

12119

HOUSE

HESS

NewsBeat

SEARHC



ONLINE STAFF NEWSLETTER

May 2006

S'áxt' Hit Mt. Edgecumbe Hospital introduces Regalia Friday

May 5 marks "Regalia Friday" at S'áxt' Hit Mt. Edgecumbe Hospital, and hospital leaders encourage employees to wear their Native regalia in honor of the rich Alaska Native culture that is the foundation of SEARHC.

[Click here for more on this story.](#)

SEARHC adopts employee breastfeeding policy

SEARHC employees who are nursing mothers now will be allowed to breastfeed their babies or pump breast milk at work under a recently adopted employee breastfeeding policy.

[Click here for more on this story.](#)

Carving to start in May on Kootéeyaa Project Wellbriety totem pole

In early May, Tlingit master carver Wayne Price will start carving the Kootéeyaa Project Wellbriety totem pole in a shelter near Gunaanasti, the Bill Brady Healing Center on the Mt. Edgecumbe Hospital campus.

[Click here for more on this story.](#)

SEARHC helps promote National Bike-to-Work Week

Want to have fewer \$50 fill-ups and get healthy at the same time? The Employee Wellness Team says SEARHC employees are encouraged to take part in National Bike-to-Work Week on May 15-19.

[Click here for more on this story.](#)

Nurses recognized during National Critical Care Awareness and Recognition Month

The month of May is National Critical Care Awareness and Recognition Month, a time to recognize the nursing professionals who care for critically ill patients and their families. The event is sponsored by the American Association of Critical-Care Nurses (AACN).

[Click here for more on this story.](#)

SEARHC adopts employee breastfeeding policy

SEARHC employees who are nursing mothers now will be allowed to breastfeed their babies or pump breast milk at work under a recently adopted employee breastfeeding policy.

Juneau nurse Priscilla Skannes and WIC coordinator Susan Hennon led the way on getting the policy passed by the Executive Management Team. They say the policy had the broad support of the consortium.

Priscilla, who wrote the policy, now is the breastfeeding educator in Juneau and also spent several years at MEH working in prenatal care and labor/delivery. She says Sitka has had a breastfeeding support group for about 15 years, but there's never been an official written policy.

"I looked at the policy as an employee and a mom, and also as an employer, and tried to find what would work best," Priscilla says. "It keeps her (the mother) happy, and the baby's getting breast milk."


Susan says Alaska is No. 1 in the nation for initiating breastfeeding

She says this policy helps working women breastfeed longer, which is important because breastfed babies generally are healthier than formula-fed babies. Also, nursing mothers "miss less work because their children aren't sick as often," SEARHC human resources director Bill Perket says.

Under the plan, the employee and her supervisor sign a contract that allows the employee two 30-minute breaks to nurse her baby or pump her breasts. The breaks are for the sole purpose of breastfeeding or pumping. The employee is allowed to breastfeed in the privacy of her own office or in another designated location that's private.

A pregnant woman who plans to return to work after childbirth and plans to breastfeed should discuss the policy with her supervisor so they can write a plan before she takes her leave. Copies of the policy and the written plan document are available from Human Resources, and the policy is in the Human Resources Manual on the Intranet.

NewsBeat



SEARHC



ONLINE STAFF NEWSLETTER

JUNE 2007

SEARHC Mt. Edgecumbe Hospital earns Level IV trauma center rating

The State of Alaska's Section of Community Health and Emergency Medical Services certified SEARHC Mt. Edgecumbe Hospital as a Level I center in late April. The trauma center designation is good for three years and comes after a two-year certification process that involved site visits and other reviews.

[Click here for more on this story.](#)

Case management network improves patient care and access

SEARHC has developed an extensive network of case managers over the past few years, which has improved patient care and helped SEARHC contain costs.

[Click here for more on this story.](#)

Healing Hand Foundation prepares to launch new employee-giving drive

The Healing Hand Foundation – formerly The SEARHC Foundation – is gearing up to launch an ambitious "Employee-Giving Monthly Drawing Incentive Program" in mid-August.

[Click here for more on this story.](#)

Texas hit-and-run wreck claims life of pediatric dentist Dr. Stan Oldak

Dr. Stan Oldak, who had been providing SEARHC with regular specialty clinics in pediatric dentistry the past six years, was killed May 6 by a hit-and-run driver while competing in a cycling event in Texas. He was the only dentist many children from Kake, Hoonah and Yakutat have ever known.

[Click here for more on this story.](#)

SEARHC employee breastfeeding policy wins state award

The Alaska Breastfeeding Coalition honored SEARHC with a special recognition award for its employee breastfeeding policy during the coalition's annual education symposium in April.

[Click here for more on this story.](#)

SEARHC employee breastfeeding policy wins state award

The Alaska Breastfeeding Coalition honored SEARHC with a special recognition award for its employee breastfeeding policy during the coalition's annual education symposium in April.

The award was one of three presented this year, and it honored SEARHC for establishing a consortium-wide policy, implementing the policy and supporting it to make SEARHC a family friendly place to work. State WIC Program (Women, Infants, Children) Breastfeeding Coordinator Dana Kent, a board member with the Alaska Breastfeeding Coalition, says there are significant health benefits for breastfeeding mothers and their babies. Dana also says there are benefits to businesses and other organizations who allow working mothers to breastfeed or pump their breastmilk.

"For the companies, it's cost-effective," Dana says. "It cuts down on health care costs because the babies are healthier, and when the babies are healthy there's less absenteeism. These policies show more loyalty to the workforce and that means less turnover."

"SEARHC should be proud of the leadership role it took in supporting a progressive employee breastfeeding policy," says SEARHC WIC Program Coordinator Susan Hennon, who worked with Juneau nurse Priscilla Skannes to write the policy last year. "Everyone wins – SEARHC as an employer, the mother and the baby. Other agencies around the state are looking at what we have done and are considering emulating our policy." Under the policy, the employee and her supervisor sign a contract that allows the employee two 30-minute breaks to nurse her baby or pump her breasts. The breaks are solely for the purpose of breastfeeding or pumping. The employee is allowed to breastfeed in the privacy of her own office or in another designated location that's private.

The policy can be found on Page 122 of the Human Resources Manual that's posted on the Intranet. It also can be found at <http://www/SEARHC.Forms/HR/> (look about halfway down the left column for "Employee and Supervisor Breastfeeding Plan Authorization").

[Click here to return to FRONT PAGE.](#)

- * The supervisor shall meet with the employee in a confidential location and ensure that the employee understands this policy.
- * The supervisor shall take notes of the conversation with the employee and obtain as much detail as possible. The supervisor should prepare a statement and verify that it is accurate.
- * The supervisor will explain to the employee what action will be taken and when the employee should expect to be contacted again.
- * The HR Director shall be a resource for managers in resolving concerns and provide assistance in conducting investigations. All concerns alleging harassment, intimidation, and retaliation for raising concerns shall be reported to the HR Director and President.

C. Confidentiality

The identity of individuals raising concerns shall be released only on a need to know basis. SEARHC recognizes that some employees may not want their identity disclosed to others. However, total confidentiality of the names of individuals raising concerns can never be guaranteed. Some concerns, such as safety, environment, sexual harassment, or other legal compliance issues, may require management to disclose the employee's name. Additionally, SEARHC could be compelled in some legal proceedings to disclose names.

122 Employee Breastfeeding

SEARHC will strive to support employees who are breastfeeding an infant up to one year of age in the workplace.

SEARHC provides support to breastfeeding employees by:

- Providing prenatal and postpartum breastfeeding education by qualified staff. Information is available from the WIC offices.
- Employees who breastfeed infants are provided two thirty-minute breaks, one during the first half of their shift and the second during the second half of their shift, to nurse the baby or to pump their breasts. These breaks are for the sole purpose to support breastfeeding and are not to be used for any other purpose. Employees who normally have one hour scheduled for lunch will have that time reduced to one-half hour. There will be no change for employees who are on a one-half hour lunch schedule.
- Employees may breastfeed in the privacy of their own office or in another private location on the SEARHC campus.
- Prior to leaving for Family Medical Leave, employees will schedule a time to talk with their supervisor about their breastfeeding intent, and a written plan will be developed. A plan document is available in any one of the Human Resources offices or on the SEARHC intranet.

201 Employment Applications

All applicants interested in employment with the Consortium must complete a SEARHC employment application. SEARHC relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring

SEARHC Employee and Supervisor Breastfeeding Plan

Employee: _____

Supervisor: _____

The SEARHC Breastfeeding Policy was discussed by the employee and supervisor on _____ and a copy was given to employee.

Plan:

The employee will breastfeed or pump breast milk at _____ a.m./p.m. for thirty minutes and at _____ a.m./p.m. for thirty minutes. The supervisor and employee will strive to be flexible due to staffing shortages and work requirements. The employee understands this break is for the sole purpose to pump breast milk or to breastfeed her baby. There will be no additional break in the morning or afternoon while the employee breastfeeds. During the term of this plan, the employee will have a thirty-minute lunch break; this break cannot be combined with either of the breastfeeding breaks.

The employee will breastfeed or pump in _____ (specify location). If this location is not available, the supervisor and employee will work together to secure another private space.

The employee must advise her co-workers of her scheduled breastfeeding breaks in order to help ensure the business of SEARHC continues uninterrupted.

This plan will be reviewed by the supervisor and employee as needed. The breastfeeding breaks will last until the infant is one year of age or the employee stops breastfeeding (whichever comes first), in which case she will immediately notify her supervisor.

Release:

I _____ release SEARHC from any responsibility for any illness and or injury that my baby _____ may sustain while on the SEARHC campus during my breastfeeding breaks. I also understand that any siblings are not to accompany nor be present during these breastfeeding breaks.

Employee signature _____

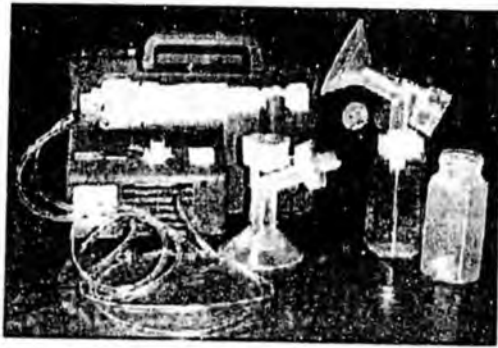
Employee printed name _____

Supervisor signature _____

Supervisor printed name _____

Date _____

Privacy Please!
Breastfeeding Mom at work.



Documentation

in support of

PROPOSED SEARHC Employee Breastfeeding Policy

INFORMATION PACKET

Proposed SEARHC Employee Breastfeeding Policy

**For consideration by the SEARHC
Executive Management Team**

on

February 14, 2006

To be presented by: Bill Perket, Human Resources Director

Advisory SEARHC staff:

Priscilla Skannes, RN, Juneau Medical Clinic

Susan Hennon, RD, LD, WIC Coordinator

Proposed SEARHC Employee Breastfeeding Policy

Table of Contents

- In Support of Breastfeeding (background)
- (Proposed) SEARHC Employee Breastfeeding Policy
- SEARHC Employee and Supervisor Breastfeeding Plan

Documentation in Support of Proposed SEARHC Employee Breastfeeding Policy

- Breastfeeding: The Best Investment. Worksite support of breastfeeding employees improves your bottom line. International Lactation Consultant Association. 1998. (4 pages).
- Breastfeeding. Prevention Institute. 2002. (3 pages).
- Breastfeeding Task Force of Greater Los Angeles Press Release. March 15, 2004. (3 pages).
- Alaska in Action: Statewide Physical Activity and Nutrition Plan (excerpt). Increase Healthy Food Choices Aim 3.7 – Alaskan mothers breastfeed their infants and toddlers. (2 pages)
- Why Breastfeed? Department of the Navy. (2 pages)
- Study: Breastfeeding may protect moms from diabetes. Associated Press news article, 11/23/05 (2 pages)
- Evidence-based Clinical Practice Guideline. Breastfeeding Support: Prenatal Care Through the First Year. (2 pages)

Letters of Support

- Sitka Employee Wellness Team
- Nathaniel Mohatt, Health Promotion Manager, SEARHC Juneau Medical Center
- Debi Ballam, RNC, IBCLC (International Board Certified Lactation Consultant), Bartlett Regional Hospital
- Mohammed Awad, DDS, SEARHC Dental Clinic (via e-mail message)
- Janai Meyer, RD, LD, SEARHC Community Dietitian
- Rose Wysocki, Nursing Mother and SEARHC Controller
- Allison Rhyner, Breastfeeding Mother and Asst. to Olga Fitka

In support of Breastfeeding

- 1995 Consortium wide SQM Breastfeeding team surveyed all southeast communities to collect data to target why women stopped breastfeeding. Based on data the team agreed to target "inadequate milk supply" for their initial intervention and developed a multi-tier approach to increase and sustain breastfeeding for SEARHC beneficiaries, WIC participants and SEARHC staff. The work of this group was very successful, the breast pump loaner program, breast feeding room at Mt.Edgecumbe Hospital and standardized breast feeding information and support continues.
- In the Healthy People 2000 Project the Surgeon General's position on breastfeeding " Breastfeeding is the best infant feeding choice. Public policy should facilitate breastfeeding and support should be given to nursing employees at the workplace."
- Healthy People 2000 objective for percentage of mothers breastfeeding was 75% unfortunately in 1995 only 60% of women breastfed. Women who breastfed received prenatal breast feeding education, childbirth classes, and postpartum education and assistance. Full-time work and low-socioeconomic status had lower rates of breastfeeding.
- Benefits to employers:
 1. less employee absenteeism due to sick child
 2. lower health care costs
 3. on the job lactation support programs result in higher productivity, higher loyalty, and a faster return to work
 4. attractive to potential employees
- Benefits to women:
 1. babies with reduced illness and allergies
 2. decreased risk of cancer, diabetes, obesity and juvenile rheumatoid arthritis
 3. faster recovery from pregnancy
 4. lower risk of breast and other cancers
 5. emotional benefits: bond with baby and knowing she can nourish her baby
- American Academy of Pediatrics and the American Academy of Family Physicians support breastfeeding for the first 12 months
- Healthy People 2010 Goals:
 - 75% breastfeeding at hospital discharge
 - 50% breastfeeding at 6 months
 - 25% breastfeeding at 12 months

SEARHC Employee Breastfeeding Policy

Policy:

SEARHC will strive to support the employee who is breastfeeding an infant up to one year of age in the workplace.

Background:

Breastfed infants have less illness, and mothers miss fewer days of work to care for sick baby. The department of Health and Human Services has made recommendations for employers of breastfeeding women which are:

1. Prenatal lactation education designed for the working mother
2. Flexible work hours, adequate breaks, job sharing and part-time work
3. Private "Mother's Rooms" for nursing or expressing milk
4. Support groups for working mothers with children

Procedure:

SEARHC provides support to the breastfeeding employee by:

1. Providing prenatal and postpartum breastfeeding education by qualified staff.
 2. A limited number of electric breast pumps are available to loan to SEARHC employees free of charge through the nursing department. To borrow a pump, the following criteria must be met (listed in order of priority)
 - Mom with inadequate milk supply
 - Mom with premature baby
 - Student Mom returning to work and/or school six weeks after delivery
 - Working Mom returning to work six weeks after delivery
- Note: these same criteria are used for SEARHC beneficiaries
3. Employees who breastfeed infants are provided a thirty-minute mid-morning break and a thirty-minute mid-afternoon break to nurse the baby or to pump their breasts. These breaks are for the sole purpose to support breastfeeding and are not to be used for any other purpose.
 4. Employees may breastfeed in the privacy of their own office or in another private location on the SEARHC campus.
 5. Prior to leaving for maternity leave, employees will schedule a time to talk with their supervisor about their breastfeeding intent, and a written plan will be developed (see attached form).

