

12122 HOUSE

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

May 1, 2007

Honorable Craig Johnson
State Capitol, Room 126
Juneau, AK 99801-1182

Transmitted by fax:
907-465-3872

RE: HB234 – Education Loan Repayment Program


Dear Representative Johnson:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

ASMA supports your efforts to help recruit the physicians we need in Alaska by sponsoring HB234. As you know the report of the Alaska Physicians Supply Task Force estimated the current shortage of physicians at about 400 doctors. This is a 30% shortage. Additionally the Alaska will need to have a net increase in physicians of about 60 per year over the next 20 years to meet the needs created by our projected population growth. (The 60 net actually translates into a requirement that about 100 doctors will need to be recruited each year to account for those leaving practice).

The recruitment efforts need to begin now and the enactment of HB234 will assist in those efforts. ASMA supports HB234.

Sincerely,



By: Roland Gower, MD, President
For: The Alaska State Medical Association

Cc: Honorable Peggy Wilson, Chair, House Health Education and Social Services Committee

3200 Providence Drive
P.O. Box 198604
Anchorage, Alaska
99519-6604

Tel 907.562.2211

April 27, 2007

The Honorable Craig Johnson
Alaska State House of Representatives
State Capitol, Room 126
Juneau, AK 99801-1182

Dear Representative Johnson:

I write today in support of House Bill 234, which you recently introduced, establishing an education loan repayment fund to assist in attracting and retaining workers in professions with severe workforce shortages.

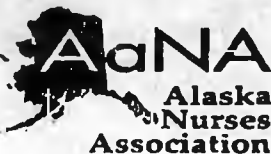
Providence Health System is concerned about the increasing shortage of workers in critical areas, including nursing and allied health. I applaud your leadership, and that of the House of Representatives, in your effort to address this important issue.

Please let me know if I may be of any assistance as you deliberate this piece of legislation.

Sincerely,



Al Parrish
VP/Chief Executive
Providence Health System Alaska



☎ 907-274-0827
☎ 907-272-0292
3701 E. Tudor Rd, Suite 208
Anchorage, AK 99507
www.aknurse.org

April 30, 2007

Honorable Craig Johnson
Alaska State Legislature
State Capitol
Juneau, AK 99801

Dear Representative Johnson:

I am writing this letter, on behalf of the Alaska Nurses Association, to express our support of HB 234 and HB 235.

As is well known, we are on the verge of a serious shortage of Registered Nurses in Alaska. This is due to a number of converging factors. First, nurses from around the state report an increase in the number of patients they are serving due to population increase, outbreaks of infectious diseases such as RSV, increased number of premature births to wives of soldiers deployed in Iraq, and the aging of the population.

At the same time the nursing workforce is aging. The average age of an Alaskan RN is 48 and 75% of the nursing workforce is over the age of 40. To address the nursing shortage the University of Alaska, with funding from several Alaskan hospitals, set out to double the number of nurses they graduate each year so that now over 230 nurses graduate from UAA programs each year at sites around the state.

HB 234 is an excellent companion to UAA's efforts to address the shortage of Registered Nurses in Alaska. We want to make sure that a large portion of these new graduates stay in Alaska, and that nurses, like myself, who get their nursing degrees outside the state are encouraged to locate here.

For too long state funding has gone to pay for training of individuals for occupations for which the educational preparation is short in length. We are now suffering from that policy and are experiencing shortages in occupations that require longer preparation times such as nursing. It is imperative we reverse this trend and HB 234 goes a long way towards meeting this end.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Senner", with a horizontal line extending to the right.

Patricia Senner MS, RN, ANP
Chair Legislative Committee

Cross references. — For applicability and transition provisions related to the enactment of this section, see §§ 4 and 5, ch. 90, SLA 1999 in the 1999 Temporary and Special Acts.

Effective dates. — Section 6, ch. 90, SLA 1999 makes this section effective July 1, 1999. The act was approved by the governor on July 1, 1999.

Sec. 14.43.990. Definitions. In this chapter,

- (1) "AlaskaAdvantage" means the service mark registered by the commission under 15 U.S.C. 1051 (Trademark Act) that is used to describe financial aid and higher education outreach programs and services provided by the commission;
- (2) "approved federal family education loan institution" means a postsecondary education institution in this state or outside of this state that is approved for participation in the federal guaranteed student loan program;
- (3) "commission" means the Alaska Commission on Postsecondary Education;
- (4) "corporation" means the Alaska Student Loan Corporation created in AS 14.42.100;
- (5) "education loan" means a loan made to finance the cost of attendance in a postsecondary education program that is made by the commission or is a loan received through the federal guaranteed student loan program.
- (6) "federal guaranteed student loan program" means the programs of the United States government making postsecondary educational financial aid available under 20 U.S.C. 1070 — 1099c-2, as amended. (§ 28 ch 43 SLA 1991; am §§ 37, 38 ch 85 SLA 2001; am § 28 ch 63 SLA 2004)

Revisor's notes. — Reorganized in 2001 and 2004 to maintain alphabetical order.

Effect of amendments. — The 2004 amendment effective June 17, 2004, added paragraphs (1) and (2).

Chapter 44. Interstate Education Compacts.

Article

- 1. Western Regional Higher Education Compact (§§ 14.44.010 — 14.44.040)
- 2. Compact for Education (§§ 14.44.050 — 14.44.060)

Article 1. Western Regional Higher Education Compact.

Section

- 10. Ratification, approval, and adherence
- 15. Terms and provisions of Compact
- 20. Execution of Compact by governor
- 25. Provisions of services

Section

- 30. Members of the commission
- 35. Administration
- 40. Repayment condition for program participants

Administrative Code. — For WICHE professional student exchange loan program, see 20 AAC 18.

Sec. 14.44.010. Ratification, approval, and adherence. The Western Regional Higher Education Compact, recommended by the Western Governors' Conference on November 10, 1950, for adoption by the states or territories of Alaska, Arizona, California, Colorado, Idaho, Hawaii, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming, is ratified and approved and the adherence of this state to this Compact, upon its ratification and approval by four or more of these states or territories in addition to this state, is declared. (§ 1 ch 164 SLA 1955)

Revisor's notes. — Formerly AS 14.40.660. Renumbered in 1982.

Sec. 14.44.015. Terms of the Compact referred to in

WESTERN REGIONAL HIGHER EDUCATION COMPACT

Whereas, the future of the quality of the education of potential students to warra adequate facilities in all of training, nor all of the Stat institutions capable of pro mentioned above; and

Whereas, it is believed th Region, cooperatively can p the needs of the Region and Now, therefore, the States New Mexico, Oregon, Utah, Hawaii do hereby covenant :

Each of the compacting st states and territories faithf Compact.

The compacting states and sion for Higher Education, her a body corporate of each cor Commission shall have all the sue and to be sued, and such ac action of the respective legisla

The Commission shall consist territory. At all times one Comr the educator engaged in the field the commissioner is appointed.

The Commissioners from each thereof as provided by law in su or suspended from office as pro

The terms of each Commissio The Commissioners shall be ap and one for four years. Each Co appointed and qualified. If any o present a Commissioner to fill th

any business transacted at any majority of the whole numbe

Article 2. Alaska Student Loan Corporation.

Section
100. Creation of Alaska Student Loan Corporation
120. Corporation governing body
130. Meetings of the board
140. Minutes of meetings
150. Administration of affairs
160. Executive officer
170. Staff
190. Budget
200. General powers
205. Supplemental education loans: financing program
210. Education loan fund and program administration

Section
220. Bonds of the corporation
230. Trust indentures and trust agreements
240. Reserves and capital reserves
250. Validity of pledge
260. Nonliability on bonds
265. Underwriters
270. Pledge and agreement of state
280. Exemption from taxation
290. Bonds legal investments for fiduciaries
295. Payment to state
300. Operation of certain statutes excepted
310. Annual audit

Sec. 14.42.100. Creation of Alaska Student Loan Corporation. There is created the Alaska Student Loan Corporation. The corporation is a public corporation and government instrumentality within the Department of Education and Early Development but having a legal existence independent of and separate from the state. The corporation may not be terminated as long as it has bonds, notes, or other obligations outstanding. Upon termination of the corporation, its rights and property pass to the state. (§ 2 ch 92 SLA 1987)

Revisor's notes. — In 1999, in this section, "Department of Education" was changed to "Department of Education and Early Development" in accordance with § 89, ch. 58, SLA 1999.

Sec. 14.42.110. Purpose of corporation. [Repealed, § 31 ch 63 SLA 2004.]

Sec. 14.42.120. Corporation governing body. (a) The corporation shall be governed by a board of directors appointed by the governor consisting of two members of the Alaska Commission on Postsecondary Education, each of whom is selected by the commission under AS 14.42.015(a)(1) — (2), (4) — (6), (8), or (9) and the commissioner of revenue, the commissioner of administration, and the commissioner of commerce, community, and economic development. Members of the board serve without compensation but the members who are also members of the Alaska Commission on Postsecondary Education are entitled to per diem and travel expenses authorized by law for board members of commissions under AS 39.20.180.

(b) The board shall elect a chairman from among its membership at its annual meeting each year. A majority of the members constitute a quorum for organizing and conducting its business, and exercising the powers of the corporation. (§ 2 ch 92 SLA 1987)

Revisor's notes. — In 1999, "commissioner of commerce and economic development" was changed to "commissioner of community and economic development" in (a) of this section in accordance with § 88, ch. 58, SLA 1999. In 2004, "commissioner of community and economic development" was changed to "commissioner of commerce, community, and economic development" in (a) of this section, in accordance with § 3, ch. 47, SLA 2004.

Sec. 14.42.130. Meetings of the board. (a) The board shall meet at the call of the chairman and at other times as the board may determine in accordance with its regulations.

(b) Public notice of a meeting of the board at which the issuance of corporate bonds is authorized shall be provided at least 24 hours before the meeting. (§ 2 ch 92 SLA 1987)

Sec. 14.42.140. Minutes of meetings. The board shall keep minutes of its meetings and send a certified copy to the governor and to the Legislative Budget Committee. (§ 2 ch 92 SLA 1987)

Sec. 14.42.150. business of the corporation is controlled by the corporation. The corporation shall delegate supervision of the corporation

Sec. 14.42.160. Postsecondary Education of the corporation. SLA 1987)

Sec. 14.42.170. Education shall se

Sec. 14.42.190. 37.07 (Executive B

Sec. 14.42.200. (

(1) sue and be su

(2) adopt an offici

(3) adopt regulati

(4) make and exe

(5) receive, take, h

(6) for any approp

(7) paragraph, "property"

(8) (A) money; and

(9) (B) life estates, leas

(10) borrow money a

(11) its obligations at

(12) include in a bo

(13) obligations for a perio

(14) funds will ot

(15) fees, and other ex

(16) invest or reinvest

(17) by the corporation

(18) set and collect in

(19) obligations h

(20) includes cost

(21) and other c

(22) gather informati

(23) of this state

(24) residents are a

(25) service education

(26) purchase or parti

(27) contract in advan

Health Policy Report

NURSING IN THE CROSSFIRE

ROBERT STEINBROOK, M.D.

What is exceptional in nursing is the nature of the work: the continuous and intimate association with pain and not infrequent contact with death. . . . Not every man or woman would feel themselves able to undertake the duties of a nurse.

Brian Abel-Smith,
*A History of the Nursing Profession, 1960.*¹

NURSING is an embattled profession. Many nurses who work in hospitals feel that they are overworked and often unable to provide good patient care. The young people who traditionally have embarked on careers in nursing are increasingly choosing other fields, such as medicine or business, in which the pay and working conditions are better. Nurses who begin their careers in hospitals frequently leave for other positions. As the population ages, the demand for nurses is expected to grow rapidly. But because relatively few young people are entering nursing, severe shortages are anticipated by the end of the decade — unless this trend is reversed.

A 1996 Institute of Medicine report concluded that, although higher levels of staffing by nurses in nursing homes were linked to higher-quality care, the overall data for hospitals were not good enough to “isolate a number-of-RNs effect.”² In this issue of the *Journal*, Needleman and colleagues³ report that, in the United States, a higher proportion of hours of nursing care provided by registered nurses (registered-nurse-hours) and a greater number of registered-nurse-hours per day are associated with better outcomes for hospitalized patients. Among medical patients, these outcomes were a shorter length of stay and lower rates of urinary tract infection and upper gastrointestinal bleeding. A higher proportion of registered-nurse-hours was also associated with lower rates of pneumonia, of shock or cardiac arrest, and of death from five causes considered together — pneumonia, shock or cardiac arrest, upper gastrointestinal bleeding, sepsis, or deep venous thrombosis. The findings for surgical patients were similar, although fewer significant associations were found. The study found no evidence of an association between a greater number of hours of care per day provided by licensed practical nurses or hours of care per day provided by nurses’ aides and better outcomes.

The study by Needleman et al. focuses attention

both on the effect of nursing care on health outcomes and on efforts to increase the level of staffing by registered nurses in hospitals^{4,6}; such efforts include instituting minimal staffing ratios and prohibiting mandatory overtime, except in emergencies. In this report, I discuss some of the key issues for the nursing profession.

BACKGROUND

The problems facing registered nurses are longstanding.^{7,8} Registered nurses represent the largest single health care profession in the United States. People usually become registered nurses by completing an associate’s-degree program at a community college, a diploma program administered at a hospital, or a baccalaureate degree program at a college or university and then obtaining a state license. During the past 25 years, the number of diploma programs has sharply declined. A 2000 survey of registered nurses who had recently completed their initial nursing education showed that more than half had graduated from an associate’s-degree program and about two fifths from a baccalaureate program.⁹ Licensed practical nurses account for about one quarter of the nurse work force. They typically have a high-school diploma and are trained in a one-year program at a technical or vocational school or a community or junior college.

Every four years, the National Sample Survey of Registered Nurses provides a statistical snapshot of the profession.⁹ In 2000, there were an estimated 2,694,540 persons with a license to practice as registered nurses in the United States. An estimated 82 percent were employed in nursing, and of these, 28 percent were working on a part-time basis. Of the registered nurses employed in nursing, 1,300,323 (59 percent) worked in hospitals. The unemployment rate for registered nurses was about 1 percent.¹⁰ An estimated 95 percent of the nurses were women, 72 percent were married, and 87 percent were white. Their average age was 45 years. Thirty-four percent reported their highest level of education as an associate’s degree, 22 percent as graduation from a nursing diploma program, 33 percent as a bachelor’s degree, and 10 percent as a master’s or doctoral degree. Seven percent were practicing or prepared to practice in an advanced practice role, such as clinical nurse specialist, nurse anesthetist, nurse midwife, or nurse practitioner.

Between 1983 and 2000, the staffing levels of registered nurses in hospitals increased by 37 percent (Fig. 1). The staffing levels of licensed practical nurses decreased by 46 percent. The average daily census of hospitalized patients fluctuated but decreased overall. Through 1993, the ratio of registered nurses to patients increased, but it may merely have kept pace with increases in the severity of patients’ conditions.¹¹ Although the ratio of registered nurses to hospitalized

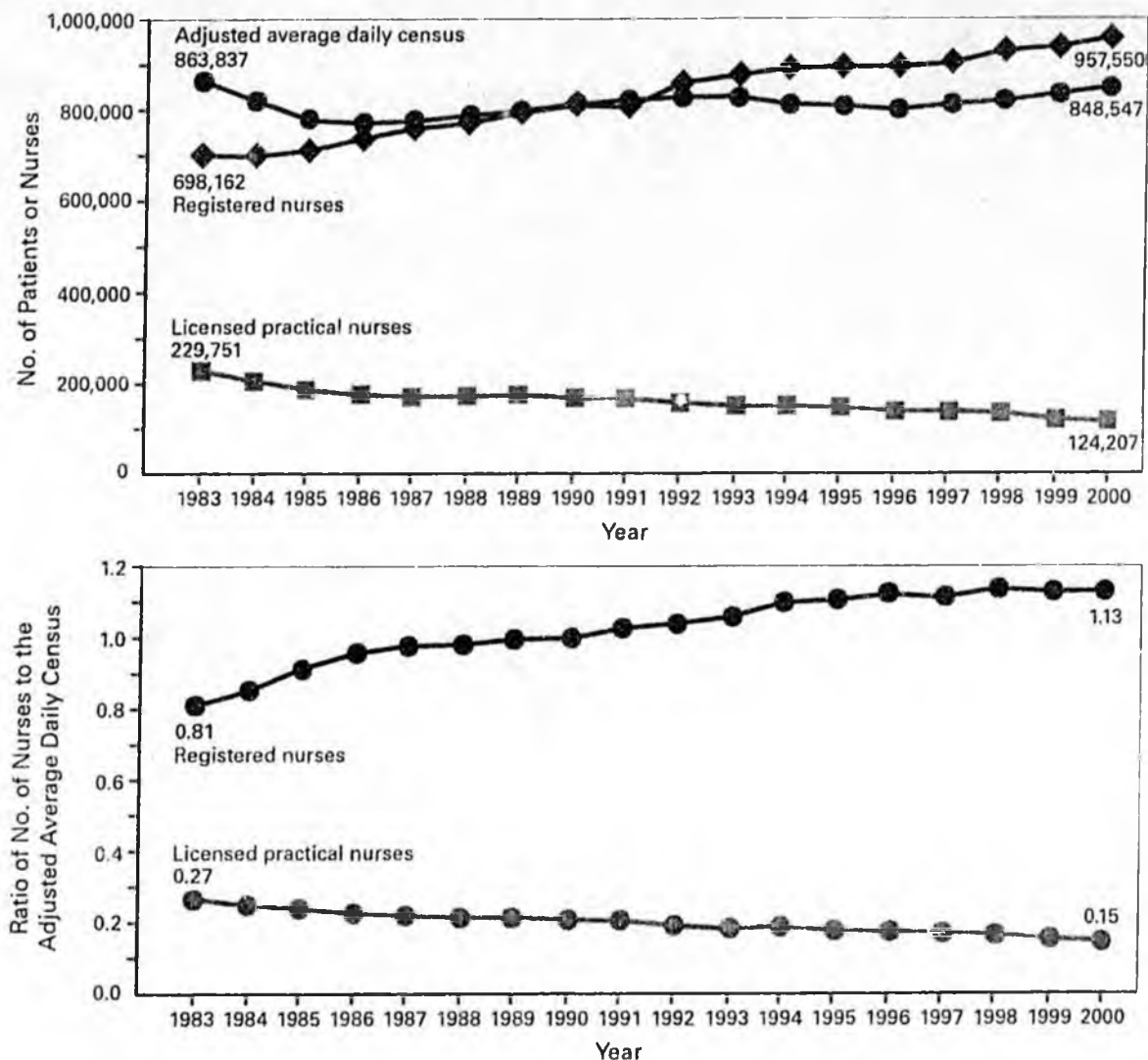


Figure 1. Levels of Staffing by Nurses in Registered Community Hospitals in the United States, 1983 to 2000. Absolute numbers are shown in the top panel, and ratios in the lower panel. The number of hospitalized patients, the number of registered nurses, and the ratio of registered nurses to patients have increased. The number of licensed practical nurses and the ratio of licensed practical nurses to patients have decreased. The number of registered nurses and the number of licensed practical nurses shown are full-time equivalents. The adjusted average daily census was calculated by dividing the number of inpatient-days by the number of days in the reporting period. Registered community hospitals (short-term general and specialty hospitals that are registered with the American Hospital Association) are included; federal hospitals are not included. Data are from the American Hospital Association, Health Forum, AHA Annual Survey of Hospitals, 1983–2000.

patients remained relatively constant between 1994 and 2000, there are no recent data on staffing that adjust for the severity of patients' illnesses as well as their shorter lengths of stay.

