight?			
1	Yes	209	21.8
2	No	749	78.2
	Missing	17	
Q43. Have you ever taken any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight?			
1	Yes	86	8.9
2	No	877	91.1
	Missing	12	
Q44. Have you ever vomited or taken laxatives to lose weight or to keep from gaining weight?			
1	Yes	65	6.8
2	No	887	93.2
	Missing	23	
Q45. On how many of the past seven 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?			
1	0 days	110	11.5
2	1 day	73	7.7
3	2 days	73	7.7
4	3 days	106	11.1
5	4 days	90	9.4
6	5 days	148	15.5
7	6 days	83	8.7
8	7 days	271	28.4
	Missing	21	

Youth Risk Behavior Survey-1999

		Unweighted (N)	Unweighted (Percent)
Q46. On an average school day, how many hours do you watch TV?			
1	No TV on average school day	80	8.4
2	Less than 1 hour per day	157	16.4
3	1 hour per day	140	14.6
4	2 hours per day	233	24.3
5	3 hours per day	157	16.4
6	4 hours per day	92	9.6
7	5 or more hours per day	99	10.3
	Missing	17	
Q47. In an average week when you are in school, on how many days do you go to physical education (PE) classes?			
1	0 days	192	20.3
2	1 day	29	3.1
3	2 days	60	6.3
4	3 days	112	11.8
5	4 days	98	10.3
6	5 days	456	48.2
	Missing	28	
Q48. Do you play on any sports teams? (Include any teams run by your school or community groups.)			
1	Yes	595	63.4
2	No	344	36.6
	Missing	36	
Q49. Have you ever been injured while exercising, playing sports, or being physically active and had to be treated by a doctor or nurse?			
1	Yes	535	56.1
2	No	419	43.9
	Missing	21	
Q50. Have you ever been taught about AIDS or HIV infection in school?			
1	Yes	717	76.8
2	No	109	11.7
3	Not sure	107	11.5
	Missing	42	



Advocates for Alaska's Youth

**AASB Position Paper
Support for Changing the Active Parent Consent
Provision to Passive Consent for Student Surveys**

AASB supports modifying the requirements for parental or legal guardian permission for a student to participate in a questionnaire or survey administered in a public school by making it easier for school districts to obtain the necessary permission.

The current Alaskan statute requiring Positive Parent Consent has an unintended negative consequence of erecting barriers between school district programs and services which focus on the reduction of risk behaviors among youth and the government and non-profit agencies that fund these efforts. In order to increase accountability among programs and services, we need to evaluate the effectiveness of these efforts. In order to evaluate the effectiveness of our efforts, we need to gather data relating to risk behaviors and the corresponding assets of youth. In order to collect data, we need to reduce the barriers which interfere with school and agency efforts of collecting data that is confidential, legal, accurate, and relevant.

AASB believes that there are tangible benefits to conducting anonymous student surveys. In these times of accountability and accuracy, our member districts need data with which to weigh the effectiveness of their educational programs, monitor progress toward district wide objectives related to the health, safety, and well being of youth, and direct programs and services to the areas of greatest benefit.

Research and common sense shows us that parents sent an Active Consent Request Form are more likely not to sign and return the form due to apathy or inertia, rather than an objection to the survey itself.

AASB supports legislation which would:

- allow each public school district to establish the policies and guidelines related to student surveys, and
- eliminate the current unfunded mandate by replacing Active Parent Consent with Passive Parent Consent.

AASB supports the efforts of the legislature to provide local boards of education and each community with the tools necessary to increase student achievement and protect the health and safety of children and youth.

Dear Representative Bunde,

I support the bill (HB408) to change the state law regarding ACTIVE PARENT Consent for anonymous student surveys.

Due to the positive parental consent law, our state and Alaskan communities have been at a disadvantage since we have not been able to get solid data back from our surveying efforts. The implications are vast, when it comes to collecting data on adolescents.

Parent and student rights will be safeguarded with appropriate policies concerning surveys and questionnaires, and the appropriate protections will continue if the suggested changes in the law are enacted.

Thank you for your consideration.