SEARHC Employee and Supervisor Breastfeeding Plan

Employee: _____

Supervisor: _____

The SEARHC Breastfeeding Policy was discussed by the employee and supervisor on _____ and a copy was given to employee.

Plan:

The employee will breastfeed or pump breast milk at _____ a.m. for thirty minutes and at _____ p.m. for thirty minutes. The supervisor and employee will strive to be flexible due to staffing shortages and work requirement. The employee understands this break is for the sole purpose to pump breast milk or to breastfeed her baby. There will be no additional break in the morning or afternoon while the employee breastfeeds. During the term of this contract, the employee will have a thirty-minute lunch break; this break cannot be combined with either of the breastfeeding breaks.

The employee will breastfeed or pump in _____ (specify location). If this location is not available, the supervisor and employee will work together to secure another private space.

The employee must advise her co-workers of her scheduled breastfeeding breaks in order to help ensure the business of SEARHC continues uninterrupted.

This plan will be reviewed by the supervisor and employee as needed. The breastfeeding breaks will last until the infant is one year of age or the employee stops breastfeeding (whichever comes first), in which case she will immediately notify her supervisor.

Release:

I _____ release SEARHC from any responsibility for any illness and/or injury that my baby _____ may sustain while on the SEARHC campus during my breastfeeding breaks. I also understand that any siblings are not to accompany nor be present during these breastfeeding breaks.

Employee signature _____

Employee printed name _____

Supervisor signature _____

Supervisor printed name _____

Date _____

For Business

Breastfeeding: The Best Investment...

Worksite support
of Breastfeeding
employees improves
your bottom line .



When an employee returns from maternity leave, she wants to be productive and profitable...

And a good mother.

That's why so many women are choosing to breastfeed their babies. Breastfeeding keeps babies healthy and helps them grow to their potential. Breastfeeding helps moms and babies stay close even when they are separated much of the day. The World Health Organization, the American Academy of Pediatrics' and other health organizations, recommend exclusive breastfeeding as the preferred source of infant nutrition exclusively through the first 6 months of life with appropriate complementary foods through at least the first year.

When Women breastfeed, they are more productive on the job

- They worry less about the baby
- They miss less work due to illnesses from themselves or the baby

A study in two Southern California corporations found twice as many absences related to a sick baby among employees who did not breastfeed compared with those who did. Among babies who were never sick, 86% were breastfed.

Breastfeeding can mean greater profitability for employers.

The faster growing segment of today's labor force is mothers of infants and young children. Helping these women continue breastfeeding after they return to the worksite can result in:

- Less employee turnover
- Faster return from maternity leave
- Less employee absenteeism
- Reduced overtime or temporary worker cost
- Lower utilization of employee health care benefits

Over one year, Aetna estimates a savings of U.S. \$1,435 on medical claims and of three days of sick leave per breast-fed baby. That's a total savings of \$108,737 - an almost 3-to-1 return on their investment in a worksite breastfeeding support program through medical claims alone.

Employer support of breastfeeding is a reflected in:

- Improved employee morale and loyalty
- Improved images as family-friendly
- Improved recruiting for personnel
- Improved retention of employees after childbirth

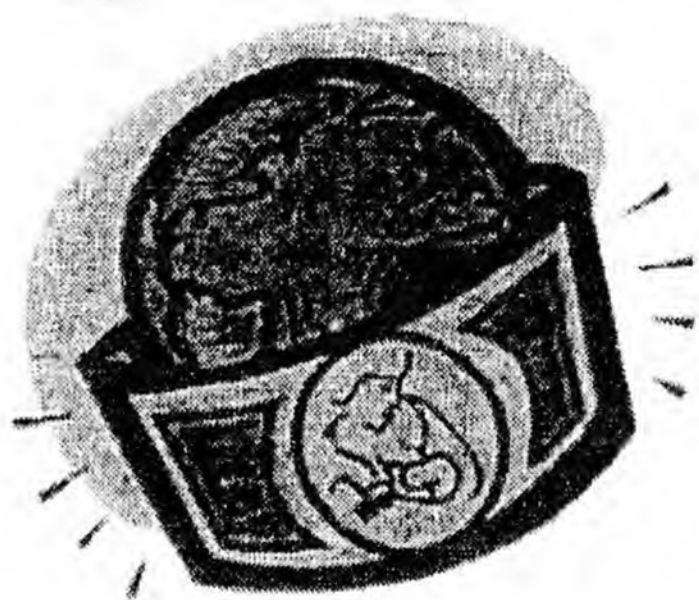
Employees at Los Angeles Department of Water and Power recounted the following benefits of a Corporate Lactation Program:

- 85% state it eased their transition back to work
- 83% feel positive about their employer
- 71% took less time off since being in the program
- 67% were less worried about family problems
- 33% felt that the program enabled them to return to work sooner than anticipated.

A Growing number of companies recognize the benefits of breastfeeding.

Hundreds of companies in the U.S. alone have begun worksite breastfeeding support programs. Company returns on their investment have been substantial.

Sanvita, a worksite lactation support program, has helped companies achieve a \$1.50 to \$4.50 return for each dollar invested.



Companies successfully implementing worksite lactation support programs include Cigna, Eastman Kodak, Eli Lilly, Aetna, the Los Angeles Dept. of Water and Power, the American Academy of Pediatrics, the U.S. Department of Agriculture, the University of Minnesota School of Nursing, the Kentucky Cabinet of Health Services and the U.S. Center for Disease Control and Prevention.

Breastfeeding support can be a powerful contributor to worksite wellness

Breastfeeding provides numerous well-documented health benefits to infants and mothers. These benefits are greatest when human milk is the baby's primary food for at least the first 6 months of life.

Infectious illnesses common in childhood, such as diarrhea, ear infections, and the common cold, are less frequent and less severe among infants who are breastfed. This is especially important for infants and young children in group day care settings, where the risk of infections is increased.

Babies who are breastfed also have a lower risk for death meningitis, childhood cancers, diabetes, obesity, and developmental delays.

Mothers who breastfeed reduce their risk for breast cancer, ovarian cancer and osteoporosis.

Breastfeeding, Baby's Risk of Illness, and Maternal Absenteeism.		
Baby illness	Typical time away from work	Impact of breastfeeding
Diarrhea (not hospitalized)	1 - 2 days	cuts risk by one half to one-third
Ear Infection	1 - 2 days	cuts risk by two-thirds to three-fourths
Respiratory infection	1 - 2 days	cuts risk by three-fourths

Employer support is critical for successful breastfeeding.

Worksite barriers to breastfeeding create added stress for a mother trying to do her best for both her employer and her baby.

- In some instances, a lack of support has kept a mother from returning to an employer or forced her to resign her position.
- In many other instances, worksite barriers keep a mother from even starting breastfeeding, eliminating the opportunity for mother or baby to receive the unique and vital benefits of breastfeeding.

Policies and programs specifically designed to support breastfeeding women are a crucial factor in worksite support. A written policy promotes a corporate environment supportive of breastfeeding.

"Some managers seem to think that participation in wellness programs will interfere with job performance. In fact, such programs help people get their jobs done." - Malcolm Forbes

Components for worksite breastfeeding support programs

To maintain her milk supply, a mother must breastfeed or express milk during the day.

Minimal conditions to support breastfeeding:

- Allowing a 20 to 30 minute break for both morning and afternoon for a mother to nurse her infant or express her milk
- Providing a private, clean area for breastfeeding or milk expression.
- Providing a safe, clean, and cool place or container to store expressed breastmilk.
- Having a clean, safe water source and sink nearby for washing hands and equipment.

Whether a worksite has one breastfeeding woman or one hundred, acceptance of basic breastfeeding needs is the bottom line for support.

Additional worksite provisions for maximal support:

- Flexible work schedules, job sharing, or part-time employment.
- On- or near-site childcare facilities.

- Breastfeeding education and support programs available during pregnancy, maternity leave and after return to the worksite.
- Coverage of breastfeeding consultation services and supplies through the company's wellness program or health benefits plan.

Corporate lactation programs can help women breastfeed as much and as long as women who are not employed outside the home.

Implementing a worksite lactation support program

Business support breastfeeding employees in many ways, often based on employee need and number.

- A flexible policy may be all that is required when employee need is low.
- More extensive facilities, including a specialized pumping or breastfeeding room, may be appropriate with larger numbers of breastfeeding employees.
- Offering classes and support groups can be useful regardless of workforce size, especially when spouses can participate as well.
- Where large numbers of employees participate, many companies contract out for such programs, services and supplies.

Resources:

Bocar DL J. *Perinat Neonat Nurs* 1997; 11:23-43.
 Dodgson JE, Duckett L. *AAQHN J.* 1997;45:290-298.
 Faught L J *Compensation Benefits* 1994: Sept/ Oct: 44-47.
 Thompson PE, Bell P. *Issues Compr Pediatr Nurs* 1997;20:1-9.

References:

1. American Academy of Pediatrics, Work Group on Breastfeeding. *Pediatrics* 1997; 100(6):1035-1039.
2. Cohen R, Mrtek MB, Mrtek RG. *Am J Health Promot* 1995;10:148-53.
3. Danyliw NQ. *U.S. news and World Report*, Dec. 15, 1997. P. 79-81.
4. Sanvita Programs introductory pamphlet, McHenry, IL; Medela Inc, 1993.
5. Sanvita Programs introductory pamphlet. McHenry, IL: Medela Inc., 1994.
6. Bailey, D. *The Potential Health Care Cost of not Breastfeeding*. Pamphlet, Lexington-Fayette County (KY, USA) Health Department, 1993.
7. Cohen R, Mrtek MB, *Am J Health Promot* 1994; 8:436-441.

International Board Certified Lactation Consultants are the health professional specializing in breastfeeding. They can provide guidance and assistance in establishing breastfeeding support systems for employees and providing clinical lactation therapy should problems arise.

For more information, contact:
 International Lactation Consultant Association
 4101 Lake Boone Trail, Suite 201
 Raleigh, NC 27607
 Tel: 919/787-5181
 Fax: 919/787-4916
 Website: www.ilca.org

Sanvita Programs
 Medela, Inc.
 P.O. Box 660
 McHenry, IL 60051-0660 USA
 (800) 822-6688

For local assistance, contact:



Breastfeeding

This paper is part of a series of nutrition policy profiles prepared by Prevention Institute for the Center for Health Improvement (CHI).

Background

According to the American Academy of Pediatrics, human milk is the preferred nutrition source for all infants, including sick and premature infants, except in rare cases.¹ Exclusive breastfeeding (i.e., breast milk as the sole source of food) is the ideal method of feeding infants up to about six months of age, after which breastfeeding should be continued but complemented with other sources of nutrition.

Breastfeeding has been shown to have health benefits for infants, particularly by reducing infectious disease and chronic digestive disease. It also has been implicated as having a long-term impact on growth, health, and development. From an economic standpoint, breastfeeding reduces health care costs and employee absenteeism attributable to childhood illness. In addition, after the first six weeks of lactation, the cost of increased caloric intake for nursing mothers vs. non-nursing mothers is about half the cost of purchasing formula. Thus, savings of \$400 per child for food purchases can be realized.² In spite of well-documented positive effects, the present in-hospital breastfeeding initiation rate in the United States is 64 percent, and duration rate (at six months postpartum) is 29 percent. These percentages fall short of the Healthy People 2010 goals for breastfeeding, which state that the proportion of mothers who initiate breastfeeding should be increased to at least 75 percent, and the proportion of mothers who continue to breastfeed until their infants are six months old should be increased to at least 50 percent.³ Generally, initiation rates for working women do not differ from non-working women. However, in 1997, only 18 percent of full-time working mothers were still breastfeeding their children at six months old, which is below both that of part-time working and non-working mothers.⁴

Policy

Promote breastfeeding practices in workplaces by providing information, materials, and access to comfortable surrounding for mothers and babies.

CIGNA Corporation, the insurance and benefits company based in Philadelphia, has instituted the Working Well Moms lactation program for new mothers, which boasts a current enrollment of over 1,000 women. Nearly 80 percent of CIGNA's 38,000+ employees are women, at an average age of 35. The program provides consultation for mothers with a professional lactation consultant before and after birth and access to a private room equipped with a hospital-grade breast pump, refrigeration, a carry case, and supplies.

The Public Health Foundation Enterprises WIC Program (620 employees; 95 percent women) has a Perinatal Support Program for all pregnant employees (average deliveries are 40 per year). The program provides both educational and emotional support, along with time and space for

mothers to pump milk. Expectant mothers (employees) receive information about pregnancy and breastfeeding through monthly prenatal classes and are also enrolled in a prenatal support group. When a WIC employee goes on maternity leave, the Perinatal Support Program Coordinator assists employees with applications for Family Medical Leave and also advocates for the employee if any insurance issues arise. The employee then chooses a Trained Lactation Coach (TLC) from a pool of other employees who have undergone an eight-hour breastfeeding training. This TLC provides support for the new mother from the initiation (within 24 hours of delivery) throughout the duration of breastfeeding. After employees return to work, they can participate in monthly breastfeeding support groups offered during the workday as they continue to breastfeed. Additionally, new mothers are provided with breast pumps at work and allowed time to pump breast milk at up to four intervals throughout the workday.⁵

Effectiveness

Results from a recent evaluation of Working Well Moms shows that more than 70 percent of women enrolled in CIGNA's Working Well Moms program were still nursing once their babies were six months old, compared to the national average of about 20 percent of employed new mothers. At one year, 36 percent of Working Well Moms participants are still breastfeeding, compared to the national average of 10.1 percent. The research further shows annual savings of \$240,000 in health care expenses for the more than 1,000 women enrolled since the program's inception. CIGNA is also seeing savings on pharmacy costs, as breastfed children require 62 percent fewer prescriptions. In addition, the program saves \$60,000 per year through reduced absenteeism among breastfeeding mothers at CIGNA. Researchers say the program appears to encourage more women to breastfeed and stay with it by breaking down economic and sociological barriers.⁶

Results from the Public Health Foundation Enterprises WIC Program's Perinatal Support Program demonstrate that these WIC employees significantly exceed the national health objectives for breastfeeding. In 1999, all employees participated in the program and initiated breastfeeding. Seventy-six percent continued through at least six months and 55 percent of these employees were still breastfeeding at one year. These rates are consistently higher than the goals set forth by Healthy People 2010, which establish target rates of 50 percent for continuing breastfeeding through six months and 25 percent for continuing breastfeeding through one year. The program's 1999 results are similar to results achieved during the previous three years.