DISSATISFACTION AMONG NURSES

Nursing "is a very stressful job with a very flat career path," according to Frank Sloan of Duke University, who was the cochair of the committee of the In-

stitute of Medicine that reported on nursing in 1996.² "Women are finding many other choices." Registered nurses are discontented for many reasons, including inadequate levels of staffing for both nurses and support staff and excessive workloads. Because hospitalizations are shorter, nurses spend a higher percentage of their time admitting and discharging patients and teaching them what they need to do after they go home. The discontent is part of a broader malaise that

also affects physicians and others who work in hospitals. According to the April 2002 report of the American Hospital Association's Commission on Workforce for Hospitals and Health Systems, "Most health care workers entered their professions to 'make a difference' through personal interaction with people in need. Today, many in direct patient care feel tired and burned-out from a stressful, often understaffed environment, with little or no time to experience the one-on-one caring that should be the heart of hospital employment."¹²

According to Linda H. Aiken of the University of Pennsylvania School of Nursing, "There is the sense that nursing is becoming an impossible job, and that nurses have no control over things that are required to provide good patient care. Yet nurses are accountable for the health and welfare of their patients." The perception is that physicians and hospital administrators often treat registered nurses as workers, not as clinicians and peers, and when possible seek to replace them with less skilled and cheaper personnel, such as licensed practical nurses and aides.

Nurses who begin their careers in hospitals frequently leave for other positions. A large survey of nurses in Pennsylvania, conducted in 1998 and 1999, found that 41 percent were dissatisfied with their present job and that 23 percent of those surveyed were planning to leave this job within the next year.¹³

Only about a third agreed with the statements that "there are enough registered nurses to provide high-quality care," "there are enough staff to get the work done," and "the administration listens and responds to nurses' concerns." In a national survey of working nurses conducted in 2001 and 2002, 29 percent of the respondents said they were dissatisfied with their current position; 23 percent were dissatisfied with being a nurse.¹⁴

Financial Issues

In recent years, wages for registered nurses have been relatively flat as compared with the rate of inflation (Fig. 2). In 2000, the average annual salary of a registered nurse employed full-time was \$46,782.⁹ Between 1980 and 1992, real annual salaries for registered nurses increased by nearly \$6,000. Between 1992 and 2000, however, they increased by only about \$200.

Organizing Nurses

Working conditions have been a key issue in recent nursing strikes,⁴ such as a bitter two-month strike at the Oregon Health and Science University that ended in February.¹⁵ The ferment within the profession has led to increased interest in collective bargaining. For example, the California Nurses Association has an alliance with the United Steelworkers union. In 2000,

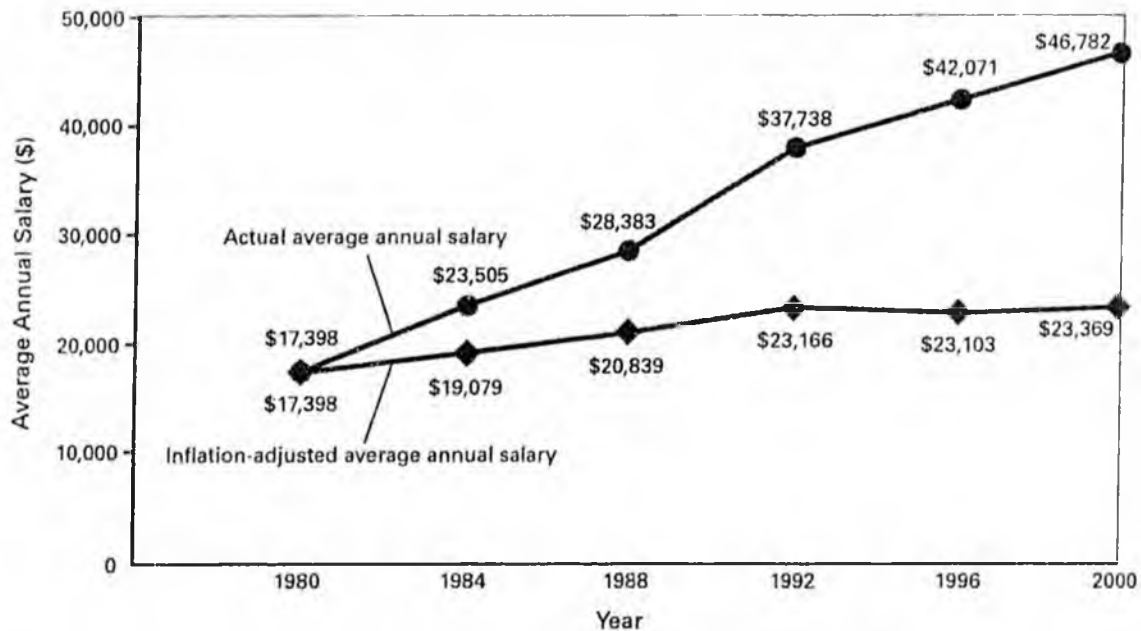


Figure 2. Actual and Inflation-Adjusted Average Annual Salaries of Full-Time Registered Nurses in the United States, 1980 to 2000. Adapted from the National Sample Survey of Registered Nurses, March 2000.⁹

17 percent of registered nurses who were employed in nursing were members of a union, and 19 percent were covered by a collective bargaining agreement.¹⁶ Although these percentages are similar to those for 1990 and 1995, the number of union members has increased — from about 275,000 in 1990 to about 350,000 in 2000 — because of the growth in the number of nurses.

There is also a schism between two groups that represent registered nurses. The American Nurses Association, the largest group, has been criticized for being too moderate. The California Nurses Association, a particularly aggressive and politically active group, left the American Nurses Association in 1995. The Massachusetts Nurses Association left in 2001. State nurses associations in California, Massachusetts, Maine, Missouri, and Pennsylvania are forming a new group, the American Association of Registered Nurses. This group will compete with the American Nurses Association in representing nurses at the national level.¹⁷

SHORTAGES OF NURSES

Since World War II, hospitals in the United States

have coped with cyclical shortages of nurses. The shortages have generally been related to economic factors. When the overall economy declines, married nurses and working mothers, who represent a substantial portion of the workforce, are more likely to seek work or increase their hours; in better economic times they may be less likely to work or may only work part-time.¹² As in other fields, higher wages and better jobs encourage more nurses to seek employment.

In the 1990s, the growth of managed care slowed employment growth for registered nurses in hospitals, particularly in states such as California.^{18,19} There was a surplus of registered nurses; some nurses lost their jobs, and some new nurses were unable to find jobs. Although hospitals were still hiring more registered nurses (Fig. 1), it seemed that they might need fewer in the long term. Enrollment in nursing schools declined (Fig. 3).

Measuring the Shortages

Shortages of hospital nurses are sometimes difficult to evaluate.²⁰ Among the potential measures of a shortage are reports by hospital officials or nurses, the vacancy rate for nursing positions, the turnover

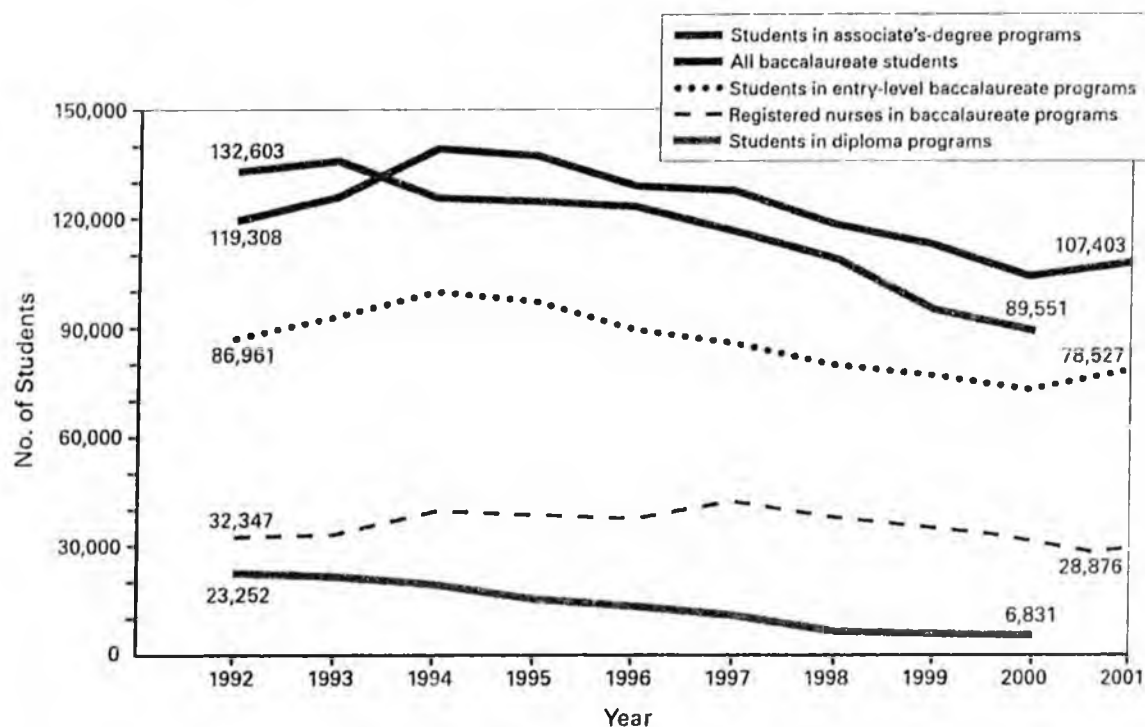


Figure 3. Enrollment in Educational Programs to Train Registered Nurses in the United States.

Baccalaureate programs for registered nurses allow nurses who have a nursing diploma or associate's degree to earn a bachelor's degree. The number of all baccalaureate students is the number of students in entry-level programs plus the number of registered nurses in baccalaureate programs. Data for baccalaureate programs are from the American Association of Colleges of Nursing. Data for associate's-degree and diploma programs are from the National League for Nursing; their data for 1997 through 2000 are preliminary.

rate for these positions, the number of nurses at a hospital after adjustment for the number of inpatients and the case mix, and the supply of registered nurses per 100,000 population. Although there is no gold standard, a recent study found the strongest relations between reports by hospital officials or nurses of a moderate or severe nursing shortage and job-vacancy rates.²⁰ Differences in the supply of nurses per capita did not predict which regions would have a majority of hospitals reporting shortages.

The number of employed registered nurses per capita varies widely from state to state (Fig. 4). In 2000, the national average was 782 employed nurses per 100,000 population. California had only 544, whereas Massachusetts had 1194 and Pennsylvania had 1010.⁹ These variations have been cited as evidence of regional shortages of nurses, particularly in states with a low supply of nurses, such as California,²¹ Nevada,²² and Texas.²³ The demand for hospital-based nurses, however, reflects many factors, including the number of hospital beds, the average length of stay, the specific medical services offered, population growth, and the number of elderly residents. Although Florida has 785 nurses per 100,000 population — about

the national average — the supply has been considered inadequate because the state has the highest percentage of elderly persons in the nation.²⁴ Because a low supply of nurses may reflect a low demand — not an unmet demand — for hospital-based nurses, the importance of the variations in and of themselves is uncertain.

The Current Shortage

The current shortage of nurses began in 1998 in intensive care units and operating rooms.²⁵ It has since spread to labor-and-delivery units and general medical and surgical wards. The shortage is widespread throughout the country.

In 2001, the mean vacancy rate for registered-nurse positions at a given hospital was 13 percent. Fifteen percent of hospitals reported vacancy rates of 20 percent or more.²⁶ Mean vacancy rates were 11 percent in the Northeast and Midwest, 13 percent in the South, and 15 percent in the West. There were about 126,000 vacant positions nationwide.²⁷ Eighty-two percent of hospitals reported that it was more difficult to recruit registered nurses in 2001 than it had been in 1999; 1 percent said that it was less diffi-

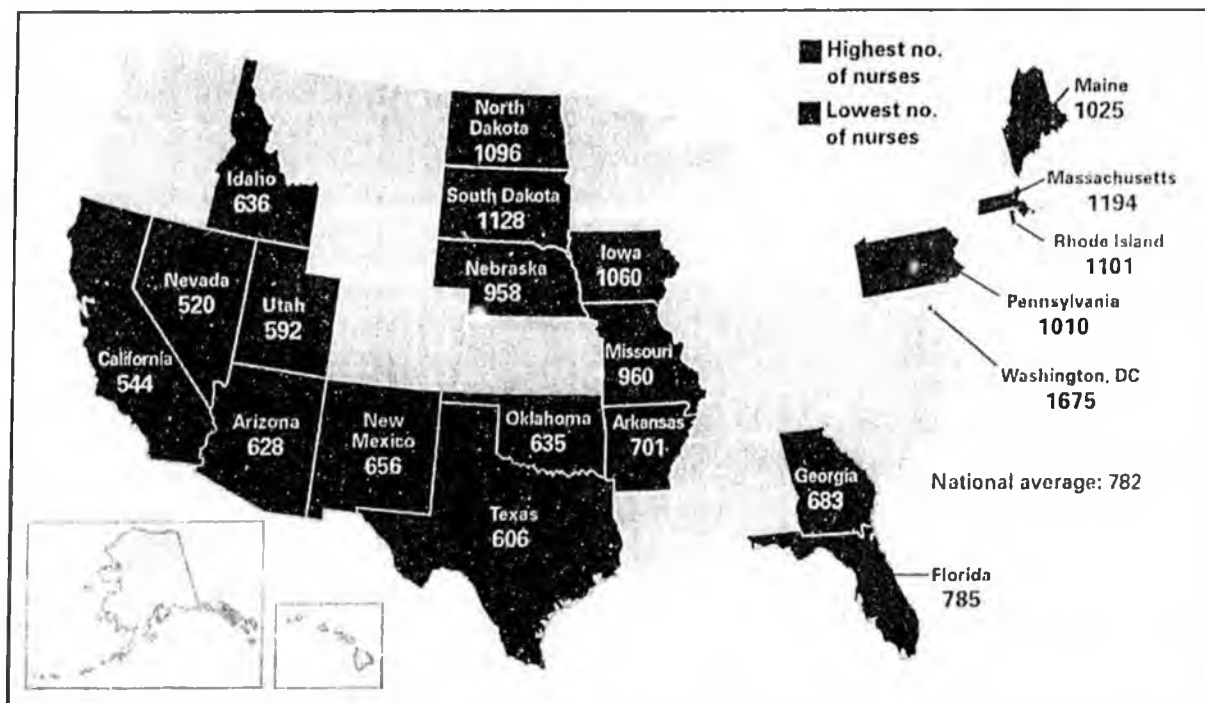


Figure 4. Employed Registered Nurses per 100,000 Population.