Donna Rae Faulkner
PO Box 3004, 811 Ocean Drive Loop, Homer, Alaska 99603
(907)235-4778

Director of Alaska ICE
Association of Alaska School Boards
319 West 11th Street
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ANCHORAGE SCHOOL DISTRICT
Legislative Priorities 2002

Revise Parental Permission Requirements for Questionnaires and Surveys Administered in Public Schools

The Anchorage School Board supports modifying the requirements for parental or legal guardian permission for a student to participate in a questionnaire or survey administered in a public school by making it easier for school districts to obtain the necessary permission. As a result of the passage of H.B. 70 in 1999, schools are unable to obtain an adequate sample to provide reliable information.

Rationale: For state and federal grants, school districts need school-by-school data to accurately assess the need and success of current efforts. The low response rates on the 2001 Youth Risk Behavior Survey (YRBS) made this kind of detailed data impossible. In Anchorage, for example, the Anchorage School District Safe and Drug Free Schools had seven grants asking for such data. During the fall 1999 Site Review, Federal auditors put the ASD Safe

and Drug Free Schools program on notice that it was bordering on non-compliance due to lack of current data. The program lost three grants totaling \$296,915. Other grants have not been applied for because the criteria indicated that without contemporary data, the application would not be competitive. Other youth-serving agencies and programs in Anchorage and throughout the state face similar grant rejection prospects.

The Anchorage School Board supports modifying the requirements for parental permission for student participation in surveys or questionnaires. Our district has experienced significant difficulties collecting sufficient signatures for statistically valid surveys. We are also having to make substantial administrative efforts and expenditures to collect, track and report the permission data. As a ~~direct~~ result we have already lost about \$300,000 in grants and federal auditors have put our Safe and Drug Free Schools program on notice that it's bordering on non-compliance due to lack of current data.

The current language of AS 14.03.110 requires active parent permission in all cases of student surveys or questionnaires, whether anonymous or not. It applies to all surveys that inquire into personal or private family affairs of the student that are not a matter of public record or subject to public observation. While active parental permission can be granted on an annual basis for anonymous surveys, specific permission is required for each survey that is not anonymous. In the Anchorage School District, the cost of administering a district-wide or school-wide survey can reach into the tens of thousands of dollars as a result of this requirement for active prior parental consent.

An equally important problem with active consent for all surveys is that many parents, with their busy schedules, simply don't have, or don't take, the time to respond. Most parents of high school students don't even show up when their

children register for school. Active parent permission requires parents take the time to complete the permission form and return it to the District. Unless parents also read background about the need for such survey information they often fail to see why these efforts even matter. The end result is that the surveys administered may not be statistically meaningful because the numbers responding are so low. In fact, in the ASD, several planned surveys have been scrapped because of low parent response. Unfortunately, the decision to discontinue a planned survey occurs only after our District has spent thousands of dollars to give notice of the survey and to seek parental permission, often going back two or three times to try for adequate numbers.

On the other hand, the parental right to deny permission (passive parental consent), as proposed in HB 408, will permit the administration of anonymous surveys to all students except those whose parents have indicated that they do not want the survey to be administered to their student. Parents will continue to have ample opportunity to review any survey. The ability to administer surveys that have statistically significant results is necessary for educational research and studies relying on this data. This is hampered under the existing law.

The ability of parents to consent to those surveys that are not anonymous, and to deny permission for those surveys that are, securely protects the privacy of our students and their families. The continued requirement for full and complete

notice in this bill will allow families to make informed decisions as to student participation.

Additionally, AS 14.03.110 is just one vehicle which protects the right of privacy for students and their parents. Federally, the Family Educational Rights and Privacy Act ("FERPA") provides that personally identifiable information contained in a student's educational records is protected from disclosure to third parties without parental consent, except in limited instances. And a more recent second Act, the Protection of Pupil Rights Amendment ("PPRA" or "Hatch Amendment") is similar to Alaska's student survey law. The PPRA protects the rights of parents and students in two ways. First, it ensures that instructional materials related to a survey are available for inspection by parents. Second, it provides that parental consent must be obtained before students are required to participate in any USDOE-funded survey, analysis, or evaluation that reveals information in several categories deemed to be invasive of student or family privacy.

All Alaska school districts that receive federal funds must comply with FERPA and the PPRA. The PPRA consent requirements apply to any survey funded by monies from the United States Department of Education. The proposed language of HB 408 incorporates the same protections of the federal law, only it does so more broadly, applying to all surveys administered, regardless of the

funding mechanism, and regardless of whether student participation is required or is voluntary. Accordingly, HB 408 adequately protects students in Alaska.