Contact

Karen Meenan
Public Health Foundation Enterprises WIC Program
Tel: (626) 856-6650
Web site: www.phfewic.org

Acknowledgments

Victoria Dickson, CRNP, MSN, Director, Working Well, CIGNA Corporation

Karen Meehan, MPH, RD, Public Health Foundation Enterprises WIC Program, Irwindale, CA

Kiran Saluja, MPH, RD, Deputy Director, Public Health Foundation Enterprises WIC Program, Irwindale, CA

Wendy Slusser, MD, MS, Assistant Clinical Professor, University of California, Los Angeles, CA

Advisory Committee

Kate Clancy, Ph.D., Director of the Henry A. Wallace Center for Agriculture and Environmental Policy at WENROCK International, Rosslyn, VA

Andy Fisher, Executive Director, National Community Food Security Coalition, Venice, CA

Arnell Hinkle, RD, MPH, CHES, Executive Director, California Adolescent Nutrition and Fitness Program (CANFit), Berkeley, CA

Sheldon Margen, MD, Professor Emeritus, Public Health Nutrition, University of California at Berkeley, Berkeley, CA

Marion Nestle, MPH, Ph.D., Chair, Department of Nutrition and Food Studies, New York University, New York, NY

Margo Wootan, D.Sc., Director of Nutrition Policy, Center for Science in the Public Interest, Washington, DC

Prevention Institute's nutrition policy profile series is funded in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention programs.

¹ American Academy of Pediatrics Work Group on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics*. 1994;100:1035-1039.

² Ibid.

³ US Department of Health and Human Services. *Healthy People 2010: Conference Edition*. Vol 2. Washington, DC: US Dept of Health and Human Services; 2000:16-45.

⁴ Hamilton JC. A framework for analyzing health promotion in the workplace: the breastfeeding example. In: Abstract Book of the 16th Annual Meeting of the Association for Health Services Research; June 27-29, 1999; Chicago, Ill;16:394-395.

⁵ Meehan, Karen. Personal communication. March-April 2001.

⁶ Breastfeeding.com. Supporting moms is good business: CIGNA's corporate lactation program pays off. Available at: http://www.breastfeeding.com/workingmom/coro_lact.html. Accessed May 16, 2002.



breastfeeding task force of greater Los Angeles

media, community, health care, government

Breastfeeding Task Force of Greater Los Angeles Press Releases



Left Picture: Cynthia Harding, MPH, Program Director, Maternal, Child and Adolescent Health Program, County of Los Angeles Department of Health Services, Karen Peters, MBA, RD, IBCLC, Executive Director, Breastfeeding Task Force of Greater Los Angeles, Robert Setledge, MD, Medical Director, Maternal, Child and Adolescent Health Program, County of Los Angeles Department of Health Services

FOR IMMEDIATE RELEASE
CONTACT: Grace Adams
PHONE: (310) 938-2682
E-MAIL: gadams@BreastfeedLA.org

Breastfeeding Task Force Applauds County Agency's Move to Support Breastfeeding Employees

Lactation Accommodation and Breastfeeding Support Services Now Available in Los Angeles County Department of Health Services Facilities

Los Angeles, CA, March 16, 2004 — The Breastfeeding Task Force of Greater Los Angeles will present the Family Health Promotion Award to Jonathan E. Fielding, MD, Director of Public Health of the Los Angeles County Department of Health Services for its continuing commitment to support and promote breastfeeding in the workplace upon the opening of the new lactation room, located in the Superior Court Building on 600 South Commonwealth in Los Angeles. This is the second such facility to benefit from the County's breastfeeding support programs. The County's programs provide employees lactation rooms where breastfeeding mothers can express their milk throughout the day with access to hand washing facilities, comfortable accommodations, and support services, including nutrition and breastfeeding information. At this facility, the room will be available to breastfeeding employees of the Department of Health Services and the Superior Court Building.

As of January 2002, the State of California passed a law (AB 1025) requiring employers to provide unpaid break time and a private space to express breast milk during the workday. Breastfeeding friendly workplaces have been shown to decrease employee absenteeism by up to 57% due to the health benefits for both mother and baby, while enhancing employee productivity, loyalty, and morale.

"Women with infants comprise one of the most important segments of the U.S. workforce," said Karen Peters, executive director of the Breastfeeding Task Force of Greater Los Angeles. "We commend the Los Angeles County Department of Health Services for its leadership in providing programs to support a mother's choice to continue to breastfeed when she returns to work. Programs such as this provide health benefits to women and infants, while providing employers' real business benefits such as increased employee retention and lower health costs."

- AI
- About The Members o Breastfeed Contact Ta:
- HOW
- Subscribe f Make a Co Volunteers Mothers for Shop for Ci Donate Aut Download " Newsletters
- Breastfeedi Job Openin
- Upcoming Seminars / Upccoming Meeting Mi
- BREASTF
- Resource [Resource [Free Breas Breastfeed Spanish ar Breastfeed Publication Breastfeed
- OUTRE
- Advocacy / Baby Frien Breastfeed Breastfeed Breastfeed Federal Br Promotion Just Say "f Media Outi World Bre
- PURCH
- Books - La Parenting e Breastfeed

The Breastfeeding Task Force of Greater Los Angeles is a non-profit organization dedicated to educating the public about breastfeeding support and decreasing the societal barriers to breastfeeding. Many mothers fail to breastfeed or prematurely wean because of a perceived or actual lack of support from their employers. The Breastfeeding Works project will decrease those barriers by helping employers to realize the value of supporting breastfeeding working mothers. For more information, please visit its website at www.BreastfeedLA.org

Breastfeed
Paced Lea

STF

Board of D



County of Los Angeles, Department of Health Services, Office of
Communications

241 N. Figueroa Street, Room 348 · Los Angeles, CA 90012

Tel: (213) 240-8144 · Fax: (213) 481-1406

www.ladhs.org

For Immediate Release:

For more information contact:

March 15, 2004

Maria Jacobo at 213/240-8144

Many Women Breastfeed But Stop Too Early

Lactation Rooms in the Los Angeles County Department of Health Services Facilities Receive Award

Los Angeles, CA, March 15, 2004 — According to a report just released by the Los Angeles County Department of Health Services, more mothers in Los Angeles County are initiating breastfeeding (82%). The overall breastfeeding initiation rate is higher now compared to the previous survey (1999) estimated percentage of 79%.

However, disparities persist, with African-American (83%) and Asian/Pacific Islander (78%) women having lower breastfeeding initiation rates compared to Latinas (83%) and White women (90%). Furthermore, breastfeeding rates decline steadily over the infant's first year for all major racial/ethnic groups, with only half of all mothers still breastfeeding their infants at six months of age, and less than one-third at 12 months.

As of January 2002, the State of California passed a law (AB 1025) requiring employers to provide unpaid break time and a private space to express breast milk during the workday. Findings from the 2002-03 Los Angeles County Health Survey revealed that 60% of mothers stopped breastfeeding when they returned to work within six months of giving birth.

"Women with infants comprise one of the most important segments of the U.S. workforce," said Karen Peters, executive director of the Breastfeeding Task Force of Greater Los Angeles. "We commend the Los Angeles County Department of Health Services for its leadership in providing programs to support a mother's choice to continue to breastfeed when she returns to work. Programs such as this provide health benefits to women and infants, while providing employers' real business benefits such as increased employee retention and lower health costs."

The Breastfeeding Task Force of Greater Los Angeles will present the Family Health Promotion Award to Jonathan E. Fielding, MD, MPH, Director of Public Health of the

Los Angeles County Department of Health Services for its continuing commitment to support and promote breastfeeding in the workplace upon the opening of the new lactation room. The County's programs provide employees lactation rooms where breastfeeding mothers can express their milk throughout the day with access to hand washing facilities, comfortable accommodations, and support services, including nutrition and breastfeeding information.

"Exclusive breastfeeding is recommended for the first six months of life", said Jonathan Fielding, MD, MPH, Director of Public Health and County Health Officer. "Lactation programs help working mothers to continue breastfeeding their infants by providing a clean, private place to express milk during the workday. Programs such as this have a positive impact in extending breastfeeding duration."

For a copy of the complete study on Breastfeeding Practices in Los Angeles County, visit: www.lapublichealth.org/ha

Health survey background: The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on socio-demographic characteristics, health status, health behaviors and access to health services among adults and children in the County. The 2002-03 survey collected information on a random sample of more than 8,000 adults and nearly 6,000 children with interviews offered in six languages.

Public Health is committed to protecting and improving the health of the nearly 10 million residents of Los Angeles County. Through a variety of programs, community partnerships and services, Public Health oversees environmental health, disease control and community and family health and comprises more than 4,000 employees with an annual budget exceeding \$800 million.

Support to lactating moms in the workplace is important. It allows breastfeeding moms balance work and family life and most certainly enable them to successfully provide their infant children the best nutrition available.

The Breastfeeding Task Force of Greater Los Angeles, through its Breastfeeding Works Program, recognizes the efforts of companies who understand the need to provide an environment for its employees to achieve a balanced work and family life. Twice a year, the task force will recognize companies that provide lactation accommodation programs with the Family Health Promotion Award.

To apply and be considered for this award, please complete our on-line application. Applications will be considered twice a year. Deadlines will be on January 15th and June 15th of each year.

[Click here for more information.](#)

[Home](#) | [Terms of Use](#) | [About Us](#) | [Contact Us](#) | [Search Site](#)

© 1998-2005 The Breastfeeding Task Force of Greater Los Angeles - www.BreastfeedLA.org. All rights reserved. Visit www.Breastfeedingworks.org for more information on California Lactation Accommodation for Employers.

Phone/Fax: 213-596-5778. E-mail: Info@BreastfeedLA.org with questions or comments. Site by ATTACH.

EXCERPT FROM:

Alaska in Action

Statewide Physical Activity and Nutrition Plan



**Dept. of Health & Social Services
Division of Public Health**

Governor, Frank Murkowski
Commissioner, Karleen Jackson
P.O. Box 240249
Anchorage, AK 99524-0249
Telephone: (907) 269-8000
Web: <http://www.hss.state.ak.us/dph/>
Nov 2005

Increase Healthy Food Choices



Aim 3.7:

Alaskan mothers breastfeed their infants and toddlers

Educational Strategies:

- Conduct social marketing and media campaigns that highlight the benefits of breastfeeding

Program Strategies:

- Work collaboratively with the Alaska Breastfeeding Coalition and the Alaska WIC Program Loving Support social marketing campaign to promote and support breastfeeding efforts
- Work with healthcare providers and within healthcare systems to provide breastfeeding education and peer support

Policy and Environmental Strategies:

- Implement policies that support and encourage breastfeeding in healthcare settings (example: "Ten Steps to Successful Breastfeeding" recommendations developed by the World Health Organization and United Nations Children's Fund)
- Create and implement workplace policies that support breastfeeding, such as adequate break time and a private space for expressing milk



Aim 3.8:

Alaskans of all ages consume the recommended amount of fruits and vegetables

Educational Strategies:

- Implement a campaign promoting the health benefits of including fruits and vegetables into a healthy diet
- Implement a campaign encouraging the consumption of frozen and canned fruits and vegetables in rural areas, where fresh produce is often unavailable and expensive
- Provide Alaskans with recommendations on how to incorporate fruits and vegetables into daily eating routines
- Distribute "5-a-Day the Alaskan Way" materials to rural communities and stores

Program Strategies:

- Collaborate with rural vendors, food distributors and retailers on marketing of fruits and vegetables in rural areas
- Collaborate with retailers, wholesalers and food industry representatives on promoting fresh fruits and vegetables

Policy and Environmental Strategies:

- Develop and implement competitive pricing strategies for fruits and vegetables within Alaska
- Collaborate with retailers, wholesalers, and food distributors, as well as worksite and school personnel to ensure that fruits and vegetables are available and affordable in schools and worksite settings
- Develop and implement incentive systems for using food stamps for the purchase of fruits and vegetables



» Home

- Staff
- New MANMED Article 15-112
- Instructions
- Breast Care Centers
- **Breastfeeding**
 - The Breast
 - About Breast Milk
 - Mechanics of Breastfeeding
 - Mom's Diet
 - Involving Dad
 - Just for Fun
- Depo-Provera Information
- Emergency Contraception
- Family Violence

Why Breastfeed?

Breast feeding is best for baby, mom, families, and the world.

Best for Baby:

- promotes growth and development
- increased intelligence (higher IQ's) (*JAMA* 2002;287(18):2365-2371)
- better brain and nervous system development
- decreased risk of cancer and diabetes
- decreased respiratory infection during the first year of life (*Arch Dis Child* 2003;88:224-228)
- decreased incidence of Sudden Infant Death Syndrome (SIDS)
- decreased risk of heart disease later in life
- decreased development of obesity (*Lancet* 2002;359:2003-2004)
- decreased early development of multiple allergic diseases (*Arch Dis Child Dec* 2002;87(6):478-481)
- decreased otitis media (ear infections) (*JAMA* 1999;282(22):2167-2169)
- increased bone density
- promotes healthy tooth and jaw development
- may decrease development of celiac disease (*Am J Clin Nutr* 2002;75:914-921)
- may decrease development of Rheumatoid Arthritis (RA) later in life (*BMJ* 2003;326:1068-1073.)



Best for Mom:

- decreased risk of breast (*The Lancet*;360:187)
- decreased ovarian cancer
- decreased risk of anemia
- helps body return to pre-pregnant state quicker
- may delay ovulation and menstruation
- decreasing occurrence of death from rheumatoid arthritis the longer the mom breastfeeds
- sweeter smelling diapers

Best for Families:

- more economical
- less time spent preparing bottles
- fewer missed work or school days due to the baby being sick
- special bonding time for siblings and dad

Best for the World:

- a natural resource
- healthier future generation
- reduces the cost of health care
- reduces tax burden on government and communities
- decreases absenteeism in the workplace

The Breast | About Breastmilk | Mechanics of Breastfeeding | Mom's Diet | Involving Dad | Just for Fun

Bureau of Medicine and Surgery, Department of the Navy, 2300 E Street, NW, Washington, DC 20372-5300
This is an official U.S. Navy Web site. This is a Department of Defense (DOD) Interest computer system.
[Privacy Policy](#) | [U.S. Navy](#) | [Navy Jobs](#) | [FOIA](#)



Powered by
NAVY MEDICINE ONLINE

Study: Breast-feeding may protect moms from diabetes

CHICAGO, Illinois (AP) – Breast-feeding is thought to protect babies from developing diabetes. Now research suggests it might even help keep their mothers from getting the disease, too. 11/23/05

A study found that the longer women nursed, the lower their risks of developing diabetes.

The findings are far from conclusive, but the researchers say breast-feeding may change mothers' metabolism in ways that make the possible connection plausible.

These metabolic changes may help keep blood sugar levels stable and make the body more sensitive to the blood sugar-regulating hormone insulin, said Dr. Alison Stuebe, the study's lead author and a researcher at Brigham and Women's Hospital in Boston, Massachusetts.

That theory is partly based on evidence in rats and humans showing that breast-feeding mothers had lower blood-sugar levels than those who did not breast-feed.

The new study, published in Wednesday's *Journal of the American Medical Association*, involved 157,000 nurses who participated in two long-running health studies.

They filled out periodic health questionnaires and were followed for at least 12 years. During the study, 6,277 participants developed type 2 diabetes.

Women who breast-fed for at least one year were about 15 percent less likely to develop type 2 diabetes than those who never breast-fed. For each additional year of breast-feeding, there was an additional 15 percent decreased risk.

But both breast-feeders and bottle-feeders studied faced very low absolute risks of developing the disease.

In the first study, which began in 1976, 6.3 percent of women who breast-fed less than one year or not at all developed diabetes, compared with 5.5 percent of women who breast-fed for more than a year.

In the second study, which began in 1989, the rates were 1.9 percent and 1.1 percent respectively.

"If it does have an effect, it's very small," said Dr. Lisa Schwartz of Dartmouth Medical School, co-director of a research group that studies how medical information is sometimes hyped. She was not involved in the breast-feeding study.

With diabetes the nation's sixth-leading cause of death and 82 million U.S. women of childbearing age, even a small risk reduction could have a big effect, Stuebe said.