Both nurses who work full-time and those who work part-time are included. Data are from the National Sample Survey of Registered Nurses: March 2000.⁹

cult.²⁶ According to a 2001 survey of chief executive officers of hospitals, 84 percent of hospitals had shortages of registered nurses; the next most frequently cited job categories with shortages were radiology and nuclear imaging (71 percent) and pharmacy (46 percent).¹² Of registered nurses working in nursing who were surveyed in 2001 and 2002, 95 percent thought there was a shortage of nurses, and 88 percent thought that the supply of registered nurses working in patient care in their community was lower than the demand.¹⁴ National data about the current shortage of nurses are corroborated by reports from various states, including California,^{6,21} Florida,²⁴ Maryland,²⁸ Nevada,²⁹ New York,³⁰ and Texas.²³

The current shortage of nurses, albeit severe, may be similar to cyclical shortages that have occurred during the past 50 years. Better wages and better jobs, as well as better marketing of nursing schools and of nursing as a career, increased availability of training programs, and changes in the general economy, may encourage more students to enter nursing programs and bring more current nurses back into the job market. If these short-term factors are addressed, the current shortage should abate.

The Long-Term Shortage

Many predictions of long-term shortages or surpluses of physicians or other health care workers have turned out to be wrong. Nevertheless, there is the potential for a long-term shortage of nurses. This possibility reflects changing demographic and other factors, such as the decreased attractiveness of careers in health care to those entering employment and the dissatisfaction of people who currently work in hospitals.^{11,31} According to the workforce commission of the American Hospital Association, shortages of nurses and other employees "reflect fundamental changes in population demographics, career expectations, work attitudes and worker dissatisfaction. The shortages will not disappear with the current or the next economic downturn."¹²

Both the registered-nurse workforce and the general population are rapidly aging. As members of the "baby boom" generation begin to retire, the demand for nurses is expected to increase rapidly.³² Between 2000 and 2010, the occupation of registered nurse will be one of the five occupations with the greatest growth in the number of jobs, according to the Bureau of Labor Statistics. It is projected that during this period, there will be 1,000,400 job openings for registered nurses, including 561,000 new positions.³³

Younger nurses are more likely than older nurses to work in hospitals. In 2000, only 9 percent of registered nurses were less than 30 years of age, as compared with 25 percent in 1980 (Fig. 5). About a third of registered nurses were 50 years of age or older.⁹ A

related issue is that nursing, particularly in a hospital, can be physically demanding and lead to occupational injuries, particularly for older nurses.² By 2020, a shortage of more than 400,000 registered nurses is possible.³² One analysis concluded: "The evidence suggests a not-too-distant collision between the aging and shrinking RN workforce and the increasing demand driven (among other things) by the expanding population of Medicare beneficiaries."³⁴

MINIMAL NURSE-STAFFING RATIOS

In 1999, the California legislature, prompted by concern about the effects of decreased levels of staffing by nurses on the quality of care, required the state Department of Health Services to establish minimal staffing ratios of nurses to patients according to the types of licensed-nurse classification and hospital unit.^{35,36} In January 2002, Governor Gray Davis announced the proposed ratios (Table 1).³⁷ The actual regulations are likely to be finalized later this year, after public comments and hearings, and to take effect by July 2003.

The staffing ratios have been the subject of sharp disputes between the California Nurses Association, which worked for years to pass the legislation, and the California Healthcare Association, which represents hospitals in the state and has opposed the approach.³⁸ The nurses' association advocated a minimal ratio of 1 nurse to 3 patients on medical-surgical units; the hospital association advocated a minimal ratio of 1:10.

The proposed ratios include a minimum of one nurse to six patients on general medical-surgical units (Table 1). This minimum would change to one nurse to five patients 12 to 18 months after the regulations go into effect. Although most of the nurses are likely to be registered nurses, the extent to which licensed practical nurses could be substituted is not yet clear. For labor-and-delivery units, the minimal staffing ratio is one nurse to two patients. Intensive care units are already subject to a minimum of one nurse to two patients. The ratios are meant to be minimums; hospitals are expected to increase levels of staffing when patients require additional care.

Complying with the Ratios

California has 470 hospitals, according to the California Healthcare Association. Fifteen percent of hospitals with medical-surgical units would not be in compliance with the initial ratio if it took effect now, and 36 percent would not be in compliance with the final ratio, according to Joanne Spetz of the Center for California Health Workforce Studies at the University of California, San Francisco.³⁹ Fifteen percent of hospitals with labor-and-delivery units would not be in compliance with the proposed ratio.

Spetz predicted that the cost of implementing the

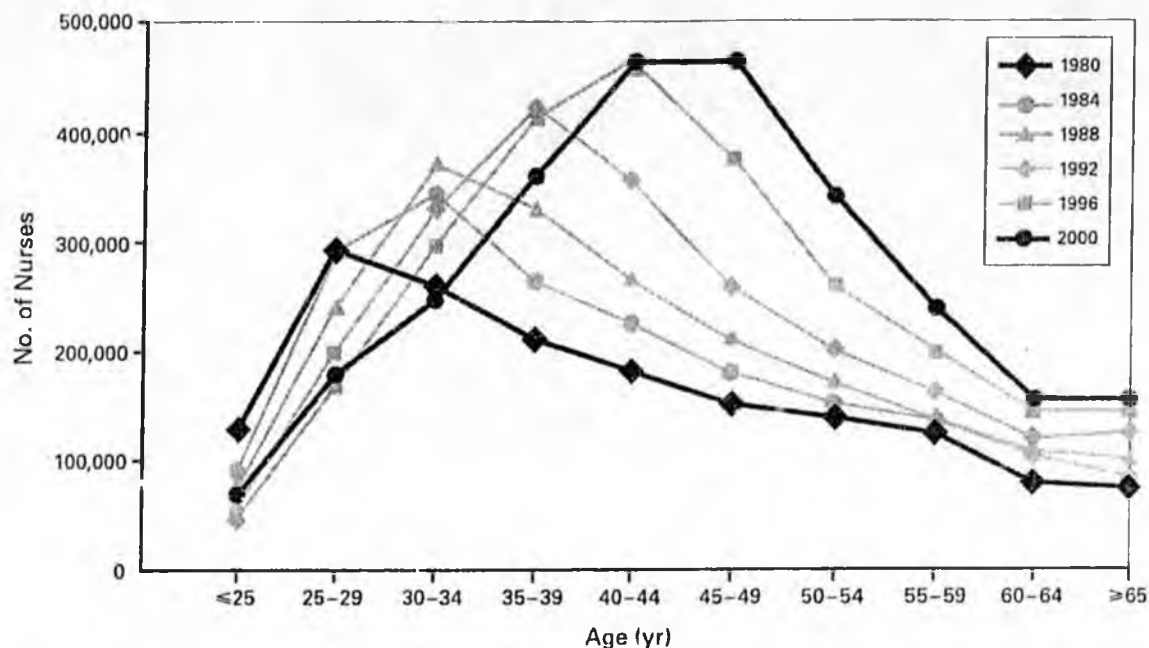


Figure 5. Age Distribution of Registered Nurses in the United States, 1980 through 2000. Adapted from the National Sample Survey of Registered Nurses: March 2000.⁹

recommendations would be "rather small," because many hospitals would have to hire few, if any, additional nurses. She estimated the annual per-hospital increase in expenditures for nursing as \$143,846 (1.0 percent) for the initial ratios and \$217,210 (1.7 percent) for the final ratios.³⁹ The California Healthcare Association has not prepared per-hospital estimates. It has estimated that if 5000 additional registered nurses are required statewide, the annual cost might be \$400 million. It is possible, however, that the costs of hiring additional nurses may be offset if patients have fewer complications and adverse events and therefore leave the hospital sooner.

Reaction to the Ratios

According to Rose Ann DeMoro, the executive director of the California Nurses Association, minimal nurse-staffing ratios "are a dramatic step forward for hospitals in California" and will help to "create conditions in hospitals for nurses to return." Jan Emerson, vice president of external affairs at the California Healthcare Association, said that although "the hospital industry agrees with the notion that more nurses is probably a good thing," the minimal staffing ratios could have "serious unintended consequences." These include an inability to find qualified registered nurses, which may force hospitals to eliminate beds

and reduce access to care. The proposed ratios also raise practical issues, such as whether the level of staffing is required around the clock.

The new American Association of Registered Nurses is encouraging other states to enact similar legislation. Mary Foley, the president of the American Nurses Association, said that her organization was "not opposed to the California bill but did not support it enthusiastically." She said that, although "10 to 12 patients per nurse is horrible," safe medical and nursing care is "not just a matter of numbers." Aiken, of the University of Pennsylvania School of Nursing, predicted that unless a "floor" for staffing is established, "we are not going to be able to stop the flight of nurses from hospitals. . . . If it is feasible to implement the ratios, a lot of other states may follow."

MANDATORY OVERTIME

Some people like to work overtime, because they can make more money or take other time off. Others prefer to work on a regular schedule. Although it might seem inefficient and expensive for an employer to hire too few employees and then pay higher wages for overtime, this approach reduces the number of permanent employees and is one way to cope with vacancies.

Overtime has unique aspects in health care. Physi-

TABLE 1. PROPOSED MINIMAL NURSE-STAFFING RATIOS FOR HOSPITAL UNITS IN CALIFORNIA.*

HOSPITAL UNIT	PROPOSED RATIO OF NURSES TO PATIENTS
Intensive or critical care†	1:2
Neonatal intensive care†	1:2
Intermediate care nursery†	1:4
Labor and delivery	1:2
Postanesthesia care	1:2
Emergency department	
General	1:4‡
Critical care	1:2
Trauma	1:1
Pediatrics	1:4
Step-down with telemetry	1:4
Specialty care (oncology)	1:5
General medical-surgical	1:6§
Behavioral health or psychiatric	1:6

*Data are staffing ratios proposed by the California Department of Health Services in January 2002¹⁷ under Assembly Bill 394, which was signed into law in 1999.¹⁸ The actual regulations — which have yet to be finalized — are to take effect in 2003. Although most of the nurses are expected to be registered nurses, the proposed ratios do not specify when licensed practical nurses can be used. Not all types of hospital units are listed.

†Minimal nurse-to-patient ratios are already in place for these units by California statute, regulations, or both.

‡Triage, radiology, or other specialty nurses are considered to represent an additional workforce; they are not included in this ratio.

§This ratio is an initial ratio; a ratio of 1:5 is to be phased in 12 to 18 months after the effective date of the regulations.

icians and nurses have professional obligations to care for their patients and not abandon them. Although overtime is essential in emergencies, there is concern that hospitals, like other businesses, are using it instead to compensate for inadequate levels of staffing. Exhausted nurses, like exhausted physicians, can pose safety risks. "By far the riskiest result of understaffing is the abuse of mandatory overtime as a staffing tool," Foley of the American Nurses Association stated in congressional testimony in March of this year.⁴⁰ Many nurses, she said, are being required to work some mandatory or unplanned overtime every month or face dismissal for insubordination or being reported to the state board of nursing for abandonment of patients.

In the recent national survey of working nurses,¹⁴ 61 percent of respondents said they had observed increases in overtime or double shifts during the past year. Forty-eight percent said that "the amount of overtime required" had increased, 6 percent said it had decreased, and 45 percent said it had remained the

same. Forty-five percent said working overtime was "strictly voluntary," 32 percent said it was "voluntary but feels like it is required," and 20 percent said it was "required" (Buerhaus P, Vanderbilt University School of Nursing; personal communication). A national survey of oncology nurses, conducted in 2000, had similar findings (Buerhaus P; personal communication).⁴¹

As of early May 2002, six states had enacted laws that ban or limit mandatory overtime, except in emergencies — Maine,⁴² Maryland,⁴³ Minnesota,⁴⁴ Oregon,⁴⁵ New Jersey,⁴⁶ and Washington.⁴⁷ The Washington law prohibits hospitals from requiring nurses who care for patients from working more than 12 hours in a 24-hour period or more than 80 hours in a period of 14 consecutive days. Many of the other laws have similar provisions. More states are likely to enact such laws, which are backed by the American Nurses Association and other nursing organizations.

POTENTIAL SOLUTIONS

A major goal of minimal nurse-staffing ratios or the prohibition of mandatory overtime is to improve the quality of care. These measures may exacerbate shortages in the short term because hospitals will most likely have to hire more registered nurses. However, if they help to make hospitals more attractive places to work, they may make it easier to recruit nurses. Their actual effects will not be clear for at least several years.

The potential solutions to the shortage of nurses and related problems include expanding enrollment in nursing schools and bringing more men and members of minority groups into the profession.^{21,34} They also include developing incentives to encourage nurses who work part-time to work more hours, offering better salaries, providing more regular work hours, and restructuring hospitals to make the work environment more attractive. In its recent report, the workforce commission of the American Hospital Association emphasized the need to make hospital work more meaningful and rewarding.¹² Still other approaches, such as recruiting more nurses from overseas⁴⁸ or encouraging affluent patients to hire their own nurses,⁴⁹ are less likely to have broad effects. Some combination of these approaches is likely to be most effective.

Financial incentives may be particularly important. Many hospitals are paying nurses signing bonuses of \$1,000 to \$5,000 or more and are temporarily filling vacant positions with registry or traveling nurses.^{14,26} In Boston, Tufts–New England Medical Center has agreed to raise nurses' pay 18 to 23 percent over a period of 23 months.⁵ Nurses at the Oregon Health and Science University will receive at least a 20 percent raise over a three-year period.⁵⁰

The American Nurses Credentialing Center, a subsidiary of the American Nurses Association, has developed the "magnet nursing services recognition pro-

gram" for hospitals that meet quality standards and provide nurses with more responsibilities, autonomy, and opportunities to participate in policy decisions. Studies suggest that nurses in such hospitals have greater job satisfaction, and the hospitals are less likely to have difficulty hiring and retaining nurses.⁵¹ As part of the new contract for nurses, the Oregon Health and Science University agreed to seek "magnet" status.

Enrollment in associate's-degree programs for nurses decreased through 2000, according to preliminary data (Fig. 3). One encouraging sign, however, is that enrollment in baccalaureate programs, which appeal to younger students,⁵² has increased⁵³ (Fig. 3). The increase — in 2001 — ended a six-year period of declining enrollment. The Nurse Reinvestment Act would authorize federal funding for scholarships and loan repayments for nurses who agree to work after graduation in areas where there are shortages, as well as for public-service announcements that would promote nursing as a career.⁵⁴ The Bush administration has announced the availability of grants and has proposed extending loan-repayment programs.⁵⁵ In California, Governor Davis has proposed a \$60 million initiative for the nurse workforce that expands training programs for nurses.⁵⁶

THE FUTURE

Nurses who work in hospitals are apprehensive about the future. Hospitals employ many more registered nurses than physicians and cannot function without them. At a time of serious financial constraints, however, they must often choose between hiring more nurses and launching or maintaining other programs that may improve patient care, such as computerized order-entry systems.⁵⁷ Some of the issues raised by nurses about hospital staffing reflect their interest in their own financial and job security. Yet there is ample evidence of a broader unease.

Many tensions will be difficult, if not impossible, to resolve, particularly if additional funds do not become available. For example, within the nursing profession, higher-quality care may mean a better-educated workforce, with a higher percentage of nurses with bachelor's or advanced degrees. Such a workforce, however, would expect more responsibility and greater independence and would be more expensive to hire and retain.

In the long term, the future of the nursing profession is related to its ability to attract more young nurses, to support the careers of current nurses, and to create more jobs for nurses with higher wages and greater responsibilities. Such efforts can be successful only if the positions students are training to fill are sufficiently attractive, as compared with the alternatives in other fields. "Nursing is a worthy career," said Foley, the president of the American Nurses As-

sociation. "It should not be considered secondary or inferior. We want nursing back on the list of career choices for bright young men and women who are looking at health care."