We appreciate the Committee efforts to recognize our concerns in this area. We are in process of making a through review of the bill and hope to be able to share some specific thoughts on its language in the near future. HB 408 addresses a significant problem; it is worthy of support. We thank you for its introduction.

Debbie Ossiander, PO Box 670772, Chugiak, AK 688-2308



Lower
Kuskokwim
School
District

Department Of Academic Programs & Support

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February 19, 2002

To Whom It May Concern:

This letter is to show the Lower Kuskokwim School District's support for the bill to repeal the active parental consent required for students to fill out surveys at school.

Our school district has had excellent participation in past Youth Risk Behavior Surveys. The data was not only reliable but extremely valuable. We routinely shared the YRBS report with local organizations that provide services aimed at prevention and intervention of high-risk behaviors. It was discouraging and damaging to have lost such a critical tool for measuring health related behaviors in our student population.

We have used the data from the surveys to provide direction in instructional programs and to apply for grant monies targeted at high-risk kids. Teachers and parents alike were interested in identifying the types of risky behaviors students were exposed to. Having reliable data to compare local statistics with state and national data was also informative. The information was sorely missed this past year by our school district and community organizations.

In our district, much effort was expended to secure active parental consent for the most recent survey. The importance of full participation was stressed to teachers, students and parents. It was crucial that we try to match the level of past participation so we could continue receiving viable results from the survey. It was disappointing to see how drastic the drop in participation was after requiring the extra paperwork from schools, parents and students.

Even though we pushed very hard for active consent, there was risk in only gathering data from pre-selected students. The data would be biased if it only came from students whose parents signed the forms. Kids with high-risk behaviors are often ones who neglect to get paperwork in and it is likely that the results would be biased. In order to encourage students to answer survey questions truthfully we must show that their answers will be couched amid anonymity. If students knew that only a handful of their peers were completing surveys, they may not feel safe giving truthful information for fear of being identified from such a small field of participants.

The only way we can gather reliable data is to encourage maximum participation in the survey by making it as easy as possible for it to be administered. We strongly encourage the passage of this bill.

Thank you,

A handwritten signature in cursive script that reads "Julie McWilliams".

Julie McWilliams
Education Specialist, LKSD

David Moore, Ph.D.
Associate Director
Safe and Drug Free Schools
dmoorephd@yahoo.com

University of Washington
College of Education
*Center for the Study and Teaching
of At-Risk Students (C-STARS)*

This testimony is in support of the Alaska State Legislature's proposal to remove the provision requiring active parental consent for school districts conducting surveys to determine the ongoing health needs of their student population.

The current survey model is not valid and under-reports serious youth health problems. The White House's Office of National Drug Control Policy determined that surveys requiring active parental consent are invalid (Dent et al, 1995). They under-report various problem health behaviors, including marijuana use and a range of risk taking behaviors.

Currently, the legislature cannot audit the effectiveness of many youth health care programs. Unless this requirement is removed, Alaska cannot accurately measure the impact of many of their children, youth and family services programs. Citizens cannot track the value and effectiveness of many programs, including those targeting violence and substance abuse reduction in communities.

Loss of federal funds to other states. Alaskan programs competing for federal grant funding are at a disadvantage to programs from other states that can offer program evaluation using valid student surveys that do not require active parental consent. This is a particular barrier in receiving the state's fair share of competitive substance abuse and violence prevention grants. Valid program evaluation methods are 15-30% of the scoring.

Recent passage of the Bush "Leave no child behind" education bill removed mandatory active parental consent and replaced that provision with guidance for local decision-making:

"A local educational agency that receives funds under any applicable program shall develop and adopt policies, in consultation with parents, regarding the following: The right of a parent of a student to inspect, upon the request of the parent, a survey created by a third party before the survey is administered or distributed by a school to a student; and (ii) any applicable procedures for granting a request by a parent for reasonable access to such survey within a reasonable period of time after the request is received."

This provision allows for fully informing parents and allowing them to opt out of the survey. Districts can make decisions on a more individualized basis. In particular, they can allow passive consent for critical health surveys such as the Youth Health Behavior Survey; while requiring active parental consent for less important surveys.

The legislature should allow for local control, on an individualized basis, of school surveys.