Continuous breast-feeding for at least one year appeared to be slightly better than breast-feeding each child for shorter durations, but the differences were minimal, Stuebe said.

Schwartz said the results may reflect the healthy lifestyles of women who breast-feed rather than breast-feeding itself.

But the researchers said that taking habits such as exercise, diet and smoking into account did not change the results.

Dr. Ruth Lawrence of the University of Rochester in New York, author of a medical textbook on breast-feeding, called the results compelling.

She noted that previous research has suggested breast-feeding might reduce women's risk of breast and ovarian cancer and osteoporosis.

If diabetes could be added to that list, the effect would be substantial, Lawrence said.

Breast-feeding has numerous health benefits for babies, too, so encouraging mothers to nurse "is kind of a win-win from a public health standpoint," Stuebe said.

Copyright 2005 The Associated Press. All rights reserved. This material may not be published, broadcast, rewritten, or redistributed.



EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE

BREASTFEEDING SUPPORT: PRENATAL CARE THROUGH THE FIRST YEAR

MONOGRAPH

AWHONN 
*Association of Women's Health,
Obstetric and Neonatal Nurses*

pacifier, bottle or formula; and 33% who had breastfeeding problems in the hospital reported they had received no help from the hospital staff (USDA, 1997).

Maternal Employment and Breastfeeding

One of the most prevalent barriers that women have reported to continued breastfeeding is the return to work. Specific problems for continued breastfeeding that women have identified include fatigue; insufficient milk supply; infant refusal to breastfeed; an unsupportive supervisor; lack of time, including the ability to schedule breaks; lack of privacy for expression of breast milk; and inadequate storage for breast milk (Hills-Bonczyk, Avery, Savik, Potter & Duckett, 1993; Kearney & Cronenwett, 1991; Thompson & Bell, 1997).

Although there are many barriers to returning to work while continuing breastfeeding, employer programs that included provision of electric breast pumps, educational programs about combining employment and breastfeeding and availability of a lactation room have contributed significantly to the duration of breastfeeding women in those companies (Cohen & Mrtek, 1994). Obstacles to breastfeeding and returning to work can be overcome given a supportive home and work environment. Nurses, primary care providers and lactation consultants can play an important role in solving problems related to breastfeeding and workplace issues such as identifying whether a woman is choosing to bottle feed because she perceives barriers to breastfeeding when she returns to work.

Contraindications to Breastfeeding

There are a few important instances in which breastfeeding is contraindicated. The American Academy of Pediatrics indicates that an infant with galactosemia, an infant whose mother abuses drugs, an infant whose mother has untreated active tuberculosis or an infant whose mother is infected with human immunodeficiency virus (in industrialized countries) should not breastfeed (AAP, 1997).

Occasionally a mother may need to take medication that makes it necessary to interrupt breastfeeding. Many medications are safe for mothers to take while breastfeeding, but some may not have been tested in nursing women to determine the effect on the breastfed child. Experience with and knowledge of categories of drugs and their effects should serve as a guide for health care providers. Drugs prescribed for lactating women should be evaluated before prescribing. Many women with complex chronic diseases such as diabetes, hypertension or epilepsy who require medication may be able to breastfeed successfully. All women who breastfeed should be aware of the importance of checking with their primary care provider, as well as the child's pediatrician or nurse practitioner, before taking prescription or nonprescription medications, vitamins or herbal supplements. Pharmacists may also serve as a resource for guidance regarding medications and their effect on breast milk. Individuals providing lactation support should consult professional resources on the use of medications and breastfeeding as necessary. Several excellent resources are available, including *Medications and Mothers' Milk* (Hale, 1999) and *Drugs in Lactation* (Briggs, 1997).

LETTERS OF SUPPORT

For

PROPOSED SEARHC Employee Breastfeeding Policy



COMMUNITY HEALTH SERVICES

SouthEast Alaska Regional Health Consortium

222 Tongass Drive, Sitka, AK 99835
907 966-8710 • www.searhc.org

MEMORANDUM

TO: BILL PERKET
FROM: SITKA EMPLOYEE WELLNESS TEAM
SUBJECT: SEARHC EMPLOYEE BREASTFEEDING POLICY
DATE: 19 DECEMBER, 2005
CC: SUSAN HENNON, PRISCILLA SKANNES, LISA SADLEIR-HART

The Sitka Employee Wellness Team would like to endorse the proposed SEARHC Employee Breastfeeding Policy. Breastfeeding provides a host of well-documented health benefits to both the infant and mother. Infants who are breastfed for the first 6 months of life experience less: infectious illnesses common in infancy and are less frequent and severe if infants are breastfed. We also know that breastfed babies have a lower risk for meningitis, childhood cancers, diabetes, obesity and developmental delays (1). Mothers are also protected from disease when they breastfeed. They are less likely to develop breast cancer, ovarian cancer, osteoporosis and type 2 diabetes (2,3). This strong evidence translates in to less absenteeism and being more present at work when mothers worry about their infant.

Employer support is critical for successful breastfeeding. Currently in Alaska, 91% of women initiate breastfeeding, but by 6 months of age only 48% continue breastfeeding and it drops to 29% by 12 months of age (4). Policies and programs designed to support working breastfeeding women really can make a difference. They send a message that the work environment supports breastfeeding, and they lead to:

- Less employee turnover
- Easier transitions back to work
- Less worrying about family problems
- Reduced overtime or temporary worker cost
- Lower utilization of employee health care benefits (5)

In order for a worksite breastfeeding support program to work, the following components need to be in place:

- 20-30 minute break in the morning and afternoon for a mother to nurse or express her milk
- provision of a private, clean area for breastfeeding or milk expression
- provision of a safe, clean and cool place or container to store expressed breastmilk
- provision of a clean, safe water source and sink for hand and pump washing

The policy being put forth by the Juneau breastfeeding support team meets these guidelines and will improve the health and wellbeing of SEARHC's workforce.

REFERENCES

1. American Academy of Pediatrics, Work Group on Breastfeeding. Pediatrics 1997; 100(6): 1035-1039.
2. Doraine Bailey, MA. Breastfeeding: The Best Investment; International Lactation Consultant Association; 1998.
3. Breastfeeding May Protect Moms against Diabetes and more; Juneau Empire, 12/1/2005.
4. Alaska in Action: Statewide Physical Activity and Nutrition Plan. November 2005, p. 24.
5. Doraine Bailey, MA. Breastfeeding: The Best Investment; International Lactation Consultant Association; 1998.

Debi Ballam RN, IBCLC
Bartlett Regional Hospital
3260 Juneau, AK 99801
907-796-8975
3 January 2006

SEARHC Executive Management Team,
Juneau, AK

Dear Searhc Executive Management Team,

I am writing in support of the proposed Consortium wide breastfeeding policy for SEARCH staff. Risks of formula feeding and benefits of breastfeeding are well documented. Human milk cannot be replaced without costs to the health of the infant, the mother, the family and therefore our communities. Exclusive breastfeeding for 6 months, with breastfeeding and other foods after the first six months, is the infant feeding practice recommended by the American Academy of Pediatrics, the American Academy of Family Practice Physicians, The Association of Women's Health, Obstetrical and Neonatal Nurses, and the US Public Health Service. The US Public Health Service Healthy People 2010 goals include increasing the duration of breastfeeding to at least one year.

If women are to meet the goals of providing breastmilk for their babies beyond the newborn period, many will be returning to the workforce as nursing mothers. Research indicates that "Returning to Work" is listed in the top 3 reasons American mothers state for premature weaning from the breast. All the above listed Public Health and Professional Organizations encourage employers to provide support for breastfeeding mothers in the workplace.

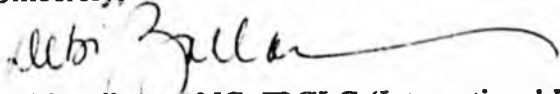
The proposed Consortium wide policy gives mothers the needed support to express their milk. A Consortium wide policy also endorses SEARHC's commitment to breastfeeding.

Breastfeeding provides many benefits to employers, including improved job satisfaction, less absenteeism (babies are healthier), and employee retention.

In my personal experience as a Lactation Consultant assisting women with breastfeeding over the past 20 years, I know that many women return to work breastfeeding. Some mothers in my practice have been very supported in their work environments, and this, along with their own commitment, has allowed them to provide breastmilk to their infants for a year or longer. These women also have increased job satisfaction. This is ideal. However, mothers who do not have support from their employers are more likely to wean prematurely. This often results in health consequences for their baby of increased constipation, illness, and the resultant increased health care costs and absenteeism. Lack of breastfeeding support also increases the likelihood these mothers will leave their jobs altogether.

All of your employees work for an organization committed to providing excellent health care and health promotion to the population they serve. Your employees deserve the same health promotional support. Employees who are supported in their own endeavors to provide breastmilk for their babies, will be more likely to encourage their clients to do likewise, and can provide role models for doing so. I encourage you to place breastfeeding support important enough to endorse this consortium wide breastfeeding policy.

Sincerely,

A handwritten signature in cursive script, appearing to read "Debi Ballam", with a long horizontal flourish extending to the right.

Debi Ballam, RNC, IBCLC (International Board Certified Lactation Consultant)

January 17 2006

Dear members of the Executive Management Team,

I would like to voice my strong support for the proposed employee breastfeeding policy. This policy will directly benefit our children and our mothers, as well as be a solid business decision.

Breastfeeding is known to be especially good for babies' immediate health and long-term development. Breastfeeding is positively linked to improved mental, emotional and physical development, and it strengthens babies' immune systems, thereby, reducing risk of common infectious diseases such as ear aches. Breastfeeding also reduces chronic disease and allergy risks later in life – heart disease, obesity, arthritis and tooth and jaw diseases are all shown to be mitigated by breastfeeding as an infant. By promoting breastfeeding we will be constructively addressing many of SEARHC's priority health concerns.

Not only does breastfeeding benefit the health of our children it is also known to improve the health of mothers. By breastfeeding their children, mothers will reduce their risk of breast and ovarian cancers, anemia, obesity and diabetes. Furthermore, by promoting breastfeeding SEARHC will be demonstrating powerful support for working mothers, providing important emotional support.

By boosting the morale of our working mothers, SEARHC will undoubtedly improve employee loyalty. Businesses that have instituted strong pro-breastfeeding policies have demonstrated decreased employee turnover and more successful recruiting efforts. Employees at the Los Angeles Department of Water and Power stated that the breastfeeding policy eased their transition back to work, improved the image of their employer, resulted in them taking less time off of work, and reduced family worries and stress.

By improving the health of both child and mother, work place breastfeeding policies are directly linked to decreased sick days and employee absenteeism. Also, improved health of children and workers means reduced health care costs for SEARHC.

The proposed breastfeeding policy for SEARHC is a positive step that is in line with both the Statewide Physical Activity and Nutrition Plan and the SEARHC Strategic Plan. The bottom line is that this policy is good business, as well as good health.

Thank you,



Nathaniel Mohatt
Health Promotion Manager
SEARHC Juneau Medical Center

Subject: Re: Breastfeeding policy

From: mawad <mohamed.awad@searhc.org>

Date: Tue, 29 Nov 2005 12:40:42 -0900

To: Susan Hennon <susan.hennon@searhc.org>

CC: Tom Bornstein <tom.bornstein@searhc.org>

Hi Susan

I am glad you could see first hand how busy we could be up here in dental.

Regarding the breast feeding policy, We are in big support for its implementation, we did not have a written policy per say, but we have an internal regulation we enforced more than one time with pregnant employee.

In the past we had adjusted the schedule to provide the nursing employee with two 15 minutes breaks(for breast pumping basically) one for the morning and one for the afternoon.

I believe it is crucial for promoting healthy growth for the babies and promote the mother health and improve the morals with the employees.

after all they are our employee who returned to work as soon as they could and their healthy children would support our ultimate goals to promote health and the well being.

Please feel free to use this e-mail as our support for your effort for the policy.

Mohamed

Susan Hennon wrote:

Hi Dr. Awad,

Boy, you all are busy up there! I went up to try to catch you, but there was no way!

So...you had mentioned at the CWILT meeting in October that Dental has a breastfeeding employee policy in place and that it works great.

Do you have the policy in writing?

Would you be willing to write a brief letter in support of the policy we are pursing?

Is there any information you need to do that?

Give me a call - I'll be gone all next week. Priscilla Skannes and I are trying to get this ball rolling.

Susan:)

January 18, 2006

SEARHC Executive Management Team

Dear Executive Management Team,

SUBJECT:

SUPPORT FOR SEARHC WIDE BREASTFEEDING FRIENDLY WORKPLACE INITIATIVE

In the spirit of SEARHC's 2006-2011 Strategic Goals regarding disease prevention, wellness and exploration of opportunities to integrate medically sound complementary health care, I proudly write this letter of support for a SEARHC Wide Breastfeeding Friendly Workplace Initiative. I am sure, by now, you have been showered with data which details the health benefits of breastfeeding to the baby, mother and environment as well as the financial benefits for the employer. We are quite aware breastfeeding decrease risk of developing diabetes, obesity and certain cancers.

I am a Registered Dietitian, life long Alaskan and mother of two breastfeed (one currently) boys. I would have had an extremely difficult time successfully providing breast milk for my babies after returning to work if not for the excellent support from my supervisors and co-workers. Many, too many, mothers stop breastfeeding right around 3 months – the time when they return to work. SEARHC EMTs' support of this initiative could foster a consortium wide acceptance and assistance to help guide mothers and babies who otherwise thought it impossible to continue to provide breast milk after returning to work. I feel blessed to be working in a department that supports prevention and breastfeeding; however I do know breastfeeding (pumping) is not universally supported throughout the consortium. At one point, I was given a very old HR policy, that basically stated "No children in the workplace." This was given to me as a direct result of me nursing my infant son while on a break.

On a positive note - testimony.... With my first son we had quite a learning curving to breastfeeding. It was very stressful, and as an RD, I knew the benefits of breastfeeding and was determined to make it work. After months of struggling to get our breastfeeding relationship set, things started to settle in. I had been pumping breast milk from days after birth, and was a pro at it by the time, my Health Promotion supervisor arranged for a department training retreat in Sitka. Needless to say I was nervous to leave this baby I had worked so hard to keep him on breast milk and off infant formula. My big blue breast pump and I boarded the jet to Sitka. A sick feeling came over me as I sat in the CHS conference room. I FORGOT PART OF THE BREAST PUMP! My world came crashing down. How would I keep my milk supply up? What would I have to feed him when I get home? Lisa Sadlier-Hart my supervisor saw the color wash from my face and my distant and distracted look. She asked what was wrong and I explained my situation. By noon that same day, Lisa handed me an entirely new breast pump replacement kit. We never missed a beat – I breastfeed that boy for 13 months. Son #2 is 20 months old and still nursing!

Breast feeding: Health Promotion and Disease Prevention for the next generation.

Be Well,

Janai M Meyer RD LD

11226 Beachwood RD

Ketchikan, AK 99901

Janai.meyer@gci.net

December 12, 2005

Rose Wysocki
2917 Jackson Rd
Juneau, AK 99801

Re: Breastfeeding Policy

To Whom It May Concern,

This letter is in support of the Breastfeeding policy developed by Susan Hennon and the WIC staff. I returned to work when my daughter was only 6 weeks old and have been pumping all year. The benefits of mother's milk have been critical in maintaining my daughter's immune system, which is certainly tested at daycare where boogers, fevers and coughs are passed around more than a basketball at Gold Medal.