REFERENCES

1. Abel-Smith B. A history of the nursing profession. New York: Springer, 1960.
2. Wunderlich GS, Sloan FA, Davis CK, eds. Nursing staff in hospitals and nursing homes: is it adequate? Washington, D.C.: National Academy Press, 1996.
3. Needleman J, Buerhaus P, Mattke S, Stewart M, Zelevinsky K. Nurse-staffing levels and the quality of care in hospitals. *N Engl J Med* 2002;346:1715-22.
4. Freudenheim M, Villarosa L. Nursing shortage is raising worries on patients' care. *New York Times*. Apr 9, 2001:A1.
5. Barnard A. As their numbers slunk, nurses gain clout. *Boston Globe*. February 7, 2002:A1, A28.
6. Coffman J, Spetz J, Seago JA, Rescigno E, O'Neil E. Nursing in California: a workforce crisis. San Francisco: California Workforce Initiative. January 2001.
7. Aiken LH, Mullinix CF. The nurse shortage: myth or reality? *N Engl J Med* 1987;317:641-6.
8. Iglehart JK. Problems facing the nursing profession. *N Engl J Med* 1987;317:646-51.
9. Spratley E, Johnson A, Sochalski J, Fritz M, Spencer W. The registered nurse population: findings from the National Sample Survey of Registered Nurses: March 2000. Washington, D.C.: Health Resources and Service Administration, February 2002.
10. Nursing workforce: emerging nurse shortages due to multiple factors. Washington, D.C.: General Accounting Office, July 2001. (GAO-01-944.)
11. Aiken LH, Sochalski J, Anderson GE. Downsizing the hospital nursing workforce. *Health Aff (Millwood)* 1996;15(4):88-92.
12. AHA Commission on Workforce for Hospitals and Health Systems. In our hands: how hospital leaders can build a thriving workforce. Chicago: American Hospital Association, April 2002.
13. Aiken LH, Clarke SP, Sloane DM, et al. Nurses' reports on hospital care in five countries. *Health Aff (Millwood)* 2001;20(3):43-53.
14. NurseWeek/American Organization of Nurse Executives. National Survey of Registered Nurses. Sunnyvale, Calif: NurseWeek Publishing, April 2002. (Accessed May 10, 2002, at <http://www.nurseweek.com/survey>.)
15. Rojas-Burke J, Lawton WY. Staffing at heart of OHSU strike. *Oregonian*. December 19, 2001:C1.
16. Hirsch BT, Macpherson JA. Union membership and earnings data book: compilations from the Current Population Survey. Washington, D.C.: Bureau of National Affairs, 2001.
17. Tieman J. New nursing group divides ANA: AARN piggybacks on CNA's success, fights for nurse-staffing ratios. *Mod Healthcare* 2002;32(6):13.
18. Buerhaus PJ, Staiger DO. Managed care and the nurse workforce. *JAMA* 1996;276:1487-93.
19. *Idem*. Trouble in the nurse labor market: Recent trends and future outlook. *Health Aff (Millwood)* 1999;18(1):214-22.
20. Grumbach K, Ash M, Seago JA, Spetz J, Coffman J. Measuring shortages of hospital nurses: how do you know a hospital with a nursing shortage when you see one? *Med Care Res Rev* 2001;58:387-403.
21. Coffman J, Spetz J. Maintaining an adequate supply of RNs in California. *Image J Nurs Scholarship* 1999;31:389-93.
22. Richmond E. New hospitals face staffing woes: nursing shortage is 'reaching crisis levels in Nevada.' *Las Vegas Sun*. January 14, 2002:1.
23. Miller DR. Health and nurses in Texas: the supply of registered nurses: first look at available data. Vol. 1. No. 1. San Antonio: University of Texas Health Science Center, Winter 2000.
24. Florida's nursing shortage: it is here and it is getting worse. Orlando: Florida Hospital Association, November 2001.
25. Buerhaus PJ, Staiger DO, Auerbach DI. Why are shortages of hospital RNs concentrated in specialty care units? *Nurs Econ* 2000;18:1-6.
26. The healthcare workforce shortage and its implications for America's hospitals. Long Beach, Calif: First Consulting Group, Fall 2001.
27. The hospital workforce shortage: immediate and future. *TrendWatch*. Vol. 3. No. 2. Washington, D.C.: American Hospital Association, June 2001:1-8.
28. Widespread hospital workforce shortages. Press release of the Association of Maryland Hospitals & Health Systems, Elkridge, June 26, 2001.

29. Packham JF, the Nevada Nurse Task Force. The nursing workforce and nursing education in Nevada. Reno: Nevada Hospital Association, March 2001.
30. Brewer CS, Kovner CT. A report on the supply and demand for registered nurses in New York State. Latham: New York State Nurses Association, 2000.
31. Levine L. A shortage of registered nurses: is it on the horizon or already here? Washington, D.C.: Congressional Research Service, May 18, 2001.
32. Buerhaus PI, Staiger DO, Auerbach DI. Implications of an aging registered nurse workforce. *JAMA* 2000;283:2948-54.
33. Hecker DE. Occupational employment projections to 2010. *Monthly Labor Review*. November 2001:57-84.
34. Buerhaus PI, Staiger DO, Auerbach DI. Policy responses to an aging registered nurse workforce. *Nurs Econ* 2000;18:278-84, 303.
35. State of California, Assembly Bill No. 394, ch. 945 (approved by governor, October 10, 1999).
36. Spetz J, Seago JA, Coffman J, Rosenoff E, O'Neil E. Minimum nurse staffing ratios in California acute hospitals. Oakland: California Healthcare Foundation, December 2000.
37. Governor Gray Davis announces proposed nurse-to-patient ratios. Press release of the Office of the Governor of California, Sacramento, January 22, 2002.
38. DeMoro R. New nurse-patient ratios will ensure better care. *Los Angeles Times*. January 31, 2002:B-19.
39. Spetz J. Revised cost estimates of minimum nurse-to-patient ratio proposals. San Francisco: UCSF Center for Health Workforce Studies, January 24, 2002.
40. Foley M. Statement for the Committee on Ways and Means, Subcommittee on Health regarding improving patient safety. Washington, D.C.: American Nurses Association, March 7, 2002.
41. Buerhaus P, Donelan K, DesRoches C, Lamkin L, Mallory G. State of the oncology nursing workforce: problems and implications for strengthening the future. *Nurs Econ* 2001;19:198-208.
42. Maine Pub. L. ch. 401 (2001).
43. Md. Senate bill 537, ch. 322. Signed by the governor May 6, 2002. (Accessed May 10, 2002, at <http://mlis.state.md.us/2002rs/billfile/SB0537.htm>.)
44. Minnesota Mandatory Overtime Prevention Act, SF 2463/HF 2993, (2002).
45. N.J. Pub. L. 2001, ch. 300 (approved Jan. 2, 2002).
46. Oregon HB 2800-B (effective Oct. 1, 2002).
47. Washington, D.C., Senate Bill 6675/House Bill 2601 (2002).
48. Brubaker B. Hospitals go abroad to fill slots for nurses: wide pay gap exists between U.S., foreign workers in D.C. area. *Washington Post*. June 11, 2001:A1.
49. Zuger A. Nurse deficit? Affluent patients hire their own. *New York Times*. April 16, 2002:D1, D6.
50. Rojas-Burke J, Lawton WY. OHSU, nurses reach a deal. *Oregonian*. February 7, 2002 A1.
51. Aiken LH. Superior outcomes for magnet hospitals: the evidence base. In: McClure ML, Hinshaw AS, eds. Magnet hospitals revisited: attraction and retention of professional nurses. Washington, D.C.: American Nurses Publishing (in press).
52. Auerbach DI, Buerhaus PI, Staiger DO. Associate degree graduates and the rapidly aging RN workforce. *Nurs Econ* 2000;18:178-84.
53. Enrollments rise at U.S. nursing colleges and universities ending a six-year period of decline. Press release of the American Association of Colleges of Nursing, Washington, D.C., December 20, 2001.
54. Nurse Reinvestment Act, H.R. 3487, § 1864 (2001).
55. Bush administration promotes careers in nursing. Press release of the Department of Health and Human Services, Washington, D.C., February 22, 2002.
56. Governor Davis announces nurse workforce initiative. Press release of the Office of the Governor of California, Sacramento, January 23, 2002.
57. Landro L. Deadly hospital errors prompt group to push for technological help. *Wall Street Journal*. March 15, 2002:B1.

Copyright © 2002 Massachusetts Medical Society.

Alaska Health Professional Shortage Area (HPSA) Designations

April 24, 2007

Census Area/Borough or Subarea:	Primary Care	Mental Health	Dental Health
Aleutians East Borough	18	8	18
Aleutians West Census Area	17	7	CHC
Anchorage Municipality	CHC	CHC	CHC
- Anchorage North Census Tracts (Low Inc)	7		
- Anchorage South Census Tracts (AK Nat)	4		
- Anchorage East Census Tracts (AK Nat)	4		
Bethel Census Area	15	20	CHC
Bristol Bay Borough	CHC	CHC	CHC
Denali Borough	15	7	No HPSA
Dillingham Census Area	CHC	CHC	CHC
Fairbanks North Star Borough (low income)	11	CHC	8
Haines Borough	CHC	CHC	CHC
Juneau City and Borough	CHC-Homeless	CHC	CHC
Kenai Peninsula Borough	CHC	CHC	CHC
- Seward Subarea		7	
Ketchikan Gateway Borough	No HPSA	No HPSA	No HPSA
Kodiak Island Borough	CHC	CHC	CHC
Lake and Peninsula Borough	No HPSA	11	11
Matanuska-Susitna Borough	CHC	CHC	CHC
- Talkeetna/Trapper Creek Service Area	9		
Nome Census Area	15	18	CHC
North Slope Borough	.3	16	No HPSA
Northwest Arctic Borough	18	12	CHC
Prince of Wales-Outer Ketchikan Census Area	CHC	9	CHC
Sitka City and Borough	CHC	CHC	CHC
Skagway-Hoonah-Angoon Census Area	15	4	16
Southeast Fairbanks Census Area	12	No HPSA	No HPSA
Valdez-Cordova Census Area	CHC	CHC	CHC
Wade Hampton Census Area	15	13	20
Wrangell-Petersburg Census Area	CHC	10	CHC
Yakutat City and Borough	7	CHC	6
Yukon-Koyukuk Census Area	17	13	20

Scores: Score listed if there is a Geographic HPSA; if the only HPSA is a community health center it is listed as such.

CHC means Community Health Center Designation is present



Grants

Student Assistance

National Health Service Corps

National Center for Health Workforce Analysis

Health Professional Shortage Areas

Support for Training Programs

Medicine & Dentistry
Nursing

Diversity

Area Health Education Centers

Public Health

Other Disciplines

Children's Hospitals
CME

Kids Into Health Careers

Practitioner Data Banks

Ricky Ray Hemophilia Relief Fund

Publications

 Setup Instructions

Shortage Designation

- The Shortage Designation Branch in the HRSA Bureau of Health Professions National Center for Health Workforce Analysis develops shortage designation criteria and uses them to decide whether or not a geographic area or population group is a **Health Professional Shortage Area** or a **Medically Underserved Area or Population**.

- More than 34 federal programs depend on the shortage designation to determine eligibility or as a funding preference.

- About 20 percent of the U.S. population resides in primary medical care Health Professional Shortage Areas.

Health Professional Shortage Areas (HPSAs) may have shortages of primary medical care, dental or mental health providers and may be urban or rural areas, population groups or medical or other public facilities.

- [Automatic HPSA scores by category \(Excel/xls, 10/02/2006\)](#) | [Automatic HPSA scoring process summary](#)
- [Search the HPSA data base \(updated weekly\)](#)
- [HPSA data base dictionary of terms and abbreviations](#)
- [HPSA designation criteria](#)
- [Primary medical care HPSA designation criteria](#)
- [Dental HPSA designation criteria](#)
- [Primary medical care/dental HPSA guidelines](#)
- [Mental health HPSA designation criteria](#)
- [Mental health HPSA guidelines](#)
- [How to apply for HPSA designation](#)

Medically Underserved Areas (MUA) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.

- [Search the MUA/MUP data base \(live, updated continuously\)](#)
- [Guidelines for MUA/MUP designation](#)
- [MUA/P data dictionary](#)

For shortage designation inquiries, please call 1-888-275-4772. Press option 1, then option 2 or contact the Shortage Designation Branch:

sdb@hrsa.gov
 301-594-0816
 301-443-4370 fax

5600 Fishers Lane
Room 8C-26
Rockville, MD 20857

[Top](#) | [Home](#) | [HRSA](#) | [HHS](#) | [Privacy Policy](#) | [Search](#) | [Disclaimers](#)
[Accessibility](#) | [Questions?](#)

Office of the Commissioner

H&SS-Office of the Commissioner-Health Planning & System Development



Health Planning & Systems Development

New Publications

- Alaska State Health Plans and Special Reports
- Directory of Health Care Sites
- Health Planning and Systems Development Annual Report, FY 2006
- Physician Supply Taskforce Report
 - Powerpoint Presentation (from Health Summit 12/06)
- Rural Health Clinics in Alaska

Publications

- Diagnostic Related Groups (DRG) Summary 2001-2004
- Hospital Discharge Data Report for 2001-2003 (PPT)
- In Step: Comprehensive Integrated Mental Health Plan, 2001-2006
- Moving Forward: Comprehensive Integrated Mental Health Plan, 2006-2011
- SORRAS I: Status of Recruitment Resources and Strategies (2004)
 - SORRAS Report
 - SORRAS Summary and Appendices
 - SORRAS Survey
- SORRAS II: Status of Recruitment Resources and Strategies 2005-2006
 - SORRAS II: Appendices 2005-2006

Presentations

Physician Supply Task Force PPT Presentation (12/06)

Presentations from the Health Insurance Forum (12/06)

Health Insurance Presentations from Health Summit (12/06)

Coming Soon!

- Check back soon for upcoming publications!

Health Planning Links

Health Planning Resources

Navigation

- ▶ Home
- ▶ Boards & Commissions
- ▶ Finance & Management Services (FMS)
- ▼ **Health Planning & Systems Development**
 - ▶ Alaska Office of Rural Health
 - ▶ Alaska Primary Care Office
 - ▶ Certificate of Need (CON)
 - ▶ Health Planning and Data Management
 - ▶ Rural Hospital Flexibility
 - ▶ SEARCH *Alaskan exposure*
 - ▶ Workforce
 - ▶ Publications
- ▶ Office of Program Review
- ▶ Office of Rate Review
- ▶ Tribal Programs

Resources

- ▶ Contacts
- ▶ Regulations
- ▶ Bioterrorism
- ▶ Medicaid State Plan
- ▶ Medicaid Independent Audit Appeal

Jeanne Ostnes

From: Carr, Patricia A [Pat_Carr@health.state.ak.us]
Sent: Tuesday, May 01, 2007 8:31 AM
To: Jeanne Ostnes
Subject: Health Professional Shortage Areas criteria and lists for AK

Jeanne:

Here's the website that has links to the USDHHS Health Professional Shortage Area (HPSA) designation criteria <http://bhpr.hrsa.gov/shortage/> and link to find a HPSA on the HPSA list - which is <http://hpsafind.hrsa.gov/>

I have attached a working list maintained by my office to identify the areas identified as either primary care, dental or mental health HPSAs.

We do not have state-developed criteria for determining shortages.

I mentioned several reports that may be of interest. The link to the Alaska Physician Supply Task Force report and the Status of Recruitment Resources and Strategies <http://hss.state.ak.us/commissioner/Healthplanning/publications>

I plan to attend the hearing today.

Let me know if you need additional information.

Pat

Patricia Carr, Unit Manager
Health Planning and Systems Development
Office of the Commissioner
Department of Health and Social Services
P.O. Box 110601
Juneau, Alaska 99811-0601
(907) 465-8618 phone
(907) 465-6861 fax
pat_carr@health.state.ak.us

5/1/2007



April 30, 2007

The Honorable Peggy Wilson, Chair
House Health, Education and Social Services Committee
Alaska State Capitol, Room 403
Juneau, AK 99801-1182

RE: HB 234 (Johnson)—Support

Dear Chair Wilson:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the House Health, Education and Social Services Committee to support HB 234, authored by Representative Craig Johnson and co-sponsored by Representative Bob Buch.

As you know, Alaska has a shortage of qualified workers in a variety of occupational specialties. One public policy strategy that works to encourage students to enter specific fields of study and then to remain in Alaska is repayment of student loans. HB 234 would create the enabling legislation to allow a separate endowment fund to be established. Loan repayment would be limited to five years duration or fifty percent of the outstanding debt.

We know we currently have a shortage of health professionals and educators. We will soon need a skilled workforce for resource development and the gas pipe line. HB 234 won't solve all our recruiting and retention problems but it is an excellent step in that direction.

AARP recommends an "AYE" vote on HB 234.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,

Marie Darlin

Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Bob Roses
Representative Anna Fairclough
Representative Mark Neuman
Representative Paul Seaton
Representative Berta Gardner
Representative Sharon Cissna
Representative Craig Johnson



217 Second Street, Suite 200 • Juneau, Alaska 99801
Tel (907) 586-1325 • Fax (907) 463-5480 • www.akml.org

Monday, April 30, 2007

Chairwoman Peggy Wilson
Members of the House Health, Education & Social Services Committee
State Capitol
Juneau, Alaska 99801-1182

Dear Chairwoman Wilson and members of the committee,

The Alaska Municipal League is writing in support of HB 234 – EDUCATION LOAN REPAYMENT PROGRAM and HB 235 – APPROP: EDUCATION LOAN REPAYMENT FUND.

We support HB 234 and HB 235 because this legislation may help Alaska attract and retain workers in fields where positions are currently hard to fill, including peace officers, engineers, and health care workers. With many vacancies in these areas throughout Alaska, public health and safety may be at risk in our communities. It is these employees who keep our communities functioning and livable.

Thank you for your support of HB 234 and HB 235.

Sincerely,

Kathie Wasserman

Kathie Wasserman, Executive Director
Alaska Municipal League
217 Second Street, Suite 200
Juneau, Alaska 99801
(907) 586-1325
upcoming fiscal year.



217 Second Street, Suite 200 • Juneau, Alaska 99801
Tel (907) 586-1325 • Fax (907) 463-5480 • www.akml.org

Monday, April 30, 2007

Chairwoman Peggy Wilson
Members of the House Health, Education & Social Services Committee
State Capitol
Juneau, Alaska 99801-1182

Dear Chairwoman Wilson and members of the committee,

The Alaska Municipal League is writing in support of HB 234 – EDUCATION LOAN REPAYMENT PROGRAM and HB 235 – APPROP: EDUCATION LOAN REPAYMENT FUND.

We support HB 234 and HB 235 because this legislation may help Alaska attract and retain workers in fields where positions are currently hard to fill, including peace officers, engineers, and health care workers. With many vacancies in these areas throughout Alaska, public health and safety may be at risk in our communities. It is these employees who keep our communities functioning and livable.

Thank you for your support of HB 234 and HB 235.

Sincerely,

Kathie Wasserman

Kathie Wasserman, Executive Director
Alaska Municipal League
217 Second Street, Suite 200
Juneau, Alaska 99801
(907) 586-1325
upcoming fiscal year.

HB

252

ALASKA STATE LEGISLATURE



SESSION ADDRESS
Alaska State Capitol
Juneau, AK 99801-1182
(907) 465-2487
Fax (907) 465-4956

INTERIM ADDRESS
112 Mill Bay Road
Kodiak, AK 99615
(907) 486-8872
Fax (907) 486-5264

Representative Gabrielle LeDoux

SPONSOR STATEMENT FOR HB 252 An Act requiring paid leave from employment for organ and bone marrow donation

The Richard Foster and Alec Cesar Donor Act would require an employer who employs 100 or more employees to grant a paid leave of absence to an employee for the purpose of making a personal organ or bone marrow donation. The employer is not required to provide more than 80 hours of leave, however the leave may not be less than 40 hours unless the employee requests fewer hours. Verification may be required and the employer may not retaliate or sanction an employee for requesting this leave.

For living donors, paid leave may be needed for a screening process, the procedure to obtain bone marrow or kidneys, and recuperation time. In order to obtain a bone marrow donor sample, a quick and easy cheek swab is taken. The actual bone marrow donation and recuperation can take time away from work, especially if the donor must travel in order to donate. For kidney donors as well, paid leave for screening, surgery, and recuperation time is needed.

According to the Alaska Kidney Foundation, over 300 Alaskans are on kidney dialysis and that number has been steadily increasing by 15% annually. There are some patients on dialysis who could benefit from a kidney transplant. There are nearly 100 Alaskans waiting for an organ transplant. Every year there are adults and children who need bone marrow transplants for ailments such as leukemia and other blood diseases. A bone marrow donation may be their only chance for survival.

Richard Foster is a longtime legislator from Nome who is currently awaiting a kidney transplant. Alec Cesar is a Filipino/Tlingit boy residing in Juneau who was able to receive a bone marrow transplant in Seattle after the national bone marrow bank turned up a matching donor in New Mexico.

LEGAL SERVICES

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

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

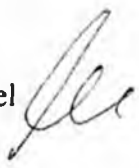
State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

May 4, 2007

SUBJECT: Sectional Summary (HB 252 (Work Order No. 25-LS0817\A))

TO: Representative Gabrielle LeDoux
Attn: Christine

FROM: Jean M. Mischel
Legislative Counsel 

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

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

Section 1. Provides a short title.

Section 2. Adds a new section to title 23 (employment practices generally) requiring employers of 100 or more employees who work more than 30 or more scheduled hours each week to provide not less than 40 hours and not more than 80 hours of paid leave to those employees for donating an organ or bone marrow.

Section 3. Makes a conforming amendment related to sec. 6's technical change that removes a previously repealed paragraph.

Section 4. Makes a conforming amendment related to sec. 6's technical change that removes a previously repealed paragraph.

Section 5. Adds a new section to title 39 (state employment) requiring specified employers to provide employees who work more than 30 or more scheduled hours each week not less than 40 hours of paid administrative leave for donating an organ or bone marrow.

Section 6. Provides a cross-reference to the new section added in sec. 5 of the bill and makes a technical change that removes a previously repealed paragraph.

JMM:med
07-297.med



[Click here to return to the original story](#)

Bone marrow donor, recipient's family connect in Juneau

Native boy meets his rare match in emotional reunion at the airport

Leonard Begaii was driving to work about six weeks ago in New Mexico when he got a phone call that changed his life.

He answered it, but the caller was silent. He was about to hang up when he heard an emotional voice.

"She told me, 'My name is Rachel. I'm the mother of Alex Cesar,'" he said. "That's the patient you donated the bone marrow to.' "

A year and a half after helping save the life of a Juneau boy, Begaii had finally learned the boy's name.

This week, Begaii, 29, was able to meet him. He and his family were flown up from New Mexico to meet Alex and his family, to celebrate the boy's eighth birthday and be honored by the city Monday evening.

"I just wanted to help somebody out," Begaii said. "I kept wondering who got it, where it went to."

Alex's battle with leukemia inspired a statewide drive for bone marrow in 2005. More than 1,000 people registered in the National Marrow Donor Program across Alaska.

A match was not easy to find for Alex, who is one-quarter Filipino and three-quarters Tlingit. It came from an unexpected source: a Navajo man in New Mexico.

Begaii arrived at a donating facility just as the staff was closing it down one afternoon in April. He talked them into taking one last sample. The blood matched, and a transplant took place later in October.

Much of Begaii's desire to donate sprung from health issues that his own son faced. When his son, Xavier, was an infant, doctors discovered a rare chromosomal disorder. They said the boy had six months to a year to live.

Now he's 10.

Begaii decided to donate the marrow even though it was against his Navajo beliefs, he said. The Navajo say that if you give away part of your body, you give away part of your spirit.

"With my wife standing behind me through the whole procedure, I was glad to do it," he said.

The transplant process has been overwhelming for Alex's family, but it was successful.

Alex's mother, Rachel Dugaqua, said Begaii saved Alex's life. She and Alex's aunt, Andrea Quinto, and other family members gathered at the Juneau International Airport on Friday to meet Begaii and his extended family - but the flight was sent to Sitka due to snow. They were able to land later.

"You don't know what to expect," Dugaqua said as she waited for the plane. "It's been a major roller coaster of emotion."

"We called," she added. "We got to talk on the phone. He sent me a photo, and we sent him photos too. But it's all very different face-to-face."

Alex was playing with other kids. When asked if he wanted to talk about his experiences, he just shook his head. He's shy, his family said.

Every family member was affected differently by the events, Quinto said.

"For me, it was a fight to find a donor," Quinto said. "You got to fix what's broken. But you can't fix it if the doctors don't have what they need."

"We have a good success story," she added. "We just happened to be the lucky ones."

Begaii and his family have been enjoying the snow and getting to know Alex. They were able to bring their five children, ranging in ages 4 to 12, and several other family members for a total of nine. They all watched Monday evening as Begaii was named an honorary citizen of Juneau.

The visit has been hectic at times. But meeting Alex and his family has given Begaii a sense of peace.

"It put my heart at ease," Begaii said. "I'm glad somebody is alive today because of what I did."

• Ken Lewis can be reached at ken.lewis@juneauempire.com.

Click here to return to story:

http://www.juneauempire.com/stories/032007/loc_20070320018.shtml

adn.com

Anchorage Daily News

Print Page

Close Window

Once again friends rally to help Nome lawmaker in crisis

TRANSPLANT: Colleagues and others offer money, even kidneys.

By ANNE SUTTON
The Associated Press

(Published: April 30, 2007)

JUNEAU -- In 1991, the state representative from Nome was facing trial on federal gun charges. Six unregistered machine guns and a 50 mm Soviet mortar were among the items found in Richard Foster's possession.

In many other places, such troubles could be grounds for a recall. Instead, Foster's constituents threw a fundraiser to help pay for his defense.

Now, in the face of a more serious challenge -- he has a life-threatening kidney disease and needs a transplant -- friends once again are rallying to Foster's side.

Half a dozen people at the Alaska Capitol have offered him one of their kidneys, and more than 200 legislators, staff members, lobbyists and well-wishers turned out in Juneau last month to raise money to help cover out-of-pocket expenses for him and his wife, Catherine.

"I was real touched and humbled by it, especially by the donors who came out of the woodwork to help," said Foster, the father of eight adult children and one teen. "You have all these people in the building here, and they are at each other's throats sometimes, but when someone needs help, they are the first to step forward."

A silver-haired, easygoing man with a ready and somewhat manic laugh, Foster has a knack for making friends. At the fundraiser, the stories flowed thick and fast about his corny jokes and biting sense of humor.

Lobbyist Paul Fuhs, a former Nome city manager, drew the biggest laugh with his story of walking with the legislator in his hometown on the edge of the Bering Sea. When a seagull swooped past, dropping a deposit on Foster's head, Fuhs figured Foster would want to tidy up, so he asked if he should fetch some toilet paper.

"Nah," Foster said, "he'll be long gone by then."

On the House floor, Foster rarely joins in legislative debate and is often observed leafing through



Rep. Richard Foster, D-Nome, has a life-threatening kidney disease and needs a transplant. Alaskans are rallying to Foster's side, with half a dozen people in the Capitol offering him one of their kidneys. (CHRIS MILLER / The Associated Press)



Rep. Richard Foster, D-Nome, has a life-threatening kidney disease and needs a transplant. Alaskans are rallying to Foster's side, with half a dozen people in the Capitol offering him one of their kidneys. (CHRIS MILLER / The Associated Press)

gun magazines. He is better known for his birthday roasts to colleagues, and for "Fridays at Foster's," the end-of-the-week music jam he hosts in his comfortable offices decorated with photographs of the thousands of people who've visited over the years.

Foster said most legislative bills aren't relevant, anyhow, to residents of his far-flung, often icebound northwestern district. He represents the city of Nome, population 3,540, and 28 Native villages -- of which only two are connected to each other by road and none to the greater world.

"There are a thousand bills introduced here every two years and they don't mean a thing to people in Savoonga or Diomedes," Foster said. "Like seat belt laws. Most of my villagers don't even have a car. They all use ATVs (all terrain vehicles) or snowmachines."

CAPITAL BUDGET IS PRIORITY

As a lawmaker, he keeps a single-minded focus on the capital budget and its ability to build jobs and infrastructure in remote, cash-poor villages. In homes there, the toilet is often a bucket behind a curtain in a corner off a main room.

"The question is trying to get good, safe conditions, water and sewer mostly, and affordable power," said Foster, whose ancestry is part Scandinavian, part Eskimo. "When I came (to the Legislature) in 1988 they had just found out in Shishmaref that their drinking water pond was built on an old Eskimo cemetery. They were drinking human remains."

His constituents certainly recognize the importance of seniority and Foster's success in bringing projects home.

In recent years, those have included schools in White Mountain, Sheldon Point, Hooper Bay, Chevak and Stebbins, the repaving of several airport runways, and smaller community projects like washeterias and dust and erosion control.

The senior member of the House of Representatives, Foster is now in his 10th two-year term. He has also remained a member of the House majority during his long tenure despite a shift in power 14 years ago from Democrats to Republicans.

He kept his party affiliation but joined the Republican caucus with three fellow rural Democrats. The move angered those who were left in the minority, but former lawmaker and Anchorage Democrat Ethan Berkowitz said he came to appreciate the pressures that the state's handful of rural lawmakers work under.

"If I don't get a capital project, no big deal. We'll get it later on," Berkowitz said. "If he doesn't get a school, that means his family, his friends, aren't going to get the education they deserve. That's a very heavy burden."

Berkowitz took an annual birthday ribbing from Foster for a boating mishap near Juneau early in his own decade-long tenure.

"He doesn't take a bath; he just washes ashore," was one of Foster's lines.

Foster also honored the event with a song, a handmade model of the capsized boat and a tongue-in-cheek request to the U.S. Board of Geographic Names to consider renaming the spot Berkowitz Island where the legislator spent a cold, wet night before he was rescued by the Coast Guard.

"It's the accident that will never stop giving," Berkowitz said with a laugh.

Foster also gave Berkowitz a gun on one birthday. It's the kind of gift he sometimes thrusts on unwitting colleagues. This time it was a derringer nestled in a hollowed-out mystery novel that Foster had earlier given to former Gov. Tony Knowles on a trip to Nome. The governor immediately turned the pistol over to state troopers, who eventually gave it back to Foster. Berkowitz still has it.

PASSION FOR FIREARMS

Foster inherited his passion for firearms from his father, former state Sen. Neal "Willy" Foster, who also shared his air taxi business and Will Rogers-style humor with his son.

It was the younger Foster's zeal for collecting weaponry that landed him in trouble 16 years ago. A Vietnam veteran and former Army captain, Foster grabbed the attention of federal agents when he asked a Juneau machinist to craft some submachine gun parts.

But a sympathetic Nome jury acquitted Foster, to the applause of the gallery.

Former Nome Mayor Leo Rasmussen is not surprised that people in the capital are now rallying to Foster's support.

"Richard is just good old Alaskan in the true sense," Rasmussen said. "The old Alaskan doesn't fit the mold of today. They have a genuineness to them that by and large the country has lost."

At the fundraiser on his behalf, Foster was characteristically low-key. Though he has a possible donor lined up -- a friend is now going through a battery of tests -- and Foster is undergoing dialysis, he already has been disappointed several times.

"I hope this is not an obituary," he told well-wishers with a soft laugh.

[Print Page](#)

[Close Window](#)

Copyright © 2007 The Anchorage Daily News (www.adn.com)



Health, Education, and Social Services Committee
Alaska State Legislature
Representative Peggy Wilson - Chair

Date: May 9, 2007

Subject: Conceptual Amendments for HB 252 from the House HESS Committee

Ver C

The House HESS committee moved HB 252 from committee on 5/8/07 with the following conceptual amendments.

Amendment 2) This bill shall only apply to state employees who are paid by a warrant of the state.

Amendment 3) Page 1 line 3 after the final "." Insert something like "This section does not require employer to grant paid leave for separate screening process"

Amendment 4) Add language that "this leave class is not donated to a pool." The member making the motion was not sure where to add this language.

Becky Rooney
X 37590

HB

266



Representative Beth Kerttula

House Minority Leader

House Bill 266

Sponsor Statement

State Employee Dependents Child Care Centers

House Bill 266 would allow child care centers to be located in office buildings owned or leased by the State of Alaska. Agencies interested in on-site child care facilities would work with the Department of Administration to determine need and feasibility. This bill provides important benefits to the State as an employer, employees and their children, and child care providers. Passage of HB 266 would reaffirm Alaska's commitment to children and families.

As an employer, the State will greatly benefit from the passage of this bill. Two decades of research shows that addressing work/life concerns can improve recruitment and retention, reduce absenteeism and tardiness, and increase job satisfaction and loyalty. With recruitment and retention of employees being major concerns in today's economy, this bill will help to attract more prospective employees to the State. On-site child care will not only provide better benefits to employees, resulting in less turnover, it will also provide a higher quality of care for our children.

The time has come to provide the State, employees, and children with the resources necessary to succeed. I greatly appreciate your support of House Bill 266.



Representative Beth Kerttula

House Minority Leader

House Bill 266

Sectional Analysis

State Employee Dependents Child Care Centers

Section 1: Adds new Article 3 to AS 39.90.

39.90.200 Duties of Department: The Department of Administration will be responsible for coordinating child care services for state officers' and employees' children and dependents. This responsibility includes reviewing and approving requests from different state agencies, providing technical assistance, and assisting other agencies in determining need for child care services, designing child care centers, and selecting providers.

39.90.210 Children served: Priority will be given to state employees' children and dependents. Emphasis will be placed on children younger than 4 and those not subject to compulsory school attendance.

39.90.220 Location of programs; operating costs: Child care centers can be located in government buildings and privately-owned buildings. The sponsoring state agency is responsible for covering maintenance, utilities, and other operating costs associated with the child care center.

39.90.230 Costs of care: Costs can be offset by fees to parents and guardians using the service. Fees can be assessed on a sliding-scale based on household income.

39.90.240 Selection of providers: Child care providers will be selected by the Department of Administration, and management of the contract with the provider will be done by the sponsoring state agency.

39.90.250 Requirements of service providers: Service providers must comply with all state laws and standards that apply to operation of child care centers, maintain adequate insurance, and assume all financial and legal responsibility for the program.

39.90.260 Consortiums: In areas where the state need for child care does not justify a center, state agencies may join together with other public employers.

39.90.270 Regulations: The Department of Administration may adopt regulations to institute this policy.

39.90.290 Definitions.

Section 2: Effective date July 1, 2008.

LEGISLATIVE RESEARCH REPORT

JUNE 19, 2007



REPORT NUMBER 07.197

STATE AND FEDERAL SUPPORT FOR CHILD CARE FACILITIES IN PUBLIC BUILDINGS

PREPARED FOR REPRESENTATIVE BETH KERTTULA

BY PATRICIA YOUNG, MANAGER

CHILD CARE FACILITIES IN FEDERAL BUILDINGS 1

ON-SITE CHILD CARE FOR STATE EMPLOYEES.....2

Table One: Legislative Measures Proposing Child Care Facilities in Alaska State Buildings, 1975 - 2006 3

PROVISIONS FOR WORKING PARENTS OF INFANTS AND TODDLERS..... 4

THE VALUE OF QUALITY CHILD CARE AND EARLY EDUCATION 5

Figure One: Return on Investment in Quality Child Care 6

You asked for information on federal and state support of child care and early childhood programs for children of public employees. Specifically, you asked whether the federal government or states require or encourage child care facilities and programs within government buildings. You also asked about programs to assist working parents of newborns.