While it has been tough to return to work and leave my baby at daycare, having the ability to pump a few times a day has eased that transition. Pumping has allowed me to focus fully on work as I know that my daughter is still getting what she needs from me, even though I am not able to nurse her during the day.

I fully support this policy and applaud SEARCH for supporting breastfeeding mothers and healthy babies!

Sincerely,



Rose Wysocki
Nursing Mother

December 2, 2005

Allison Rhyner
3245 Hospital Drive
Juneau, Alaska 99801
907-463-4001
allison.rhyner@searhc.org

Re: Breast Pumping Room Policy

Dear SEARHC and CWILT,

I wanted to take this time to express my appreciation to Susan Hennon and the WIC staff for providing the breast pumping room for breast feeding mothers. I have a 5-month old son, Tyler that I am still breastfeeding and this works very well for me. I have had the chance to experience this opportunity, and I am VERY thankful!

I usually go over for about 20 minutes, I find this very convenient and useful. The set up of the room is very private and comfortable, making it a lot more relaxing for the pumping process.

Again, I would like to express my appreciation for making this apart of the SEARHC Juneau Campus.

Sincerely,



Allison Rhyner
Breastfeeding Mother

HB

1922



Alaska State Legislature

Mike Doogan
Representative
District 25, Anchorage

SPONSOR STATEMENT

HB 192

An Act relating to notification to teachers of layoff or nonretention.

Alaska Statute currently requires school districts to inform tenured teachers they will be laid off or not retained for the following school year by March 16, while teachers who have not acquired tenure must be notified by the final day of the school term.

HB 192 changes the notification date for lay off or nonretention of tenured teachers from March 16 to the final day of the school term, the same notification deadline mandated for non-tenured teachers. The reason for this change is school districts do not know what their budget for the following school year will be by the middle of March.

While school districts can project or make reasonable guesses, they do not know with certainty what the state's contribution to education is going to be until the end of the legislative session. In the face of inadequate information, it is unreasonable to require school districts to send pink slips to tenured teachers in the middle of March simply because they are uncertain if they will have adequate funds to retain the teachers by the time the legislature has passed an education funding budget.

State Capitol
Juneau, AK 99801
907-465-4998 or 800-689-4998
Fax 907-465-4419

716 West 4th Avenue
Anchorage, AK 99501
907-269-0216
Fax 907-269-0218

Rep.Mike.Doogan@legis.state.ak.us



Alaska State Legislature

Mike Doogan
Representative
District 25, Anchorage

SECTIONAL ANALYSIS

HB 192: "An Act relating to notification to teachers of layoff or nonretention."

- Section 1:** Amends AS 14.20.140(b) to stipulate all teachers, not just non-tenured teachers, are to be notified by an employer of layoff or nonretention on or before the last day of the school term or by registered mail postmarked on or before the last day of the school term.
- Section 2:** Amends AS 14.20.180(b) to comply with AS 14.20.140(b), not AS 14.20.140(a), which is repealed in Section 3 of the bill.
- Section 3:** AS 14.20.140(a), which stipulates tenured teachers must be notified by an employer of layoff or nonretention before March 16, is repealed.

State Capitol
Juneau, AK 99801
907-465-4998 or 800-689-4998
Fax 907-465-4419

716 West 4th Avenue
Anchorage, AK 99501
907-269-0216
Fax 907-269-0218

Rep.Mike.Doogan@legis.state.ak.us

Sec. ~~14.20.140~~. Notification of lay off or nonretention.

(a) If a teacher who has acquired tenure rights is to be laid off under AS 14.20.177 or is not to be retained for the following school year, the employer shall notify the teacher of the layoff or nonretention by writing, delivered before March 16, or by registered mail postmarked before March 16.

(b) If a teacher who has not acquired tenure rights is to be laid off under AS 14.20.177 or is not to be retained for the following school year the employer shall notify the teacher of the layoff or nonretention by writing delivered on or before the last day of the school term or by registered mail postmarked on or before the last day of the school term.

(c) Notwithstanding a teacher's right to continued employment under AS 39.20.500 - 39.20.550, a school district may notify a teacher of layoff or nonretention under this section for the following school year for a permissible reason.

AMENDMENT

OFFERED IN THE HOUSE
TO: HB 192

BY REPRESENTATIVE DOOGAN

1 Page 1, lines 3 - 13:

2 Delete all material and insert:

3 **** Section 1.** AS 14.20.140 (a) is repealed and reenacted to read:

4 (a) If no bill containing public school funding under AS 14.17.410 passes both
5 houses of the legislature on or before March 1, the employer shall notify a teacher who
6 is to be laid off under AS 14.20.177 or is not to be retained for the following school
7 year of the layoff or nonretention by writing delivered on or before the last day of the
8 school term or by registered mail postmarked on or before the last day of the school
9 term.

10 *** Sec. 2.** AS 14.20.140(b) is repealed and reenacted to read:

11 (b) If a bill containing public school funding under AS 14.17.410 passes both
12 houses of the legislature on or before March 1, the employer shall notify a teacher who
13 is to be laid off under AS 14.20.177 or is not to be retained for the following school
14 year by writing delivered on or before

15 (1) March 16, or by registered mail postmarked before March 16 for a
16 teacher who has acquired tenure rights; or

17 (2) the last day of the school term or by registered mail postmarked on
18 or before the last day of the school term for a teacher who has not acquired tenure
19 rights.

20 *** Sec. 3.** AS 14.20.180(b) is amended to read:

21 (b) An employer that has decided to nonretain a tenured teacher shall provide
22 the teacher with written notice, including a statement of cause and a complete bill of
23 particulars. The notice must comply with AS 14.20.140(a) or (b), whichever is ?

1 applicable."

HB

1988

Representative Mike Hawker

Alaska State Legislature



House Bill 198 Sponsor Statement

Session:

State Capitol
Juneau, AK 99801
907 465-4949 direct
800 478-4950 toll free
907 465-4979 fax

Interim:

716 W 4th Avenue
Anchorage, AK 99501
907 269-0244 office
907 269-0248 fax

Member:

House Finance Committee
Legislative Budget
& Audit Committee

House District 32:

Eagle River
Anchorage
Rainbow
Indian
Bird
Girdwood
Portage
Whittier
Sunrise
Hope

Short Title: Senior Assistance Payment Program

HB 198 establishes the Alaska Senior Assistance Program to provide cash assistance payments to low-income Alaska seniors.

The existing Senior Care Program, which is scheduled to sunset June 30, 2007, is amended to remove the little used prescription drug benefits and increase monthly cash payments to Alaskans, age 65 and older, based on their incomes related to federal poverty level guidelines adjusted for Alaska (FPL-A). Monthly payments are:

- \$250 per month to individuals with income less than 75% of FPL-A
- \$175 per month to individuals with income from 75% to less than 100% of FPL-A
- \$125 per month to individuals with income from 100% to less than \$135% of FPL-A

The Alaska Senior Assistance Program combines desirable features of both the Longevity Bonus and Senior Care programs into a single needs based structure that delivers real help to low-income seniors across Alaska. Program enrollment is open to all qualifying seniors.

The new Alaska Senior Assistance Program sunsets June 30, 2011 if not reauthorized.

House Bill 198
Sectional Analysis

Prepared by Representative Mike Hawker's Office

- Sections 1-5:** These sections correct references to the senior care and longevity bonus programs to reflect the new senior assistance program.
- Section 6:** Establishes the senior assistance payment program and specifies the duties for the Department of Health and Social Services with respect to the program.
- Section 7:** Specifies the qualifications for entrants to the senior assistance program, the process for application, and the amount of payment.
- Section 8:** Specifies the residency requirements for program participants and removes a reference to the senior care prescription drug program, which is repealed in this bill.
- Sections 9,10, 12:** Remove or correct references to the senior care prescription drug program, which is repealed in this bill.
- Section 11:** Establishes the Alaska senior assistance fund, which is used by the Department of Health and Social Services to make senior assistance payments.
- Sections 13-14:** Provide a sunset date for the Alaska senior assistance program in 2011 and make technical corrections to the uncodified law of the State of Alaska enacted by Ch. 89, SLA 2005 (HB 106).
- Section 15:** Repeals the longevity bonus program (44.64.030(a)(34), 47.08.060(c)(8), 47.45.010-47.45.160) and the previous senior care prescription drug benefit (47.45.320).
- Section 16:** Transfers any remaining assets from the senior care program to the senior assistance program.
- Section 17:** Provides authority for the Department of Health and Social Services to adopt regulations and specifies that the current regulations stay in effect until the new regulations are effective.
- Section 18-20:** Effective date provisions to make the senior assistance program take effect June 30, 2007.



United States Department of
Health Human Services

2007 HHS Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$10,210	\$12,770	\$11,750
2	13,690	17,120	15,750
3	17,170	21,470	19,750
4	20,650	25,820	23,750
5	24,130	30,170	27,750
6	27,610	34,520	31,750
7	31,090	38,870	35,750
8	34,570	43,220	39,750
For each additional person, add	3,480	,350	4,000

SOURCE: *Federal Register*, Vol. 72, No. 15, January 24, 2007, pp. 3147-3148

Needs-based the way to go

House has a better idea than bringing back longevity bonus

(Published: March 18, 2007)

Instead of restoring the longevity bonus, which paid millions to only some seniors, the core House leadership wants the state to distribute monthly checks to all low-income seniors.

Yes, it would be a needs-based program. Offensive words to some, but the right words. A community should first help those in need, and government is the means for carrying out a community's responsibilities.

Yes, it is contrary to the governor's campaign promise to restore the longevity bonus program, which handed out payments regardless of a recipient's income, but better that the state distribute cash to needy seniors than send checks to those not in need.

Yes, it would add to the budget, but not as much as full restoration of the longevity bonus. Most important, the proposed senior assistance program would make a long-term difference in the lives of thousands of Alaskans who greatly need the help.

A strong contingent of House Republican leaders is behind the change: Speaker John Harris of Valdez, Majority Leader Ralph Samuels of Anchorage, House Finance Committee Co-Chairs Kevin Meyer of Anchorage and Mike Chenault of Nikiski, Rules Chair John Coghill of North Pole, and the prime sponsor, Ways and Means Committee Chair Mike Hawker of Anchorage. Republican Rep. Anna Fairclough of Eagle River and Democratic Reps. Mike Doogan of Anchorage and Richard Foster of Nome added their names Friday to the list of supporters.

We hope House Bill 198 picks up even more support at its first public hearing, set for Thursday afternoon in the House Health, Education and Social Services Committee.

Restoring the longevity bonus means spending an estimated \$34 million next year to hand out checks to perhaps 13,000 Alaska seniors. Gov. Sarah Palin pledged during last year's campaign to bring back the popular program that her predecessor, Frank Murkowski, had stopped in 2003.

But bringing back the program would bring back the unfairness and legal uncertainties of giving away state money to seniors who got into the program by the 1996 cut-off, but no money to anyone after that. What if the courts decide such an arbitrary line for state spending is unconstitutional, opening the program to new applicants? The cost would rise dramatically, beyond what the state could afford.

And bringing back the program would restore the practice of giving millions in public funds to seniors who could use the gift but, honestly, don't need it. With so many other problems in the state -- schools, health care, public safety -- the Legislature should write checks for needs, not wants.

The proposed senior assistance program would distribute monthly checks of \$125, \$175 or \$250, depending on each household's income as a percentage of federal poverty guidelines. The amounts are comparable to the old longevity bonus checks, and would apply to all eligible seniors -- not just those lucky ones who qualified by 1996.

The program also would be similar to the low-income SeniorCare payments established by Gov. Murkowski after he stopped the longevity bonus checks. But the payments would be higher for the lowest-income households. Meanwhile, the SeniorCare program will end June 30 unless extended by lawmakers.

That makes this the right time to make a change.

It's estimated the new assistance program would cost \$20 million a year. That's less than bringing back the longevity bonus, but still a sizable commitment to helping seniors.

Rep. Hawker and his colleagues are right. It's time to adopt a program based on need, not popularity.

BOTTOM LINE: The state owes it to seniors to help those in need.

Senior Assistance Payments
Proposed Plan

	Poverty Level Guideline	Assistance Payment		
		\$250	\$175	\$125
		Income Up To		
Individual	17,240	12,930	17,240	23,274
Couple	23,112	17,334	23,112	31,201

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES ANALYSIS
SENIOR BENEFIT PROPOSAL COMPARISON**

Prepared March 22, 2007

SeniorCare Proposals	Current SeniorCare Program	SB 90/HB 148 Governor's Proposal	SB 4 Senator Olson	HB 198 Rep Hawker
Monthly Payment	Cash - \$120 / month Prescription Drug - \$670 / year	Cash - \$120 / Month	Cash - \$150 / Month	Up to 75% Poverty - \$250/Month 75-100% Poverty - \$175/Month 100-135% Poverty - \$125/Month
Annual Income Limit	Cash <i>Income Threshold</i> <ul style="list-style-type: none"> • \$16,133 for individuals • \$21,641 for couples (135% of 2005 federal poverty guidelines. Income limits frozen at 2005 levels.) <i>Asset Limits</i> <ul style="list-style-type: none"> • \$6,000 Individual • \$9,000 Couple Prescription Drug <ul style="list-style-type: none"> • \$20,913 for individuals • \$28,053 for couples (175% of 2005 federal poverty guidelines)	Cash <i>Income Threshold</i> <ul style="list-style-type: none"> • \$17,240 Individual • \$23,112 Couple (135% of 2007 federal poverty guidelines. Income limits will increase each year to keep pace with annual increases in federal poverty guidelines for Alaska.) <i>Asset Limits</i> <ul style="list-style-type: none"> • \$6,000 Individual • \$9,000 Couple Prescription Drug Benefit Ended	Cash <i>Income Threshold</i> <ul style="list-style-type: none"> • \$16,133 Individual • \$21,641 Couple (135% of 2005 federal poverty guidelines. Income limits frozen at 2005 levels.) <i>Not stated, sponsor indicated:</i> <i>Asset Limits</i> <ul style="list-style-type: none"> • \$6,000 Individual • \$9,000 Couple Prescription Drug Benefit Ended	Cash <i>Income Threshold</i> <ul style="list-style-type: none"> • \$17,240 Individual • \$23,112 Couple (135% of 2007 federal poverty guidelines. Income limits will increase each year to keep pace with annual increases in federal poverty guidelines for Alaska.) <i>Not stated, sponsor indicated:</i> No Asset Limit Prescription Drug Benefit Ended
Dual Eligibility SeniorCare & Longevity Bonus	Yes	No	Sponsor indicated not intended to provide dual eligibility	Repeals ALB
FY08 Projected Average Monthly Caseload	Cash - 7,043 Prescription Drug - 140	Cash - 5,040 Assumes ALB authorized	Cash - 4,835 (Assumes ALB authorized and dual eligibility SC/ALB disallowed)	Cash 7,643
Estimated Benefit Payments for FY08	Cash - \$10,141.9 Prescription Drug - \$93.8	Cash - \$7,257.6 Assumes ALB authorized	Cash - \$8,703.0 (Assumes ALB authorized and dual eligibility SC/ALB disallowed)	Cash - \$14,824.5
Sunset Date	June 30, 2007	Extends program 5 years to June 30, 2012	No expiration date	June 30, 2011

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES ANALYSIS
SENIOR BENEFIT PROPOSAL COMPARISON**

Prepared March 22, 2007

SeniorCare Proposals	Current SeniorCare Program	SB 90/HB 148 Governor's Proposal	SB 4 Senator Olson	HB 198 Rep Hawker
Monthly Payment	Cash - \$120 / month Prescription Drug - \$670 / year	Cash - \$120 / Month	Cash - \$150 / Month	Up to 75% Poverty - \$250/Month 75-100% Poverty - \$175/Month 100-135% Poverty - \$125/Month
Annual Income Limit	Cash <i>Income Threshold</i> <ul style="list-style-type: none"> • \$16,133 for individuals • \$21,641 for couples (135% of 2005 federal poverty guidelines. Income limits frozen at 2005 levels.) <i>Asset Limits</i> <ul style="list-style-type: none"> • \$6,000 Individual • \$9,000 Couple Prescription Drug <ul style="list-style-type: none"> • \$20,913 for individuals • \$28,053 for couples (175% of 2005 federal poverty guidelines)	Cash <i>Income Threshold</i> <ul style="list-style-type: none"> • \$17,240 Individual • \$23,112 Couple (135% of 2007 federal poverty guidelines. Income limits will increase each year to keep pace with annual increases in federal poverty guidelines for Alaska.) <i>Asset Limits</i> <ul style="list-style-type: none"> • \$6,000 Individual • \$9,000 Couple Prescription Drug Benefit Ended	Cash <i>Income Threshold</i> <ul style="list-style-type: none"> • \$16,133 Individual • \$21,641 Couple (135% of 2005 federal poverty guidelines. Income limits frozen at 2005 levels.) <i>Not stated, sponsor indicated:</i> <i>Asset Limits</i> <ul style="list-style-type: none"> • \$6,000 Individual • \$9,000 Couple Prescription Drug Benefit Ended	Cash <i>Income Threshold</i> <ul style="list-style-type: none"> • \$17,240 Individual • \$23,112 Couple (135% of 2007 federal poverty guidelines. Income limits will increase each year to keep pace with annual increases in federal poverty guidelines for Alaska.) Not stated, sponsor indicated: No Asset Limit Prescription Drug Benefit Ended
Dual Eligibility SeniorCare & Longevity Bonus	Yes	No	Sponsor indicated not intended to provide dual eligibility	Repeals ALB
FY08 Projected Average Monthly Caseload	Cash - 7,043 Prescription Drug - 140	Cash - 5,040 Assumes ALB authorized	Cash - 4,835 (Assumes ALB authorized and dual eligibility SC/ALB disallowed)	Cash 7,643
Estimated Benefit Payments for FY08	Cash - \$10,141.9 Prescription Drug - \$93.8	Cash - \$7,257.6 Assumes ALB authorized	Cash - \$8,703.0 (Assumes ALB authorized and dual eligibility SC/ALB disallowed)	Cash - \$14,824.5
Sunset Date	June 30, 2007	Extends program 5 years to June 30, 2012	No expiration date	June 30, 2011

HB

2017

ALASKA STATE LEGISLATURE

Interim:
P.O. Box 109
Wrangell AK 99929
Phone: (907) 874-3088
Fax: (907) 874-3055

Session:
State Capitol, Room 403
Juneau, AK 99801-1182
Phone: (907) 465-3824
1-800-686-3824
Fax: (907) 465-3175

REPRESENTATIVE PEGGY WILSON
HOUSE DISTRICT 2

SPONSOR STATEMENT House Bill 207

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

HB 207 changes the parental consent requirements for surveys in schools from active to passive for anonymous surveys.

School-based surveys are a reliable method for gathering valuable population based information on youth that helps policy makers, educators, program planners and parents to better understand important health and social issues that affect their chances of success.

Routine standardized surveys such as the national and state Youth Risk Behavior Survey track trends over time and help guide and evaluate important health and prevention programs. State and federal grant programs that rely on these surveys include tobacco prevention and control, obesity prevention, diabetes, heart disease and stroke, safe and drug free schools and other substance abuse prevention, injury prevention, including violence and suicide prevention, HIV and STD prevention, and more.

Active parental consent requires written permission to opt in to participate in the survey. Active parental consent overburdens the school system and drastically increases the costs and labor involved in conducting student surveys. Though research and experience suggests that the vast majority of parents would consent to their students participating in such surveys, many schools are unable to use the data they collect because there are not enough participants. Most of the research indicates parental failures to provide written permission are driven by apathy, oversight, or student error, not by refusal. Passive parental consent notifies and informs the parents about the nature of the surveys and allows for parents to provide a written refusal to opt out of the survey.

Notification of surveys and their content will still be sent to every parent of a child that is a candidate participant in the survey. A parent will have the option of reviewing the entire survey and how it will be administered before it is administered. Any parent who doesn't want their child to participate will have the option to opt-out.



YRBSS

Youth Risk Behavior Surveillance System

What is the Youth Risk Behavior Surveillance System (YRBSS)?

The YRBSS was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include

- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.
- Alcohol and other drug use.
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection.
- Behaviors that contribute to unintentional injuries and violence.

What are the purposes of the YRBSS?

The YRBSS was designed to

- Determine the prevalence of health risk behaviors.
- Assess whether health risk behaviors increase, decrease, or stay the same over time.
- Examine the co-occurrence of health risk behaviors.
- Provide comparable national, state, and local data.
- Provide comparable data among subpopulations of youth.
- Monitor progress toward achieving the Healthy People 2010 objectives and other program indicators.

What are the components of the YRBSS?

The YRBSS includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. These surveys are conducted every two years, usually during the spring semester. The national survey, conducted by CDC, provides data representative of high school students in public and private schools in the United States. The state and local surveys, conducted by departments of health and education, provide data representative of public high school students in each state or local school district.

The YRBSS also includes additional national surveys conducted by CDC:

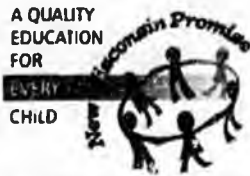
- The Youth Risk Behavior Survey, conducted in 1992 as a follow back to the National Health Interview Survey among nearly 11,000 persons aged 12-21 years.
- The National College Health Risk Behavior Survey, conducted in 1995 among a representative sample of about 5,000 undergraduate students.
- The National Alternative High School Youth Risk Behavior Survey, conducted in 1998 among a representative sample of almost 9,000 students in alternative high schools.
- A series of methodological studies conducted in 1992, 2000, 2002, and 2004 to improve the quality and interpretation of the YRBSS data.

Where can I get more information? Visit <http://www.cdc.gov/yrbss> or call 800-CDC-INFO (800-232-4636).



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





ESEA Information Update

Wisconsin Department of Public Instruction/Elizabeth Burmaster, State Superintendent, P.O. Box 7841/Madison, WI 53707-7841

Bulletin No. 02.14

Created: April 11, 2003

Updated: August 4, 2003

Topic: Student Surveys

In January 2002, the Protection of Pupil Rights Amendment (PPRA) was amended by the Elementary and Secondary Education Act of 2001 (also known as the No Child Left Behind Act). The amendment added an additional category (religious practices, affiliations, or beliefs of the student or student's parent) to the existing categories that impact student surveys and made minor changes to the existing seven categories. If a survey contains one or more of the identified categories, schools and contractors must protect student privacy and give parents the right to inspect the survey. The eight categories are:

1. Political affiliations or beliefs of the student or the student's parent
2. Mental and psychological problems of the student or the student's family;
3. Sex behavior or attitudes
4. Illegal, anti-social, self-incriminating, or 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
7. Religious practices, affiliations, or beliefs of the student or student's parent
8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

A local educational agency (LEA) that receives funds under any U.S. Department of Education program is required to develop and adopt policies, in consultation with parents, concerning student privacy. The policies relating to surveying of students must address:

- The right of parents to inspect, upon request, a survey created by a third party before the survey is administered or distributed by a school to students, and procedures for granting a parent request to access the survey within a reasonable period of time after the request is received
- Arrangements to protect student privacy in the event of the administration of a survey to students, including the right of parents to inspect, upon request, the survey if the survey contains one or more of the eight categories of information noted above.

However, an LEA is not required to develop and adopt new policies if it has in place -- and did so on the date of enactment of the Elementary and Secondary Education Act of 2001 -- policies covering the requirements set forth in the law.

LEAs must directly notify parents of these policies, and at a minimum, they shall provide the notice at least annually, at the beginning of the school year. Also, an LEA shall notify parents

Copies of this and other ESEA Information Updates can be found at www.dpi.state.wi.us/dpi/esea

within a reasonable period of time if any substantive change is made to the policies. In the notification, the LEA shall:

- Provide an opportunity for parents to opt out of (remove their child from) participation in the administration of any survey containing one or more of the eight categories of information noted above, and
- Provide parents with the specific or approximate dates during the school year when the surveys are scheduled.

Confusion often exists about prior written parental consent, also known as "active" parental permission, and if it is required before a student may participate in a survey that asks for personal information described in PPRA (e.g., sexual behavior, illegal or antisocial behavior, and mental or psychological problems). Examples of common surveys used in Wisconsin that collect personal information are the Youth Risk Behavior Survey (YRBS) and the Search Institute Profiles of Student Life: Attitudes and Behaviors. Currently, PPRA only requires active parental permission before minor students are required to participate in any survey, funded in whole or in part by the U.S. Department of Education that reveals information concerning one or more of the eight categories noted above. Most student surveys administered in Wisconsin, such as the YRBS, are voluntary, and if administered properly (students are instructed on the voluntary nature), active parental permission is not required and "passive" parental permission is allowable. "Passive" means the parent is provided an opportunity to opt out of (remove the child from) participation. The district may assume parental consent if they hear no timely objection from the parent.

Specific questions related to this bulletin should be directed to:

Doug White, Director
Student Services/Prevention and Wellness Team
(608) 266-5198
douglas.white@dpi.state.wi.us

References:

1. U.S. Department of Education, Family Policy Compliance Office, (2002). Hot topics: Recent changes affecting FERPA & PPRA. (http://www.ed.gov/offices/OM/fpco/hot_topics/ht_10-28-02.html) Washington, D.C.
2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent School Health, (2002). Parental Permission: Conducting a successful Youth Risk Behavior Survey (YRBS) with Active Parental Permission. Atlanta, GA.

APA ONLINE

APA Government Relations SCIENCE POLICY

SCIENCE POLICY PUBLIC INTEREST POLICY EDUCATION POLICY NEWS TAKE ACTION FELLOWSHIPS ABOUT

SEARCH GO

>>> SCIENCE DIRECTORATE HOME

Archive: Action Alert for School Based Research

YOUR HELP NEEDED

Action Alert for School-based Research Threats

January 30, 2002

Dear Colleagues:

You may be aware that APA has worked in coalition with a number of science, education and public health organizations to protect the ability of scientists to conduct research in schools without having an absolute requirement of prior, written parental consent. Due to our advocacy efforts on the recent education reform legislation ("Leave No Child Behind"), the federal government has not imposed a written consent standard. However, the legislation does require school districts to establish policies on privacy that extend to in-school surveys about risk behaviors and attitudes. Thus, the focus of our concern must expand from the federal level to the state and local levels. You may have read that the state of New Jersey has recently approved legislation requiring prior, written parental consent for in-school surveys. Below is a Washington Times story in which several prominent researchers are quoted about the New Jersey law. We are interested in your reaction to these developments. Please contact me directly if you have questions or concerns.

Pat Clem Kobor
Senior Science Policy Analyst
American Psychological Association
(202) 336-5933
(202) 336-6063-f

All that schools survey
Cheryl Wetzstein
THE WASHINGTON TIMES
Published 1/29/2002

Have you ever had sexual intercourse ('gone all the way, made love')? As of this month, students in New Jersey public schools can't be asked this kind of personal question on a survey without their parents' prior written consent. The Jan. 9 law enacting this change has been hailed as a victory for privacy rights of parents and their children and something that should be adopted nationally. Researchers, however, say the law is "excessive" and will jeopardize important research into teen behavior. There has long been a tug-of-war over student surveys in schools. Researchers agree that schools are the ideal place to survey teens and have typically addressed the need for parental consent with a technique called "passive consent," "active dissent" or "opt out."

With this technique, schools inform parents of an upcoming survey and ask them to tell the school if they don't want their children to take it — parents must "actively dissent" or "opt out." If the school doesn't hear from the parents, it assumes it has their "passive consent" to give the survey to their children.

The New Jersey law requires "active consent," which means parents must tell the school that their children can take a survey. If parents don't say yes, their children cannot participate in any school survey that asks questions about politics, sex, drugs and other personal issues. The law stems from a battle over a 156-question survey that was given in 1999 to more than 2,000 public middle- and high-school students in Ridgewood, N.J. The survey asked teens about sexual activity, birth control, drugs, liquor, cigarettes, binge eating, depression, suicide, stealing, physical violence, and relationships with family and friends. School officials said they notified parents several times about the survey but did not seek parental consent because the survey was voluntary. Many Ridgewood parents were outraged by the survey, saying it introduced children to bad behaviors, invaded family privacy and instilled a politically liberal worldview.

"The questions were so politically correct," said Ridgewood mother Frances Edwards, noting that students were asked to assess their feelings about race relations, poverty and "speaking up for equality." Amid a lengthy battle — which includes an ongoing lawsuit — New Jersey officials passed their law, which was hailed as a "great victory for parents" by Phyllis Schlafly, founder of the Eagle Forum. "The school system is just obsessed with giving these nosy questionnaires," Mrs. Schlafly said. Schools shouldn't use valuable classroom time on social surveys, but if they do, they should all require active parental consent, she said.

"Now in New Jersey, there will be one state where the parents will not always lose," said Michael Schwartz, vice president for government relations at Concerned Women for America, which supports parental rights in surveys.

Getting active parental consent for student surveys is "analogous to doing medical research," Mr. Schwartz said. Medical research can only be

conducted on people who consent to it, he said. "Why in the world would we think you can do research on children without their parents' knowledge and consent?" Shepherd Smith, president of the Institute for Youth Development, which publishes a journal on teen behaviors, is "empathetic to both sides" in the issue.

"Clearly as a parent, I'm not real excited about intrusive surveys in high school," he said. "At the same time, I understand that the data gained in these surveys is critically important to ultimately reducing the negative behaviors."

Supporters of the N.J. law "may have won a Pyrrhic victory," said Lloyd D. Johnston, director of the Monitoring the Future (MTF) survey. The federally funded MTF, founded in 1975, goes into 400 schools every year to ask eighth, 10th and 12th graders about their substance abuse and other behaviors. MTF uses active dissent in almost all its schools, said Mr. Johnston, who works at the Institute for Social Research at the University of Michigan.

In the few schools that require active consent, he said, MTF researchers have found that many parents don't return the consent form — "they didn't open their mail or get around to answering it," Mr. Johnston said. As a result, as many as 30 percent of students are excluded from taking the MTF survey, even though, based on deeper research, fewer than 2 percent of parents actually object to the survey. The loss of so many students "skews the findings in a serious and important way," Mr. Johnston said. "Parents, more than anyone, stand to benefit from our having this knowledge," he said, noting that the MTF helped alert the nation to expanding marijuana use in the 1970s, cocaine use in the 1980s and ecstasy use in the 1990s.

"So I'm not sure the interests of parents are being well-served, even though it's in their name that these efforts are taken," he said.

"I have yet to hear someone come up with an alternative approach to getting data other than asking the question," said Sarah Brown, director of the National Campaign to Prevent Teen Pregnancy. Parental concerns about sensitive surveys of young teens are reasonable and should be addressed, perhaps with opt-out techniques, said Mrs. Brown. But there are compelling public health concerns that require data about teen behavior that have to be addressed as well, she said.