CHILD CARE FACILITIES IN FEDERAL BUILDINGS

Recently published data identified 225 federal child care centers operating across the country with a total capacity for nearly 18,000 children. Approximately half of these centers are located in space managed by the General Services Administration (GSA); the rest are sponsored directly by other federal agencies.¹ The centers are independently run, and while providers get space and

¹ GAO, *An Assessment of Dependent Care Needs of Federal Workers Using the Office of Personnel Management's Survey*. GAO-07-437R (Washington, D.C.: March 30, 2007). Data is current as of 2005. Other federal agencies include the Department of Veterans Affairs, the Federal Aviation Administration, the Forest Service, the Coast Guard, the Department of Energy, the Department of Defense, and the National Aeronautics and Space Administration, among others. We include a copy of this report as Attachment A.

utilities without cost, they must be able to operate without federal monetary subsidies. In exchange for space and utilities, providers must become accredited by the National Association for the Education of Young Children (NAEYC) as part of the licensing agreement, and they must follow NAEYC curriculum guidelines. Although the centers are open to the community, federal law requires that at least 50 percent of the enrollment must be dependents of federal employees.

In addition to on-site child care centers, other federal programs include the Dependent Care Flexible Spending Account for using pretax dollars to pay for care and the Child Care Subsidy Program for lower-income federal workers. Federal law authorizes the use of appropriated funds, including revolving funds otherwise available for salaries, by executive agencies to provide child care services for lower income federal civilian employees.²

Agency officials view programs such as on-site quality child care and flexible work arrangements as benefits that help attract and retain committed and effective employees. Although difficult to quantify, surveys show a positive return on investment. According to Liz Themelis, child care program specialist with the GSA, a cost-benefit study conducted at the National Security Agency (NSA) showed a return of \$4 for every \$1 spent.³

ON-SITE CHILD CARE FOR STATE EMPLOYEES

Nearly half of the states make on-site child care available for children of state employees, although the number of such facilities per state varies considerably. According to Workplace Economics, Inc., as of January 2005, at least 22 states offered on-site child care facilities in certain locations.⁴ We subsequently identified two other states and several local governments providing on-site child care for public employees.⁵ The Workplace Economics survey also identified eight states offering subsidies for off-site care and notes that all states make pre-tax dependent care accounts available for employees.

Alaska is not among the states currently providing child care in state buildings, although the idea has been around for more than 30 years. From 1975 to the present, 16 measures to create child care centers in state buildings have been before lawmakers, with at least one introduced during every Legislature from the 9th through the 18th (1975 – 1994) and also from the 22nd through the 24th (2001 – 2006). So far, the concept has received little consideration: ten of these measures

² Title 40 U.S.C. § 590 authorizes federal agencies to establish on-site child care centers; subsection (g) specifies that such agencies may use appropriated funds otherwise available for salaries and expenses to provide child care. We include a copy of 40 USC § 590 and 5 CFR Part 792 as Attachment B.

³ Liz Themelis, child care program specialist, GSA; Ms. Themelis can be reached at (216) 522-4963. All 230 NSA child care slots are filled by children of employees or contractors. Although a convenient study cohort, the NSA's unique character makes comparisons with other agencies somewhat problematic.

⁴ "2005 State Employee Benefits Survey," (Washington, D.C.: Workplace Economics, Inc. 2005), pp. 47-52. Workplace Economics, Inc., is a private consulting firm that annually publishes a detailed survey of benefits provided to state employees across the nation. States offering at least one on-site child care facility for state employees are Arizona, California, Connecticut, Florida, Hawaii, Illinois, Indiana, Kansas, Maine, Maryland, Massachusetts, Montana, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Utah, Virginia, West Virginia, and Wyoming. We include a program description and regulations from Florida and Oklahoma as Attachment C.

⁵ Minnesota and Washington also operate on-site child care facilities for children of state employees. In addition, the State of Colorado operates a statewide child care resource and referral system, and child care providers in various locations throughout the state offer tuition discounts to state employees.

died without a hearing, and only one bill—SB 247 in 1983—passed out of its chamber of origin. Table One provides details on the 16 measures.

Table One. Legislative Measures Proposing Child Care Facilities in Alaska State Buildings, 1975 - 2006

Legislature		Bill	Sponsors	Final Status
Number	Years	Number		
9th	1975 - 1976	HB 349	Sullivan	(H) FIN
10th	1977 - 1978	HB 74	Duncan, Rudd	(H) FIN
11th	1979 - 1980	HB 379	Duncan	(H) HES
12th	1981 - 1982	HB 347	Duncan, Clocksin	(H) HES
13th	1983 - 1984	SB 247	Fahrenkamp, V.Fischer, Kerttula, Sturgulewski, Josephson, Rodey	(H) FIN
14th	1985 - 1986	SB 165	Fahrenkamp, Sturgulewski, V.Fischer, Rodey, Kerttula	(S) FIN
		HB 262	Clocksin, Pourchot, Collins, Duncan, Goll, Gruenberg, Hurley, Koponen	(H) FIN
15th	1987 - 1988	SB 99	Fahrenkamp, Sturgulewski	(S) STA
		SCR 28	Fahrenkamp, Josephson, Duncan, Rodey, Sturgulewski	(S) HES
16th	1989 - 1990	HB 437	Taylor, Hudson, Ulmer	(H) HES
17th	1991 - 1992	HB 61	Taylor, Kubina	(H) FIN
18th	1993 - 1994	SB 119	Kerttula, Salo	(S) STA
		HB 194	Sitton, Brice, Brown, Finkelstein, Ulmer, Nordlund	(H) HES
22nd	2001 - 2002	HB 482	Kerttula	(H) STA
23rd	2003 - 2004	HB 43	Kerttula	(H) HES
24th	2005 - 2006	HB 162	Kerttula, Gara	(H) STA

Notes and Sources: *Bill Histories and Final Status of Bills and Resolutions, 1975-1992*, and the on-line Bill Action and Status Inquiry System (BASIS) for the 18th Legislature (1993-1994) to the present. The majority of these 16 measures languished in the first committee; only one (SB 247 introduced in 1983) passed out of the originating body.

PROVISIONS FOR WORKING PARENTS OF INFANTS AND TODDLERS

We have no comprehensive information on state provisions for working parents of newborns, although clearly, infant care is more difficult to obtain and more expensive than care for older children. According to a national survey of America's families conducted for the Urban Institute, infants and toddlers are more likely to be with relatives and in parents' care, while children at three and four years old are more likely to be in center-based care.⁶ Even when infants are cared for by relatives or stay-at-home parents, however, stress for parents can be significant.

For parents who work, flexible personnel policies help to alleviate stress and to balance family and work responsibilities. Employers cite such "work life" measures as important factors in effectively recruiting and retaining productive and committed employees.⁷ Researchers with the Family and Work Institute note that many private companies have discovered the profitability of allowing working parents to share jobs, to work flexible schedules, to work from home or off-site, to provide on-site care centers or back-up care, and to bring newborns (and sometimes their care providers) to work. Many private companies also subsidize extended or odd-hour child care for individuals who work on shifts or on compressed schedules.

According to information compiled by WFC Resources (formerly the Work and Family Connection), diverse flexibility options are among the most appealing strategies employers use, and that more and more are using them.⁸ These alternative work arrangements and on-site child care reduce employee stress, absenteeism, and turnover and promote employee satisfaction, commitment, performance and productivity. WFC Resources provided the following information on a study conducted in 2000:

The American Business Collaboration for Quality Dependent Care (ABC) has impacted about 1,500 projects across the U.S. [This study] says those efforts have paid off in the area that means most to companies—they have improved productivity among those who have used the supported services. . . . Researchers found 63% of . . . employees who had used [such] services . . . believe their productivity improved due to those programs. More than a third (35%) were better able to concentrate at work, 30% left work early less often to deal with family matters, 27% took fewer days off and 26% were late less often.

Attachment D is "Infant and Toddler Child Care: Meeting the Needs of Families with Options that Work," part of a 2004 research and policy series produced by NCSL and others. This report identifies promising state policy strategies and highlights options for improving availability, quality, and affordability of infant and toddler care.

⁶ Jeffrey Capizzano, Gina Adams, and Freya Sonenstein, "Child Care Arrangements for Children under Five: Variation across States." National Survey of America's Families (Washington, D.C.: The Urban Institute, Series B, No. B-7, March 2000).

⁷ James T. Bond, Ellen Galinsky, Stacy S. Kim, and Erin Brownfield, "Highlights of Findings." *2005 National Study of Employers*, Families and Work Institute, September 2005.

⁸ "Flexibility is Gaining Ground, Says WFC Resources Poll," WFC Resources e-mail news release, June 11, 2007.

THE VALUE OF QUALITY CHILD CARE AND EARLY EDUCATION

While the availability and affordability of child care is an important workforce issue, even more compelling are the impacts of care on children's growth and development, particularly during the first five years of life. During the first five years

... the brain undergoes its most dramatic growth, and children acquire the ability to think, speak, learn, and reason. Early experiences can and do influence the physical architecture of the brain, literally shaping the neural connections in an infant's developing brain.⁹

Recent research shows that nearly 90 percent of a person's brain growth occurs by the age of five.¹⁰ And hundreds of research studies—some conducted over decades—point to both short and long-term benefits of quality preschool programs, particularly for disadvantaged children. As Steffanie Clothier, director of the National Conference of State Legislatures (NCSL) Children and Families Program, points out, children who go to high quality preschools

are less apt to end up in special education classes, repeat a grade or get in trouble with the law. Experts say investing in preschools can increase graduation rates, college attendance and lifetime earnings. Preschool benefits can also go beyond school success to healthy life choices and attitudes about school achievement, smoking or using drugs, and participation in the community.¹¹

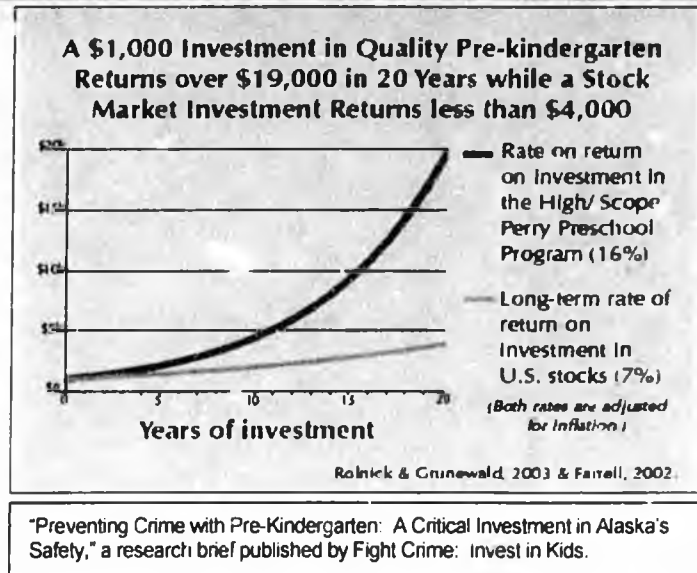
Three long-term studies of high quality early education programs have been especially revealing. The High/Scope Perry Preschool project has found a savings of over \$17 for each \$1 spent (in 2000 dollars) by the time the children reached the age of 40. The other studies also show increasing returns on investment as the children age. Financial analysts point out that investment in high quality child care produces much higher returns than investment in most other public or private ventures. Figure One demonstrates this through an analysis by Arthur J. Rolnick, senior vice president and director of research for the Federal Reserve Bank of Minneapolis. The chart—which appeared in "Preventing Crime with Pre-Kindergarten: A Critical Investment in Alaska's Safety," a research brief published by Fight Crime: Invest in Kids—shows the 20-year return on a \$1,000 investment in high quality prekindergarten care and in U.S. stocks.

⁹ J. Shonkoff and D. Phillips, eds., *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Washington, D.C.: National Research Council and Institute of Medicine, National Academy Press, 2000), and National Scientific Council on the Developing Child, *Children's Emotional Development is Built into the Architecture of their Brain, Working Paper No. 2*, Winter 2004, referenced by Julie Cohen, Ngozi Onunaku, Steffanie Clothier, and Julie Poppe in "Early Childhood: Helping Young Children Succeed," a *Research and Policy Report* of NCSL and Zero to Three (NCSL, 2005). We include a copy of this report as Attachment E.

¹⁰ Julie Poppe and Steffanie Clothier, "The Preschool Promise," *State Legislatures*, June 2005.

¹¹ Steffanie Clothier and Julie Poppe, "Preschool Rocks: Policymakers around the Country are Investing in Preschool," *State Legislatures*, January 2007. We include a copy of the article as Attachment F.

Figure One: Return on Investment in Quality Child Care



Information from researchers at NCSL shows that 40 states have established state-funded prekindergarten programs, Alaska not among them. Attachment G is "Effective Investments in Early Care and Education: What Can We Learn from Research?" This document includes a synthesis of research into early childhood development, descriptions of initiatives in a number of states, and policy options for consideration.¹²

Attachment H is "The Economic Benefits of High-Quality Early Childhood Programs: What Makes the Difference?"¹³ This document was prepared in February of 2006 for the Committee for Economic Development, and independent, non-profit public policy research organization, in an effort to determine what exactly goes into making an early child development program one of high quality.

I hope this information is helpful. Please do not hesitate to contact us if you have questions or need additional information.

¹² Judith Carroll, Susan Ochshorn, Sharon Lynn Klagan, and Bruce Fuller, "Effective Investments in Early Care and Education: What Can We Learn from Research?" *Research and Policy Report*, NCSL, March 2004. This publication is a collaborative effort by NCSL; Sharon Lynn Klagan of the National Center for Children and Families at Columbia University, and Bruce Fuller of Policy Analysis for California Education (PACE) at the University of California at Berkeley. We include this document as Attachment G.

¹³ Ellen Galinsky, "The Economic Benefits of High-Quality Early Childhood Programs: What Makes the Difference?" (Washington, D.C.: Committee for Economic Development, February 2006).

A SUMMARIZED ECONOMIC IMPACT REPORT ON
EARLY EDUCATION AND CHILD CARE SERVICES IN
ALASKA

step^{up} early ed & child care


Based on the McDowell Group Report July 2006

PREPARED FOR
THE STATE DEPARTMENT OF EDUCATION
AND EARLY CHILDHOOD DEVELOPMENT


3

2

1



A SUMMARIZED ECONOMIC IMPACT REPORT ON
EARLY EDUCATION AND CHILD CARE SERVICES IN
ALASKA



step^{up} early ed & child care

PREPARED FOR:
SYSTEM FOR EARLY EDUCATION DEVELOPMENT (SEED)
UNIVERSITY OF ALASKA SOUTHEAST





step^{up} early ed & child care

STUDY FINDINGS ARE DETAILED ON THE FOLLOWING PAGES:

Demographics	Pg. 2
The Economic Impact on Alaska	Pg. 3
The Early Learning and Child Care Sector	Pg. 5
Impact on Alaska Families	Pg. 7
Alaskans Support Funding	Pg. 9

Why should you care about the availability of quality early education and child care in Alaska? Because stepping up early education for our children is critical for all of us.

LET US STEP YOU THROUGH THE FACTS.

1 Early childhood education and child care play a critical and measurable role in Alaska's economy

2 The availability of quality, affordable child care remains a challenge for many Alaska families

3 Alaskans across the state place a high priority on state funding for early education, and child care

Until recently, there was no data specific to Alaska to demonstrate how the welfare of our youngest community members impacts the entire state – both in the short term and long term. But thanks to this study commissioned by the System for Early Education Development (SEED) and completed in July 2006 by McDowell Group, there is now local information to combine with the knowledge learned from national studies to provide an accurate baseline. What the statistics demonstrate is that Alaska lags behind much of the country in providing quality early education and child care to our residents. And while there are certainly entities working hard throughout Alaska to provide quality care for our children, Alaska remains one of only 11 states, without a state-funded, statewide early childhood education system.

"I believe that high quality early childhood programs are critically important for the health and well-being of our community, and they are especially important for the health and well-being of our children... What can never be forgotten or taken lightly is that these programs provide a proven economic benefit to the organizations they serve. It is important that we recognize that. Research has shown that organizations who offer these services on-site for their employees retain these employees for an additional five years. The value of keeping these employees for this extended amount of time is immeasurable, and as a leader of an organization with more than 4,000 employees, I can tell you that recruiting talent is expensive, difficult and time consuming. Keeping our talent in the first place is without a doubt the best way to ensure we can sustain and live out our mission at Providence, and I'm grateful for the role our Center for Child Development plays in doing that each day."

BY PARRISH, LEE & DECEMBER
THE UNIVERSITY HEALTH SYSTEM IN ALASKA

SCOPE OF THE ALASKA STUDY

The purpose of this study is to measure the economic impacts of the early education and child care sector on Alaska's economy. This study focuses on education and care of children under six years of age. Economic impacts are measured in terms of employment, spending on child care services, and the role that child care services play in making it possible for Alaska families to earn income

This study also examines research conducted elsewhere in the U.S. that measures the broader societal economic benefits stemming from quality child care services

A key component of this project was a telephone survey of 725 randomly selected households. The primary purpose of the phone survey was to collect information on the types of child care services Alaska families use and how much money households spend on child care services. The survey also collected information on Alaskans' attitudes about the importance of state government funding for early education and child care services.

ALASKA WORKING PARENT DEMOGRAPHICS

To best understand the data, it is critical to first understand the scope of the population we are considering. In 2004, Alaska's population included 62,913 children under six years of age, according to the Alaska Department of Labor and Workforce Development (DOLWD). Of these children, approximately 63 percent (39,400 children) were living in households where all available parents were in the labor force, whether families were dual-income or single-parents. These children resided in 29,400 Alaska households, all of which were potentially in need of child care services.

Detailed look at the **39,400** children under the age of six, where all available parents are in the workforce

LIVING WITH SINGLE MOTHER, IN LABOR FORCE
23%

LIVING WITH SINGLE FATHER, IN LABOR FORCE
12%

LIVING WITH TWO PARENTS, BOTH IN LABOR FORCE
65%

ALASKA IS ONE OF ONLY 11 STATES WITHOUT A STATE-FUNDED, STATEWIDE EARLY CHILDHOOD EDUCATION SYSTEM.



THE ECONOMIC IMPACT ON ALASKA

Mounting evidence shows that investment in quality early learning and child care is critical to building and maintaining a viable state economy. The economic impact of the early education and child care sector includes jobs for thousands of Alaskans, millions of dollars in spending by households and governments, and indirect contributions of Alaska's resident labor force and family income.

JOB
DIRECT & INDIRECT:
 7,400 in child care workforce
CONTRIBUTION TO THE WORKFORCE:
 29,400 Alaskans can join the workforce because they have child care

WAGES
DIRECT & INDIRECT:
 \$124 million in child care workforce payroll

CONTRIBUTION OF HOUSEHOLD INCOME:
 \$850 million in annual wages paid to working families with child care

IMMEDIATE IMPACT OF QUALITY EARLY EDUCATION AND CHILD CARE

Child care providers make it possible for **29,400** Alaskans to enter the labor force (one adult for each household with children under six years of age where all parents are in the labor force). The 29,400 Alaskans that are in the workforce because child care services are available to them account for 9.5 percent of the Alaska resident workforce. If these working parents also account for 9.5 percent of all Alaska resident wages, their total annual wages would be just under \$850 million. This indicates an average of \$28,540 per family in additional Alaska annual income, indirectly made possible by child care services, is equal to approximately 40 percent of Alaska's mean family income in 2003.

Other data suggests a similar household income impact related to adding a second wage earner. In 2004, median family income for families with one wage earner was \$43,709. Median family income for families with two wage earners was \$77,159, a difference of \$33,450. This analysis assumes that the typical parent who is in the labor force because child care services are available to him or her earns the same wages as the average Alaska worker. This may or may not be true given the demographics of families with young children. Nevertheless, it is clear that the availability of child care has major implications on income for Alaska residents in general, and on family household income in particular.

"Investment in early childhood development programs brings a real (that is, inflation-adjusted) public return of 12%, and a real total return, public and private, of 16%. We are unaware of any other economic development effort that has such a public return...."

ABE REICH NICK
 VICE PRESIDENT AND DIRECTOR OF RESEARCH
 FEDERAL RESERVE BANK OF MINNEAPOLIS

LONG-TERM ECONOMIC IMPACTS OF QUALITY EARLY EDUCATION & CHILD CARE
 A host of studies have been done to track the long-term economic impact of high quality early child care development on society. Though none of these studies focuses on Alaska, the implications for Alaska are relevant. The results of these studies have shown conclusively that although investment is required to provide quality early care to infants, toddlers and youths, the rate of return far exceeds that initial investment.

The largest benefit provided by quality early care was increased earnings capacity projected from higher educational attainment, along with higher taxes paid from better paying jobs. Other benefits are lower criminal justice system costs, reduced welfare costs, savings for crime victims, and savings on school remedial services budgets. The results of several studies are highlighted below.

LONG-TERM BENEFITS OF EARLY EDUCATION AND CHILD CARE



29% higher high school graduation rates



20% higher college attendance



70% lower crime incidence



20% lower welfare dependence



\$143,000 additional earned income per capita, resulting from better employment

Studies also note that expenditures on education that are focused on K-12 may be misplaced given that brains develop rapidly in the early years (0-4), then develop at a much slower pace from age 4 through 18. The implication is that the earlier the investment on early education, the higher the return on investment will be.

step 1 → EARLY CHILDHOOD EDUCATION AND CHILD CARE PLAY A CRITICAL AND MEASURABLE ROLE IN ALASKA'S ECONOMY.

SIZE OF COMPARABLE INDUSTRIES IN ALASKA

6,500 Workers in child care

6,400 Workers in air transportation sector

6,000 Workers in residential and nonresidential building construction

THE EARLY LEARNING AND CHILD CARE SECTOR

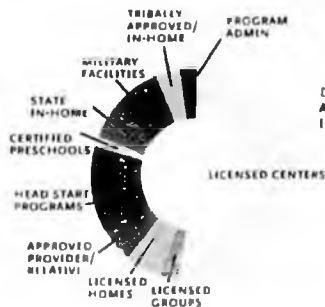
When understanding the economic impact of early education and child care, the actual workforce in this field is often overlooked. Yet it has been found that at least 6,500 Alaskans participate in the child care sector workforce.

The estimate of 6,500 participants is derived from a variety of sources (as described in the full McDowell Group report). It must be understood that this is a conservative estimate, however. It does not include an unknown number of at-home providers who care for four or fewer unrelated children, or any number of related children, and therefore are not required to be licensed.

Yet, even without these added positions, the size of this workforce is comparable to other significant industries in Alaska. For example, the residential and nonresidential building construction sector employed an average of 6,000 workers in Alaska in 2014, and Alaska's air transportation sector employed an average of 6,400 workers that same year.

"As Executive Director of the Village of Rural and Community Development, I understand the importance of early childhood education. We have strong partnerships with the State of Alaska, tribal entities and several staff organizations in Fairbanks who will continue to provide education and training for their communities. It is impressive to see the impact early care and education has on Alaska's economy."

KEVIN JENSEN
EXECUTIVE DEAN
UNIVERSITY OF ALASKA, FAIRBANKS
COLLEGE OF RURAL AND
COMMUNITY DEVELOPMENT



DETAILED LOOK AT THE CHILD CARE AND EARLY EDUCATION WORKFORCE IN ALASKA

Not only is Alaska's early education and child care sector significant in size, it features a wide variety of service providers. It includes any program providing care for children from birth to age six. Examples of these programs include center-based child care, family child care, Head Start, Early Head Start, private and public preschools, Montessori programs, and pre-kindergarten services.



Despite the prominence of individuals employed in this workforce, there is a very low correlation in compensation. BOWD payroll data indicated that the average monthly wage of an individual employed in this sector was \$1,342. This is well below the average for all sectors of the Alaska economy; the average monthly wage in Alaska for this same time period was \$3,218 – nearly three times that amount.

To put this in further context, it has been found that providers of early education and child care earn less than half of what the average elementary school teacher earns, even though the difference in age of those they teach may be less than one year.

ALASKA WAGE COMPARISON



CHILD CARE SERVICES REVENUE AND FUNDING

There are two sources of spending on early education and child care services – government funding and spending by parents on child care services. Based on the analysis of the McDowell Group report, Alaska households may be spending \$150 million annually on child care services for children under six years of age. In comparison, government spending on child care totals \$88 million in Alaska, with nearly \$75 million of that contribution coming from federal funding. Together, approximately \$240 million is spent in Alaska on child care services for young children.



step 2



THE AVAILABILITY OF QUALITY, AFFORDABLE CHILD CARE REMAINS A CHALLENGE FOR MANY ALASKA FAMILIES

"I emphasize strongly how important it is to give the children the best start ... to have the children have a good early learning experience."

DAVID WELLS, DIRECTOR OF FAMILY PARTNERSHIP SERVICES, CENTRAL COUNCIL ON EARLY CHILDHOOD DEVELOPMENT

IMPACT ON ALASKA FAMILIES

To better understand how the early education & child care sector directly impacts families, 725 Alaska households were asked about their use of child care services as a part of this study's telephone survey. The findings of this study are understood to be the first set of data on this topic directly applicable to Alaska.

The survey sample included 323 households with children under six years of age. The sample included households from urban Alaska, defined as all communities with more than 8,000 residents. The sample also included surveys from households in communities with between 2,000 and 8,000 residents (labeled "Rural I"), as well as surveys from households in communities with fewer than 2,000 residents (labeled "Rural II"). In conducting statewide analysis of the survey results, data from these areas of the state were weighted to reflect their actual proportion of the state's population.

COMPARISON OF TYPES OF CARE IN URBAN AND RURAL AREAS OF ALASKA



Approximately 58 percent of children in the surveyed households received child care services of some type during the month of January 2006. Among those children receiving child care services, 49 percent were in a preschool or child care center. Just under one-third were being cared for in someone else's home, with over one-quarter receiving care in their own home. Eight percent were in a Head Start program. This total adds up to more than 100 percent, as some children received care in more than one setting.

FINDING ACCEPTABLE CHILD CARE

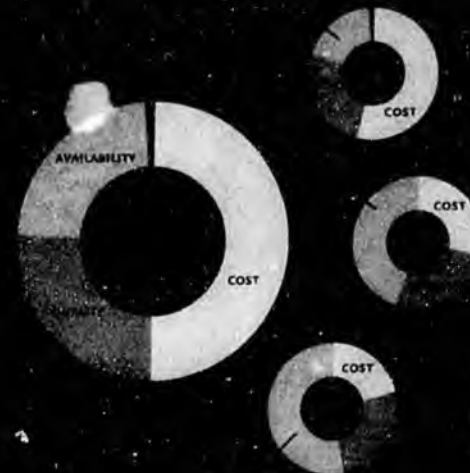


FINDING ACCEPTABLE CHILD CARE

This study also found that 45 percent of Alaska households with children under six in a child care situation found it difficult or very difficult to find acceptable child care. About the same percentage (49 percent) found it either easy or very easy to find acceptable child care.

Finding quality early education and child care programs proved to be an issue both in rural and urban areas of the state.

36% of households with children under the age of six reported that the quality, cost or availability of child care services had prevented someone in their household from seeking employment, or had in some way restricted the number of hours that they could work.



\$400 \$900

Just Learning

step 1

THE AVAILABILITY OF QUALITY, AFFORDABLE CHILD CARE REMAINS A CHALLENGE FOR MANY ALASKA FAMILIES

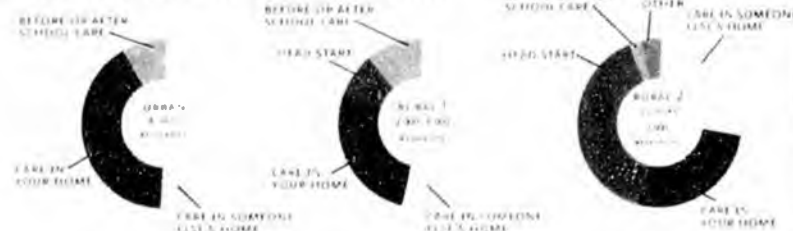
"I emphasize strongly how important it is to give the children the best start... to have the children have a good early learning experience."

IMPACT ON ALASKA FAMILIES

When a parent cannot find quality, affordable child care, it can have a significant impact on the family. For example, parents may be forced to work fewer hours, or not work at all, which can affect the family's income and ability to meet other needs. The report also highlights the importance of child care in supporting parents' employment and financial stability.

For example, if a parent cannot find quality, affordable child care, they may be forced to work fewer hours, or not work at all, which can affect the family's income and ability to meet other needs. The report also highlights the importance of child care in supporting parents' employment and financial stability.

COMPARISON OF TYPES OF CARE IN URBAN AND RURAL AREAS OF ALASKA

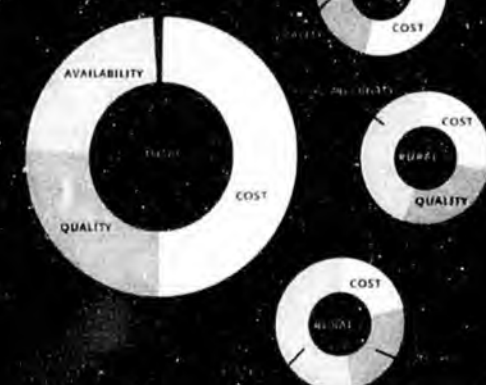


FINANCIAL ASSISTANCE FOR CHILD CARE



36% of households with children under the age of six reported that the quality, cost or availability of child care services had prevented someone in their household from seeking employment, or had in some way restricted the number of hours that they could work.

HOW DOES THE AVAILABILITY OF QUALITY, AFFORDABLE CHILD CARE AFFECT FINANCIAL STABILITY?



When a parent cannot find quality, affordable child care, it can have a significant impact on the family. For example, parents may be forced to work fewer hours, or not work at all, which can affect the family's income and ability to meet other needs. The report also highlights the importance of child care in supporting parents' employment and financial stability.

Availability of care is the greatest barrier to financial stability for parents. If parents are unable to find affordable, quality care, they are more likely to experience financial difficulties. The report also notes that the quality of care is a significant factor in determining financial stability.

\$400-\$900
DEPENDENT ON AGE OF CHILD AND LOCATION

MONTHLY COST OF FULL-TIME CHILD CARE

Cost is a significant barrier to quality care in Alaska. The report found that the average monthly cost of full-time child care in Alaska ranges from \$400 to \$900, depending on the age of the child and the location. This cost is significantly higher than in other states, and it is a major barrier to finding quality care for many families.

Just 1 in 7 Alaska households with children under six in child care services received financial assistance for child care.

step 1

EARLY CHILDHOOD EDUCATION AND CHILD CARE PLAY A CRITICAL AND MEASURABLE ROLE IN ALASKA'S ECONOMY.



9 of 10 alaskans support funding

The telephone survey described earlier also asked all households a series of questions about state funding support for early learning and child care services in Alaska. Results showed overwhelming support for the funding of early education and child care.

Nearly nine out of 10 Alaska residents (87 percent) think it is important or very important for state government to provide financial support for early education and child care. Among residents with children under six years of age, 94 percent think state support is important or very important. Even among residents without young children, 86 percent think state financial support is important or very important. Further, urban and rural residents alike feel it is important to provide funding for early education and child care.

THOSE STATING IT IS "IMPORTANT" OR "VERY IMPORTANT" FOR STATE GOVERNMENT TO PROVIDE FINANCIAL SUPPORT



audiences who expressed above average support for early education and child care

Alaskans were also asked if the state should give early learning and child care high, medium or low funding priority. Two-thirds (66%) feel it should have high priority. A variety of population subgroups were more likely to give it a high priority. They include:

- 76% households with children under six
- 72% female residents
- 77% residents age 18 to 44
- 76% low income residents - \$34,000
- 73% high income residents - \$54,000



alaskans place priority on funding early education and child care

Alaskans also give early learning a high priority for state funding, when compared to other state-funded programs. Among the categories of spending presented to survey respondents, only K-12 education was rated as a high priority more often.

"The data shows what I have also personally experienced - that the issue of quality early education and child care is one of the most important social issues facing us in Alaska today."

JIM EARLVIN, MCDOWELL GROUP



THE RELATIVE IMPORTANCE OF EARLY EDUCATION AND CHILD CARE

To press this matter further, a third question regarding Alaskans' perception of the importance of funding for early learning and child care focused on relative importance. More than three-quarters of Alaska residents feel that early learning and child care are more important to fund than support for local government or construction of new roads and highways. Almost two-thirds (63 percent) feel that funding for early learning and child care is more important than funding for university education. Among the various programs, only K-12 education is viewed as more important than early learning and child care.

report conclusion - next steps

This report shows Alaskans' high priority on funding for early education and child care. It also shows that Alaskans place a high priority on funding for education in Alaska, with early learning and child care being a high priority.

end notes

This piece serves as a condensed summary of the July 2006 McDowell report titled "Economic Impact of Early Education and Child Care Services in Alaska." This complete study was commissioned and prepared for the System for Early Education Development (SEED), based at the University of Alaska Southeast. This publication is funded by a grant from the U.S. Department of Education, Fund for the Improvement of Education.

You may download a full copy of the report at <http://seed.alaska.edu> or request the full report from the SEED administrator at 907.796.6414.

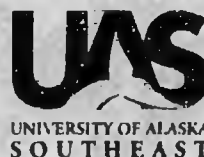
We thank you for taking the time to review this report, which contains critical data regarding the future of Alaska's children and our economy.

The McDowell Group study team would like to acknowledge the invaluable assistance provided by the Project Steering Committee. The Committee included Mary Lorence (*Manager, Alaska Child Care Programs, Department of Health and Social Services*), Joy Lyon (*Executive Director, Association for the Education of Young Children, Southeast Alaska*), Mary Lou Madden (*Madden Associates*), and Carol Prentice (*SEED Program Manager*). In addition, SEED would like to recognize the contribution made by SEED Council members Candace Winkler and Cindy Harrington.

SEED also appreciates the collaboration with Alaska's *Ready to Read, Ready to Learn Task Force*, 28 Alaskan leaders dedicated to improving the literacy and learning skills of Alaska's pre-kindergarteners.



Alaska SEED
System for Early Education Development



SEED COUNCIL MEMBERS

SEED COUNCIL CHAIR: **PATTY MERITT** Associate Professor, Coordinator, Early Childhood Program, Valley Campus, UA Fairbanks

CHAIR ELECT: **CANDACE WINKLER** Chief Executive Officer, Child Care Connection

SEED COUNCIL MEMBERS:

DIEDRE BAILEY Youth Programs Manager, Department of Labor and Workforce Development

MARGARET BAUER Director, Worklife Services, Center for Child Development, Providence Alaska Medical Center

MARCEY BISH Child Care Licensing Manager, Department of Health and Social Services

GARA BRIDWELL Executive Director, Play 'N Learn, Inc.