It's difficult to ask teens questions about topics such as oral sex, and yet "every time there's something in the paper, we get hysterical calls asking isn't it true that all the middle schoolers are having oral sex?" "And I have to say, 'Well, I actually don't have any information. All I have is anecdotes,'" Mrs. Brown said. "I see [the N.J. law] as excessive," said Michael D. Resnick, a pediatrics professor at the University of Minnesota and researcher with the National Longitudinal Study of Adolescent Health (Add Health). "The vast majority of parents are all right [with surveys] as long as they are informed," he said, citing his two decades of experience in researching teen behavior.

Add Health, which tracks the same teens, requires written prior consent, said Mr. Resnick. It also uses laptop computers for privacy and question control — when teens say they have had sex or used cocaine, they are asked more questions about those subjects. But if they say they haven't had sex or used drugs, the computer program immediately moves them to new topic.

Such computer-assisted surveys are becoming more popular and may resolve a lot of the concerns about survey content, Mr. Resnick said.

Copyright © 2001 News World Communications, Inc. All rights reserved.

[Back to Top^](#)

© 2007 American Psychological Association
 750 First Street, NE, Washington, DC 20002-4242
 Telephone: 800-374-2721; 202-336-5500. TDD/TTY: 202-336-6123
[PsychNET®](#) | [Contact](#) | [Terms of Use](#) | [Privacy Policy](#) | [Security](#)

When: Annually at start of school year.

Who: Any Title-funded schools and districts.

Sample Parental Permission Forms (Passive and Active) for Student Surveys

PASSIVE Parental Permission Form

Our school is taking part in the 2003 Youth Risk Behavior Survey sponsored by [name of state or local agency]. The research survey will ask about the health behaviors of 9th through 12th grade students. The survey will ask about nutrition, physical activity, injuries, tobacco, alcohol, and other drug use. It also will ask about sexual behaviors that cause AIDS, other sexually transmitted diseases, and pregnancy.

Students will be asked to fill out a questionnaire that takes about 45 minutes to complete.

Doing this paper and pencil survey will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. The survey has been designed to protect your child's privacy. Students will not put their names on the survey. Also, no school or student will ever be mentioned by name in a report of the results. Your child will get no benefit right away from taking part in the survey. However, the results of this survey will help children in the future. We would like all selected students to take part in the survey, **but the survey is voluntary**. No action will be taken against the school, you, or your child, if your child does not take part. Students can skip any question that they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty.

Please read the section below. If you do **not** want your child to take part in the survey, check the box and return the form to the school no later than [Date]. Please see the other side of this form for more facts about the survey. If your child's teacher or principal cannot answer your questions about the survey, call [name of state or local agency contact] at [phone number]. Thank you.

Child's name: _____ Grade: _____

I have read this form and know what the survey is about.

My child may **not** take part in this survey.

Parent's signature: _____

Date: _____

Phone number: _____

GUIDELINES FOR PASSIVE CONSENT

Based on recent change to state law,¹ CDE has determined that under certain circumstances LEAs conducting the California Healthy Kids Survey (CHKS) have the option of using passive parental consent, rather than active (written) consent as previously required.² Under passive-consent procedures, parents/guardians inform the school only if they *don't want* their child to participate in a study (opt out).³ To adopt passive consent, the following conditions must be met:

- The survey is limited to grades 7 through 12. Passive consent cannot be used below grade 7.⁴
- It is anonymous, confidential, and voluntary. Active consent must still be used if respondent data are linked to a respondent's name in any form or manner, such as in longitudinal tracked surveys.
- The school board formally adopts, in consultation with parents, a written passive consent policy for the administration of the CHKS (and any other survey or test) consistent with California Education Code sections 51513 and 51938(b) and the federal Protection of Pupil Rights Act (PPRA), 20 USC 1232h.
- Parents/guardians are notified in writing at the beginning of the school year about the survey and when it is to be administered, and given a reasonable opportunity to review the survey and to decline their child's participation (opt out).
- Parents/guardians are notified of any substantive changes in survey policies, dates, or content that occur after the initial notification.
- The parental notice contains all the required elements specified in the CHKS Guidebook for protection of human subjects and in the federal Protection of Pupil Rights Act.
- Questions are not added to the survey that elicit reports of parental attitudes or behaviors or any other category that requires active consent under Ed Code 51513 but not exempted under Ed Code 51938.

The following guidelines are designed to help you determine whether you should switch from written to passive consent and the steps you should take if you decide to make the change.

Benefits of Passive Consent

- Passive consent involves less cost and labor, particularly for the classroom teacher.
- If you have *not* been successful in meeting your target sample using written consent, passive consent will likely increase your response rates.
- Research also suggests that passive consent will result in a more representative sample, as many hard-to-reach subgroups, including groups at high-risk of substance use and other problem behaviors, are underrepresented in written consent surveys.⁵

¹ See Education Code 51938(b), which stipulates: "Notwithstanding Section 51513, anonymous, voluntary, and confidential research and evaluation tools to measure pupils' health behaviors and risks, including tests, questionnaires, and surveys containing age appropriate questions about the pupil's attitudes concerning or practices relating to sex may be administered to any pupil in grades 7 to 12, inclusive, if the parent or guardian is notified in writing that this test, questionnaire, or survey is to be administered and the pupil's parent or guardian is given the opportunity to review the test, questionnaire, or survey and to request in writing that his or her child not participate."

² Written consent requirements and strategies are detailed in the CHKS Guidebook, available online at www.wested.or/hks.

³ As described in the CHKS Guidebook, under active-consent procedures parents must confirm in writing that they consent or not, usually by signing and returning a form. If a form is not returned, it must be assumed that parental permission is not granted.

⁴ Education Code 51938(b) authorizes passive consent only for grades 7 through 12 (see note 1).

Considerations for Changing from Active to Passive Consent

- **Written consent provides extra protection** against surveying a student whose parents did not receive notification or did not approve of participation but failed to inform the school. This extra protection may be important if risk behavior surveys are a sensitive issue in your community.
- If passive consent reduces the burden on the classroom teacher, **schools must take special precautions** to demonstrate that they made every reasonable effort possible to inform parents about the survey (and any subsequent changes) and to give them opportunities to opt out.
- If your sample changes (e.g., becomes more representative), it will **complicate interpretation of current trends**. Did student behavior change or the sample? Most research suggests reported AOD use will increase. WestEd will provide talking points to address this issue.
- **If you have been meeting your target response rates using written consent**, you might want to continue using it to avoid the issues listed above, especially if your district will still need to use written consent with 5th grade.

Recommendations for Passive Consent Implementation

Survey procedures must ensure that parents receive the consent materials, pay attention to them, and have sufficient time and opportunities to refuse participation. To assure PPRA compliance and reduce the risk of inadvertently surveying a child without parent permission, we recommend the following:

- **Stress that survey participation is voluntary in all communications.** This is a key requirement for the use of passive consent procedures in the PPRA. Notify students in writing and verbally (before survey administration) that they have the right to decline participation and to not answer any question that makes them uncomfortable. Make sure nothing is done that might cause a student to feel uncomfortable if he doesn't want to participate.
- **Send all consent information and forms via a method that guarantees receipt**, such as by mail. Preferably, use a method that documents receipt. For example, the information can be put into a parent handbook that the parent signs for.
- **Use multiple contact techniques.** Do everything possible to insure parents receive notification.
- **Make sure all materials are language appropriate** for parents with limited English reading ability.⁶
- **Make disapproval notification convenient.** Again, use multiple venues: a written form that can be turned into a teacher, a phone number to call, or email address. Each channel should reach a single person or office, identified in district policies, responsible for monitoring consent. This will help avoid parent refusals from slipping through the cracks.
- **Document** all your efforts to notify parents.

*For more information about consent procedures,
call your regional CHKS advisor at 888.841.7536.*

⁵ The application of active-consent procedures to anonymous, voluntary surveys with rigorous data safeguards and minimal risks to students—such as the CHKS—has been criticized for jeopardizing access to essential information by imposing overly rigid, stringent, and costly consent procedures.

⁶ CDE policy is that, in addition to English, notification must also be in each primary language other than English where 15 percent of the students speak that primary language.

Best Practices

QS2 Offers Districts Assistance & Training in the following areas

Leadership

- Board Development, Board Standards
- Advisory Board Development
- Administrative Plans & Cash Budgeting
- Fiscal Development & Maintenance

Programs and Staff

- Standards/Curricula (Elementary, Secondary, Postsecondary)
- Professional Development
- Program Evaluation
- Staff Evaluation/Teacher Standards
- District Partnerships

Community, Parents, and Students

- School Involvement
- Community Involvement
- School Safety Initiatives

Resources

- Internal Resources
- External Partnerships
- District Funding Tools and Strategies
- Fundraising
- Grants Management



Who is AASB?

The Association of Alaska School Boards is a non-profit organization that serves as a source of assistance, information, and liaison for school boards and the districts they represent.

QS2 Formation

The QS2 service is guided by the Association of Alaska School Boards with contributions and a broad base of support from education and community leaders throughout Alaska. AASB and district partners are learning as the service matures. From the beginning many supportive organizations and individuals helped create the vision for QS2. The following organizations were directly involved: Northwest Regional Education Laboratory, Alaska Department of Education and Early Development, Alaska Staff Development Network, Alaska Center for Excellence in Schools, and the University of Alaska.

Costs & Resources

QS2 is available to districts ready to show a 3-year commitment to the full service, including strategic planning. AASB provides direct services as well as contracted services by consultants agreed to by the district. The cost will vary depending upon the needs of the individual district.

AASB is continually seeking grant and foundation support to assist districts with finding resources in addition to their own contribution of local human and financial resources. Currently participating partner districts benefit from a federal grant, Alaska Initiative for Community Engagement (Alaska ICE). This grant provides significant support to assist partner districts in achieving greater community, parent, and student involvement and commitment. AASB views such broad base support as key to improving the achievement of all students.

Investing in Alaska's Future



**Supporting Student Learning
Building on Standards-Based Learning,
Engaged Communities, and Involved Students**

**ASSOCIATION OF
ALASKA
SCHOOL BOARDS**
Advocates for Alaska's Youth

Best Practices

Leadership



Programs and Staff



Community, Parents, and Students



Resources



Who is AASB?

The Association of Alaska School Boards is a non-profit organization that serves as a source of assistance, information, and liaison for school boards and the districts they represent.

QS2 Formation

The QS2 service is guided by the Association of Alaska School Boards with contributions and a broad base of support from education and community leaders throughout Alaska. AASB and district partners are learning as the service matures. From the beginning many supportive organizations and individuals helped create the vision for QS2. The following organizations were directly involved: Northwest Regional Education Laboratory; Alaska Department of Education and Early Development; Alaska Staff Development Network; Alaska Center for Excellence in Schools; and the University of Alaska.

Costs & Resources

QS2 is available to districts ready to show a 3-year commitment to the full service, including strategic planning. AASB provides direct services as well as contracted services by consultants agreed to by the district. The cost will vary depending upon the needs of the individual district.

AASB is continually seeking grant and foundation support to assist districts with finding resources in addition to their own contribution of local human and financial resources. Currently participating partner districts benefit from a federal grant, Alaska Initiative for Community Engagement (Alaska ICE). This grant provides significant support to assist partner districts in achieving greater community, parent, and student involvement and commitment. AASB views such broad-base support as key to improving the achievement of all students.

Investing in Alaska's Future



Supporting Student Learning
Building on Standards-Based Learning,
Engaged Communities, and Involved Students

ASSOCIATION OF
ALASKA
SCHOOL BOARDS
Advocates for Alaska's Youth



Linking a Shared Vision with Successful Practices

Taking Aim on Results

Where the School Is Vs. Where the School Wants To Be.

Out of necessity, most Alaskan schools are engaged in reform at many levels. Quality Schools/Quality Students (QS2) is designed to support school districts in promoting high achievement for all students by focusing effort on:

- Determining a common vision and system wide plan of action
- Promoting community ownership and engagement
- Building staff, school board, and community capacity
- Examining current student achievement
- Redirecting and securing resources
- Holding systems accountable for results.

What is QS2?

QS2 is a comprehensive school improvement service that will assist school districts and their local communities in raising student achievement to meet or exceed state standards by linking a shared vision for education with successful practices. Central to QS2 is the facilitation of a strategic planning process that brings a broad spectrum of the community together to create the shared vision. It brings all efforts under one umbrella using the quality management principles of the continuous improvement cycle - Plan, Implement, Evaluate, Refine. QS2 efforts focus on the broad areas:

- Leadership
- Programs and Staff
- Community, Parent, and Student Engagement
- Resources

Participating Districts

QS2 Benefits from Alaska ICE

How QS2 Works

District Application

Each year we select the top 200 schools in Alaska to receive the QS2 program. Schools are selected based on a variety of factors including the quality of the school's current performance, the school's size, and the school's location.

District Inventory

We conduct a comprehensive inventory of the school's current performance. This includes a review of the school's current performance, the school's current performance, and the school's current performance. The inventory is conducted by a team of QS2 staff members and school district staff.

The inventory results are used to develop a strategic plan for the school. This plan is developed by a team of QS2 staff members and school district staff. The plan is then implemented and evaluated over a period of time.

Each year we select the top 200 schools in Alaska to receive the QS2 program. Schools are selected based on a variety of factors including the quality of the school's current performance, the school's size, and the school's location.

Strategic Planning

We conduct a comprehensive inventory of the school's current performance. This includes a review of the school's current performance, the school's current performance, and the school's current performance. The inventory is conducted by a team of QS2 staff members and school district staff.

Implementing Best Practices

The inventory results are used to develop a strategic plan for the school. This plan is developed by a team of QS2 staff members and school district staff. The plan is then implemented and evaluated over a period of time.



Quality Schools/Quality Students | Bruce Johnson | Director of Quality Schools/Quality Students

Penn State Home Page
Senior Vice President for Research

Office for Research Protections

Home : Research Protections : Outreach & Publications : Publications : ORP
Newsletter : Issue 11 (04/2006 - 07/2006) : FAQs - Conducting In-School Surveys

FAQs - Conducting In-School Surveys Written by Tasha Snyder, Agricultural Sciences

The school setting is an optimal location to survey large numbers of students for research projects. Before planning a data collection study, however, it is important to be aware of federal guidelines and policies that contain regulations relevant for researchers conducting in-school studies of youth. These guidelines have implications for sampling, the informed consent process, and survey content.

Q: What federal regulations should I be aware of before planning an in-school study of youth?

A: The two key federal regulations you need to be familiar with are the Family Education Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA). Both federal regulations apply to any institution receiving funds from the U.S. Department of Education.

FERPA

Initially signed into law in 1974, FERPA regulations are periodically updated, most recently under the No Child Left Behind Act of 2001. The main function of FERPA is to protect parent's rights regarding inspection and modification of their child's educational records. Under FERPA regulations parents have the right to inspect their child's educational records, request a correction to any errors in those record, and **parent's written permission must be sought before releasing their child's educational records**. Schools may release limited contact information for students (name, address, phone number, attendance record, date and place of birth, honors and awards) without written parental permission, but parents must be notified of these requests and given the opportunity to request that their child's information not be released.



PPRA

Part of the FERPA and No Child Left Behind legislation, PPRA is designed to protect parent's and pupil's rights regarding inspection of any materials - as part of the instructional curriculum or study instruments - to which students are exposed. Instructional and survey materials must be made available for parents to review, and **schools must obtain written parental consent before their minor students participate in any study that asks about the following:**

- political affiliations or beliefs of the student or student's parents;
- mental and psychological problems that are potentially embarrassing to the student and/or his or her family;
- sexual behaviors and attitudes;
- illegal, antisocial, self incriminating and demeaning behavior;
- critical appraisals of family members;
- legally protected relationships, such as those with lawyers, clergy and physicians;
- religious practices or beliefs of the student or student's parents; or
- income

Under PPRA schools are required to develop and adopt policies in conjunction with parents regarding their rights to inspect research surveys and instructional materials, protect students' privacy related to the eight items noted above, administering physical exams to students, and collecting student information intended to be used for marketing purposes. In addition, parents must be made aware in advance of dates when data collection studies will occur and of their rights to withdraw their children from participating in any study that asks about the eight items listed above, any marketing surveys, and any non-emergency physical exam or screening.

For a complete description of the FERPA and PPRA regulations, recent Supreme Court rulings, and a history of the legislation, see the following urls:

http://personalinfomediary.com/FERPA_info.htm
<http://www.ed.gov/policy/gen/guid/fpco/hottopics/ht10-28-02.html>

Q: What are the implications of the FERPA and PERPA regulations for the design, sampling, and implementation of my in-school study?

A: There are two main implications for study design and implementation. First, the content of your survey largely determines the level of parental consent required. In-school studies with surveys that contain sensitive questions related to any of the eight items described above must first provide parents full information about the study and survey content and then obtain written parental consent before a student can participate in the study. Surveys that contain more benign questions might not require active written parental consent but rather "passive" consent where parents are notified of the study, usually at least 2-3 weeks in advance, and reply to deny consent, rather than provide it. This type of scenario is addressed on a case-by-case basis by the IRB. Regardless though, all parents must be notified of the dates when data collection will occur so they can choose to withdraw their child from the study, even after giving written parental permission to participate.

Second, the level of consent required has important implications for the representativeness of your sample and can introduce sample bias into your study. Findings from several recent studies consistently highlight how sampling bias is introduced into research involving youth when active written parental consent is required (Dent, Galaif, Sussman, Stacy, Burton and Flay 1993; Ellickson and Hawes 1989; Esbensen, Miller, Taylor, He and Freng 1999; Henry, Smith and Hopkins 2002). Two studies in particular, Esbensen et al. (1999) and Henry et al. (2002), compare samples from the same population involving active written parental consent with those involving passive parental consent and document how response rates are affected and bias is introduced.



Esbensen et al. (1999) collected data from 7th grade students in six U.S. cities and employed a sampling design that used passive parental consent for their pre-test wave of data collection, and then were required to obtain active parental consent for a subsequent wave of data collection on the same sample. This design provides a unique opportunity to compare the two samples of the same population, and determine how passive and active parental consent procedures differentially impact sample selectivity. Regarding response rates, in their pre-test survey, where passive parental consent was used, only 13 of the 2,496 eligible 7th grade students (0.4%) could not participate because their parents denied consent. When active parental consent was required for their first wave of data collection the response rate and sample size of their study were considerably reduced. Between 23% and 45% of youth did not participate in the study, depending on the site, due to non-response from the parents. Extensive follow-up of non-respondents found that 78% of the parents subsequently provided consent for their child to participate in the study, and 22% refused to provide consent. This suggests that non-response indicates passive

acceptance rather than being synonymous with refusal. Thus, the active written parental consent process that is required by PPRA could result in an unnecessarily large non-response rate, preventing students from participating in studies.

Regarding sample bias, Esbensen et al. (1999) provide strong evidence that the characteristics of the students whose parents did not respond were different from those whose parents responded, thus introducing bias into their sample. Comparing the pre-test sample with the sample of responders to the active parental consent, including those who allowed their children to participate and those who did not, revealed that the sample of responders was more likely to be white, to come from intact homes (two married parents), and to have parents with more than a high school education. In addition, parents of "at-risk" youth (positive attitudes towards and engagement in delinquent behaviors) were less likely to return consent forms at all. This study documents a selection bias introduced by the active parental consent procedure, and recommends that a mailing be sent home to parents notifying them of the study, and that the parents be given 2-3 weeks to deny their child's participation in the study, after which time period the consent is implied.

More recently, similar findings were reported when Henry et al. (2002) conducted an in-school study of 7th grade students in nine school districts in rural Pennsylvania. Active written parental consent was required for all students participating in their study, however, the project was able to access secondary data on several student characteristics for all eligible students--including GPA and absence from school--which allowed them to determine whether and how their sample was biased on these important characteristics. This study further made comparisons between the consent, non-consent, and non-response groups and determined not only if bias was introduced into their sample, but whether it originated from the non-consent group, the non-response group, or both. Findings revealed that the students whose parents declined their consent did not differ significantly from those whose parents provided consent, but that the students with non-responding parents did differ significantly from those who consented on two key educational variables. The students whose parents provided consent had fewer days of school absence and higher grade point averages compared to the students with non-responding parents. Thus, comparisons of the three groups (consenters, decliners, and non responders) find that the students eliminated from the study because of the lack of permission due to non-responders is the source of sample bias, not the presence of decliners. The result is that the Henry et al. (2002) sample represents students who are less "at-risk" for poor outcomes, thus introducing sample bias.

Both of these studies employed the numerous strategies suggested to increase return rates for active written parental consent. **These strategies include designing effective informational and consent forms, working with key school personnel, multiple mailings to parents, providing rewards for classrooms that have high return rates (such as pizza or ice cream parties), and following up with non-responders** (Esbensen et al., 1999; Fletcher and Hunter, 2003; Henry et al., 2002). Even though these strategies were implemented, both studies report biased samples due to the high degree of non-response associated with written active parental consent procedures.

Q: Yikes! So, what's a child and youth researcher planning to use in-school data collection to do?

A: Well, there really isn't much you can do to completely avoid sampling bias with in-school youth surveys of sensitive topics where active written parental consent is required. The FERPA and PPRA regulations were developed and instituted with the goal of protecting the rights and privacy of parents and students, not to promote easier access to students for research purposes.

Following the suggestions outlined above will help reduce bias in your study. Also keep in mind that sampling bias is an issue for most primary data collection studies.

References

- Dent, C.W., Galaif, J., Sussman, S., Stacy, A., Burtun, D. and Gley, B. 1993. "Demographic, Psychosocial and Behavioral Differences in Samples of Actively and Passively Consented Adolescents". *Addictive Behaviors*, 18: 51-56.
- Ellickson, P.L. and Hawes, J.A. 1989. "An Assessment of Active Versus Passive Methods for Obtaining Parental Consent." *Evaluation Review*, 13: 45-55.
- Esbensen, F., Miller, M., He, N. and Freng, A. 1999. "Differential Attrition Rates and Active Parental Consent." *Evaluation Review*, 23: 316-335.
- Henry, S.L., Smith, E.A. and Hopkins, A.M. 2002. "The Effect of Active Parental Consent on the Ability to Generalize the Results of an Alcohol, Tobacco, and Other Drug Prevention Trial to Rural Adolescents". *Evaluation Review*, 26: 645-655.

© Copyright 2005-2007, The Pennsylvania State University

1998 Alaska Statute

Sec. 14.03.110. Questionnaires and surveys administered in public schools.

A school district, principal or other person in charge of a public school, or teacher in a public school may not administer or permit to be administered in a school a questionnaire or survey, whether anonymous or not, that inquires into private family affairs of the student not a matter of public record or subject to public observation unless written permission is obtained from the student's parent or guardian.

1999 Alaska Statute

Sec. 14.03.110. Questionnaires and surveys administered in public schools.

(a) A school district, principal or other person in charge of a public school, or teacher in a public school may not administer or permit to be administered in a school a questionnaire or survey, whether anonymous or not, that inquires into personal or private family affairs of the student not a matter of public record or subject to public observation unless written permission is obtained from the student's parent or legal guardian.

(b) For an anonymous questionnaire or survey, written permission required under (a) of this section may be obtained annually and is valid until the commencement of the subsequent school year or until the parent or legal guardian who gave permission submits a written withdrawal of permission to the school principal. The school shall provide each student's parent or legal guardian at least two weeks' notice before administering a questionnaire or survey described under this subsection.

(c) If a school administers to a student a questionnaire or survey that is not anonymous, the school shall obtain the written permission required under (a) of this section from the student's parent or legal guardian at least two weeks before the questionnaire or survey is administered.

(d) The school shall give a student's parent or guardian an opportunity to review the questionnaire or survey described under (b) or (c) of this section and shall give the parent or guardian written notice regarding

- (1) how the questionnaire or survey will be administered to the student;
- (2) how the results of the survey or questionnaire will be used; and
- (3) who will have access to the questionnaire or survey.

(e) A student may refuse to participate in a questionnaire or survey administered in a public school. A student's parent or legal guardian may refuse to allow the student to participate in a specified questionnaire or survey.

HB

213



Alaska State Legislature

Representative Andrea Doll

House District 4

MEMO

Date: March 22, 2007

To: Representative Peggy Wilson, Chair
House HESS Committee

Re: Hearing request for **HB 213**

Please schedule **HB 213** regarding Crimes at Domestic Shelters at your earliest convenience.

This legislation will give juries, prosecutors, and judges the ability to seek the maximum sentence for those found guilty of felonies committed on the property of a shelter. It would also give a judge sentencing a person who commits a crime at a shelter such as trespassing or breaking and entering, guidance that the Legislature believes such crimes are more serious.

Representative Andrea Doll

A handwritten signature in cursive script that reads "Andrea Doll".

Contact: Terry Harvey 465 4712



Alaska State Legislature

Representative Andrea Doll

House District 4

MEMO

Date: March 22, 2007

To: Representative Peggy Wilson, Chair
House HESS Committee

Re: Hearing request for **HB 213**

Recommended witnesses/interested parties

Anne Carpeneti, Department of Law
(907)465-3428 Anne_Carpeneti@law.state.ak.us

Peggy Brown, Alaska Network on Domestic Violence & Sexual Assault
Executive Director
130 Seward Street, Suite 209
Juneau AK 99801
(907) 586-3650 Ext. 22
(907) 463-4493 fax
www.andvsa.org

Chris Ashenbrenner, Council on Domestic Violence and Sexual Assault
Interim Program Administrator
(907) 465-5504 Chris_Ashenbrenner@dps.state.ak.us

Saralyn Tabachnick, AWARE (Aiding Women in Abuse and Rape Emergencies) Shelter
Juneau, AK 586-6623

Contact: Terry Harvey 465 4712



Alaska State Legislature
Representative Andrea Doll
House District 4

Sponsor Statement

**HB 213 Relating To Crimes at
Domestic Violence Shelters**

Alaska's rates of domestic violence and sexual assault are among the highest in the nation. While the state has made strides in providing safe shelters to protect victims of these crimes, more needs to be done to ensure that shelters provide the secure environment these vulnerable members of our society need for their safety and recovery. This legislation will give juries, prosecutors, and judges the ability to impose stiffer sentences -- up to the maximum punishment for each offense --- for felonies committed on the premises of a shelter for victims of domestic violence or sexual assault. It provides direction to judges and prosecutors that crimes committed on the premises of domestic violence shelters are deserving of maximum allowable punishment.

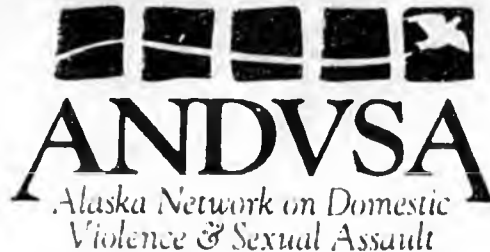
Women and children are typically the victims of domestic violence and abuse and many must seek refuge in a local shelter. These shelters are literally lifesavers for those who are at high risk of further violence. Unfortunately, in spite of strict security provided by these facilities, there are perpetrators of domestic violence who attempt to inflict further distress and harm to residents of these shelters. There have been recent incidents in Alaska where individuals have broken into shelters, or attempted to do so, with this intent. Due to presumptive sentencing laws, in many cases the perpetrator has not received a sentence commensurate with the seriousness of victimizing the vulnerable persons staying or working in these shelters.

No legislation can stop the most determined individuals from attempting to break into a shelter. However, this bill will provide for the imposition of greater sentences, up to the maximum for the offense, for such offenders.

Alaska must address our epidemic of abuse towards women and children in every way possible. Passage of this legislation will send an important message that Alaska will not go lightly on those who jeopardize the peace and safety of those who have sought refuge in a shelter or safe house.

Contact: Terry Harvey 465 4712
03/22/07

Juneau Office
130 Seward St #209
Juneau, Alaska 99801
Phone: (907) 586-3650
Fax: (907) 463-4493
www.andvsa.org



Sitka Office
PO Box 6631
Sitka, Alaska 99835
Phone: (907) 747-7545
Fax: (907) 747-7547

March 20, 2007

The Honorable Representative Andrea Doll
State House
Alaska State Capitol
Juneau, AK 99801-1182

Dear Representative Doll:

The Alaska Network on Domestic Violence & Sexual Assault is a coalition of member shelter and community based programs across the state who provide direct services and advocacy for victims of domestic violence and sexual assault. We would like to offer you our full support for the Safe Shelter Legislation – An act which will make it an aggravating factor at sentencing if a person breaks into a shelter/safe home for victims of domestic violence and sexual assault.

We appreciate your guidance and leadership in addressing this matter. It speaks to the fact that Alaska is willing to get tough on those who perpetrate violence and terroristically threaten victims. We cannot merely be informed by the statistic that we are number one in the entire nation for forcible sexual assaults and men murdering women; we must act. We must provide our courts with tools to deter violent offenses and hold offenders accountable.

If I can be of further service to your endeavors, please let me know.

Sincerely,

Peggy Brown, Executive Director
ANDVSA

Cc: Saralyn Tabachnick, AWARE

Alaska Network on Domestic Violence & Sexual Assault

*Juneau: AWAIC, AWRC, STAR, AWARE, AWIC, DAVE, TWC, FRODO, CFRC, Duffin, SAFE
Fairbanks: IAC, Home, SPIH, Duffin, AWARE, Kotzebue, LeeShore Center, Kotzebue, WISH, Kotzebue, KWRCU
Sitka: BSWG, Sitka, BSWG, Sitka, USCS, Sitka, SAFV, Fairbanks, USAFV, Kodiak, AVV*

Several years ago, a man attempted to break into the shelter. I held the door shut until the police arrived.
Barrow, Arctic Women in Crisis (AWIC)

We had an incident where a father came and took two of his three children. He made a dash to Fairbanks with the two children. We went to court and got a restraining order that ordered him to return the children. We now have security doors on our offices and locking security doors for after hours.

Seward, Seaview Community Services (SCS)

We had our building and offices broken into twice last year. The perpetrators were looking specifically for money but the women and children in house were re-traumatized.

Janet Ahmasuk

Nome, Bering Sea Women's Group (BSWG)

We have had people attempt to break in - I can remember at least 5 times in the last 7 years someone has been forcefully trying to get in - Law Enforcement considered it "trespassing" since they didn't get in the door.

Fairbanks, Interior Alaska Center for Non-Violent Living (IAC)

TWC's only incidences have occurred when someone waits outside in the parking lot or street OR on two occasions have waited for someone exiting and then grabbed the door and come in. We're fortunate that under threat of police being called, the perpetrators have left without further incident.

Bethel, Tundra Women's Coalition (TWC)