CYNTHIA CURRAN Administrator, Teacher Education and Certification, Department of Education and Early Development

BARB DUBOVICH Executive Director, Camp Fire USA

MARYELLEN FRITZ Director, Southcentral Foundation Head Start

CINDY HARRINGTON Program Director, Distance Early Childhood Education AAS Program, University of Alaska

EILEEN HUGHES Associate Professor and Coordinator of the Early Childhood Program, College of Education, UA Anchorage

SARAH KUENZLI Technical Assistance Specialist, ACF-Region 10 and Alaska Native Head Start Programs

MARY LORENCE Manager, Alaska Child Care Programs, Department of Health and Social Services

J. LY LYON Executive Director, Association for the Education of Young Children, Southeast Alaska

KAY MCCARTHY Assistant Professor of Education, School of Education, University of Alaska Southeast

SALLY MEAD Director of Allied Health Sciences, Community and Technical College, University of Alaska Anchorage

SHIRLEY PITZ Coordinator, Early Childhood Comprehensive Systems, Department of Health and Social Services

BONNIE POWELL Technical Assistance Specialist, ACF-Region 10 and Alaska Native Head Start Programs

KERRY REARDON Instructor, Early Childhood Education, King Career Center

AUDREY M. INUKUYUK SAGANNA SR. Workforce Development Director, Native Village of Barrow

CLAUDIA SHANLEY Systems Reform Administrator, Office of Children's Services, Department of Health and Social Services

PAUL SUGAR Head Start Collaboration Director, Department of Education and Early Development

CONSULTANTS AND STAFF

MARJORIE FIELDS Early Childhood Professor Emeritus, University of Alaska Southeast, Consultant

MARY LOU MADDEN Madden Associates, Evaluator

CAROL PRENTICE SEED Program Manager, University of Alaska Southeast

The McDowell Group study team would like to acknowledge the invaluable assistance provided by the Project Steering Committee. The Committee included Mary Lorence (*Manager, Alaska Child Care Programs, Department of Health and Social Services*), Joy Lyon (*Executive Director, Association for the Education of Young Children, Southeast Alaska*), Mary Lou Madden (*Madden Associates*), and Carol Prentice (*SEED Program Manager*). In addition, SEED would like to recognize the contribution made by SEED Council members Candace Winkler and Cindy Harrington.

SEED also appreciates the collaboration with Alaska's *Ready to Read, Ready to Learn Task Force*, 28 Alaskan leaders dedicated to improving the literacy and learning skills of Alaska's pre-kindergarteners.



System for Early Education Development



SEED COUNCIL MEMBERS

SEED COUNCIL CHAIR: PATTY MERITT Associate Professor, Coordinator, Early Childhood Program, Valley Campus, UA Fairbanks
CHAIR ELECT: CANDACE WINKLER Chief Executive Officer, Child Care Connection

SEED COUNCIL MEMBERS:

DIEDRE BAILEY Youth Programs Manager, Department of Labor and Workforce Development
MARGARET BAUER Director, Worklife Services, Center for Child Development, Providence Alaska Medical Center
MARCEY BISH Child Care Licensing Manager, Department of Health and Social Services
GARA BRIDWELL Executive Director, Play 'N Learn, Inc.
CYNTHIA CURRAN Administrator, Teacher Education and Certification, Department of Education and Early Development
JARB DUBOVICH Executive Director, Camp Fire USA
MARYELLEN FRITZ Director, Southcentral Foundation Head Start
CINDY HARRINGTON Program Director, Distance Early Childhood Education AAS Program, University of Alaska
EILEEN HUGHES Associate Professor and Coordinator of the Early Childhood Program, College of Education, UA Anchorage
SARAH KUENZLI Technical Assistance Specialist, ACF-Region 10 and Alaska Native Head Start Programs
MARY LORENCE Manager, Alaska Child Care Programs, Department of Health and Social Services
JOY LYON Executive Director, Association for the Education of Young Children, Southeast Alaska
KAY MCCARTHY Assistant Professor of Education, School of Education, University of Alaska Southeast
SALLY MEAD Director of Allied Health Sciences, Community and Technical College, University of Alaska Anchorage
SHIRLEY PITZ Coordinator, Early Childhood Comprehensive Systems, Department of Health and Social Services
BONNIE POWELL Technical Assistance Specialist, ACF-Region 10 and Alaska Native Head Start Programs
KERRY REARDON Instructor, Early Childhood Education, King Career Center
AUDREY M. INUKUYUK SAGANNA SR. Workforce Development Director, Native Village of Barrow
CLAUDIA SHANLEY Systems Reform Administrator, Office of Children's Services, Department of Health and Social Services
PAUL SUGAR Head Start Collaboration Director, Department of Education and Early Development

CONSULTANTS AND STAFF:

MARJORIE FIELDS Early Childhood Professor Emeritus, University of Alaska Southeast, Consultant
MARY LOU MADDEN Madden Associates, Evaluator
CAROL PRENTICE SEED Program Manager, University of Alaska Southeast

AEYC



February 21, 2008

Representative Kerttula
Alaska State Capitol
Juneau, AK 99801-1182

Greetings,

This letter is in support of House Bill 266, to increase the availability of child care for children of state employees. This legislation addresses a critical need for employees and officers working for the State of Alaska. According to an economic impact study released by the McDowell Group in 2006, nearly 10% of workers in Alaska depend on access to child care for their children in order to work.

This legislation follows national trends by states and large employers to increase recruitment and retention of skilled workers through supporting access to quality child care. Indiana is an example of a state government partnering with a private contractor; offering child care located in the Indiana State Government Center next to the Capitol building in Indianapolis. The employer sponsored program located in the Federal Building in Juneau is another model of a successful program. Gold Creek Child Development Center is the only nationally accredited program in Southeast Alaska. Gold Creek offers priority enrollment to federal employees, and receives a facility and maintenance at no cost.

All branches of the U.S. Military have been leading the nation in offering high quality, accessible, and affordable child care programs. Leaders in the military know that supporting access to quality child care leads to a more productive workforce, increased loyalty, and lower absentee rates.

Our agency operates a referral program for parents, and maintains a database of all licensed and approved programs in Juneau. There has been a steady decline in the number of spaces for children in programs that meet minimum health and safety standards through the Department of Health and Social Services. House Bill 266 would be a positive step toward reversing this trend.

AEYC is available to provide any additional information you may need, and we thank you for your work toward solutions on this issue. Passing this legislation will have a positive impact on the State of Alaska workforce, on the health and education of young children, and the self-sufficiency of families.


Joy Lyon
Executive Director

AEYC

Association for the Education of Young Children - Southeast Alaska
3100 Channel Drive, Suite 215, Juneau, Alaska 99801
Main: (907) 789-1235 - Referrals: (907) 789-1231 - Fax: (907) 789-1238
www.aeyc-sea.org

February 21, 2008

Representative Kerttula
Alaska State Capitol
Juneau, AK 99801-1182

Re: HB266

Dear Representative Kerttula:

This letter is in support of House Bill 266, to increase the availability of child care for children of state employees. This legislation addresses a critical need for State of Alaska employees and officers that we know is reflective of the need for quality childcare throughout Juneau.

Childcare is an important concern not only in Juneau, but throughout the rest of the state, as well. From our experience, community research and networking, we know that the need for quality childcare is a common thread that runs through many issues that influence our communities. Probably the most critical of these matters facing employers is recruitment and retention of qualified employees. Being able to offer quality childcare options to state employees, administrators and legislators would be a win-win situation, as it provides an incredible benefit for the employee, while giving the State of Alaska an advantage in hiring the most suitable personnel for the position.

As we continue to work together to build healthy communities throughout the State of Alaska, it is so important to begin with strengthening our families and children. Thank you meeting with me and talking about this issue earlier this year and for valuing our children and families through your leadership as one of our Representatives.

Sincerely,

Brenda Hewitt
President



February 27, 2008

Representative Kerttula
Alaska State Capitol
Juneau, AK 99801-1182

Dear Rep. Kerttula:

I am writing this letter in support of House Bill 266 that will enable the state to support child care services for state employees. This legislation makes it possible for child care programs to operate in state buildings which will help address a critical need for these services throughout Alaska.

As the Child Care Resource and Referral Agency for Southcentral Alaska, Child Care Connection works to strengthen the early care and education industry. Specifically, we work with parents to assist them in their search for early care and education programs; we provide training to early care and education professionals to help prepare them for their work with children; and we work with the community to develop resources for the industry. This work enables us to keep a pulse on the supply and demand for early care and education services. Over the past several years we have seen a steady decline in the number of spaces for children in programs that meet minimum health and safety standards through the Department of Health and Social Services. House Bill 266 would be a positive step toward reversing this trend and ensuring that Alaska's working families can find and secure child care services.

Many large employers around the nation and within the state are recognizing the important connection between child care services and a strong, vibrant workforce. This legislation follows national trends by states and large employers to increase recruitment and retention of skilled workers through supporting access to quality child care. The employer sponsored child care programs located throughout the state have not only helped meet community needs but have also been a catalyst for improving the quality of care throughout a community. The Municipality of Anchorage has several employers who have helped sponsor child care programs, including Providence Hospital, BP, and Credit Union 1. All of these programs exceed licensing standards and have obtained Accreditation through the National Association for the Education of Young Children. This not only benefits the families of those programs but has had positive competition-based influences on other community based programs to increase employee wages and improve program quality.

It is without reservation that I recommend the adoption of House Bill 266. Please feel free to contact me if you have further questions or if you would like additional comments. Thank you for considering this important legislation that will help support families and children throughout Alaska.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Winkler".

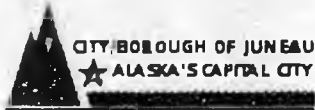
Candace Winkler, MPA MSW
Chief Executive Officer



*Advancing the quality of early education and child development by empowering parents,
educating child care professionals, and collaborating with our communities.*

P O Box 141689 Anchorage AK 99514-1689 Tel 907 563 1960 Fax 907 563 1959 1 800 278 3723
Client Services 907 563 2996 www.childcareconnection.org





Assemblymember Sara Chambers

March 6, 2008

Dear Representative Kerttula:

I am pleased to support HB266 and the establishment of State Employee Dependents Child Care Centers.

As a working mother and former State of Alaska employee, I understand firsthand the struggle to find quality child care, particularly licensed care close to either home or employer. The establishment of child care centers in or near State office buildings will improve employee recruitment, performance and retention—three issues which are mission-critical to the future of our state.

The success of programs of this type has already been evidenced by Juneau's Gold Creek Child Development Center, located in the Federal Building and providing preference to Federal employees.

Alaska must commit to the success of its people, particularly those in its employ. I urge the passage of HB266, as well as an increase in state child care assistance rates.

Thank you for your leadership on this issue.

Sincerely,

Assemblymember Sara Chambers

Dear Representative Kerttula,

Thank you for sponsoring HB 266. I can't tell you how excited I am about this bill. Both my husband and I are state employees and parents of two children ages two and six months. Like other families, we have had a rather difficult journey in acquiring good, solid, affordable and reliable daycare services.

My first problem I encountered was that one daycare provider of mine was always faltering as to whether or not she could afford to stay open, and this caused a reliability issue. The second issue is that when I found my current provider, I later discovered that she is doing it under the table and won't sign my DCAP forms for reimbursement. DCAP is a service for State Employees where we can have a set amount taken out of our paycheck to reduce our taxable income and be reimbursed after our daycare provider signs off and acknowledges that they've provided the services. Now I'm out \$5000 if I don't find another provider this year.

The benefit of having a reliable daycare center near our work location will be one reason for me to continue to work for the State. It is attractive to working parents in that we will have more time with our families due to less commute time picking up and dropping off kids at an off-site location. It will also lessen our stress because we will know that they are legally operating with proper staffing, education, licensing, and funding. The possibility of reduced cost for daycare is also very appealing, as at this time we spend \$1200 per month on daycare costs.

I am on currently on wait lists including locations such as Gold Creek Child Development Center at the Federal Building and at the Juneau Christian Preschool. If I don't find proper daycare my only other option is that I will have to quit my job and stay at home, which we really can't afford. In turn this will cost the State more because with only one income our family becomes eligible for WIC and Denali Kid Care.

Thank you so much for your support.

Olivia Orsborn
Administrative Manager
Boards Support Section
Department of Fish and Game

Michael Orsborn
Microcomputer Network Technician I
Department of Health and Social Services

Thank you for giving me a moment to reflect on the numerous benefits House Bill 266. The ability to allow child care facilities in state owned facilities would provide for Alaskan families with dramatic changes that cannot be touted enough. Recent changes in State employee pension and benefit packages allow for a great opportunity for the state to become a role model in business as a family friendly employer. Allowing child care facilities in state facilities allows children to be closer to their parents, cuts down on transportation costs, traffic congestion, saves gas and improves family relationships. It will improve employee moral, employee efficiencies, cut down on employee tardiness and create economic opportunity for child care facilitators to provide a higher quality care. Studies show that a family-friendly workplace helps businesses' bottom line, employee retention and productivity.

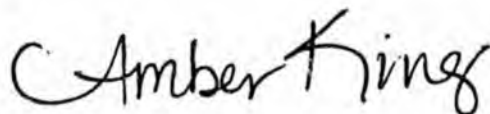
A Large Majority of Women with Children Work Outside the Home

- Seventy-two percent of American women with children under age 18—78% of women with children ages 6 to 17, 64% of women with children under age 6, and 56% of women with infants (under age 1)—are in the labor force.¹
- As women have moved into the labor force in greater numbers, they have increasingly taken jobs that are both full time and year round. In 2002, 74% of all employed women with children under age 18—77% of those with children between the ages of 6 and 17, 70% of those with children under age 6, and 66% of those with infants—were working *full time*.²

Work/family conflict is not just a professional women's issue it's a family issue that deserves urgent attention. As a former State of Alaska employee who vacated my position after three weeks on returning from maternity leave due to these exact conflicts in search of a friendly family employer I can tell you that this issue is real and rampant in all parts of our state. Lack of affordable child care, quality child care and scheduling flexibility affect whole families in Alaska everyday.

House Bill 266 is a vital piece of legislation that we feel would dramatically improve the State of Alaska's ability to compete in today's markets, improve employee family flexibility that would improve hire rates and retain a viable workforce and provide a great service for its most valuable resource... its children.

Sincerely,



Amber King, Juneau NOW member

From the US Dept. of Labor Statistics 2003 Current Population Survey, Employment Characteristics of Families in 2002, Tables 5 and 6. <http://www.bls.gov/opub/ils/pdf/opbils24.pdf>



Representative Kertula
Alaska State Capitol
Juneau, AK 99801-1182

March 5, 2008

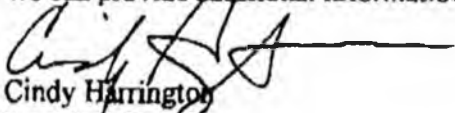
Dear Representative Kertula,

This letter is in support of House Bill 266, to increase the availability of child care for children of state officers and employees. National research confirms the intent of this legislation on two fronts: one, the well documented long term savings of investing in high quality early care and education programs; and two, studies in work family initiatives that verify the increase in worker productivity resulting from secure, quality early care and education options.

HB 266 will not only provide a stable out of home child care option for state employees, but will also model partnerships in a statewide early care and education system that engages all public and private sectors to support Alaska's workforce. We recognize that a comprehensive early care and education system depends upon a broad infrastructure. In Alaska, the direct care system includes family child care, Head Start for eligible families, faith based, public and private partnerships. Coordinating with direct care is special education, infant learning, health, family support, K-3, tech prep/career technical education, and higher education. A state initiated early care and education facility for preschool age children would be highly visible in this infrastructure, complementing private initiatives, including corporate sponsored programs scattered across the state.

Resources for implementation of this legislation are readily available. Gold Creek Child Development Center, a nationally accredited program located in the Federal Building in Juneau is an accessible model to duplicate. The Association for the Education of Young Children, Southeast Alaska provides regional Child Care Resource and Referral services including access to industry standards.

Thank you sincerely for your efforts to support young children, families, the early care and education workforce and workers across all industries they serve. Please contact AK AEYC if we can provide additional information.


Cindy Harrington
President Elect

From: Colleen Norman [mailto:cnorman76@yahoo.com]
Sent: Friday, January 18, 2008 4:30 PM
To: Rep. Beth Kerttula
Subject: HB 266

Dear Representative Kerttula,

I just heard about and read HB 266 and as one of your constituents, I couldn't thank you more for sponsoring this bill. I am currently a state employee who cannot find day care for my 3 month old child. I have been on waitlists since the week I found out I was pregnant but unfortunately it looks like nothing is opening soon. If I can't find something relatively soon, I may have to stop working, which we cannot really afford to do.

I just wanted to offer my support for this bill and I will spread the word for others to contact their legislators around the state.

Thank you,

Colleen Deal

Analyst Programmer

Department of Environmental Conservation

February 27, 2008

Representative Kerttula
Alaska State Capitol
Juneau, AK 99801-1182

Dear Representative Kerttula,

This letter is in support of House Bill 266. I fully support the State of Alaska increasing the availability of child care. A perfect place to start is for children of state employees. This legislation addresses a critical need for employees and officers working for the State of Alaska. I know that having support around child care is a critical element for parents in the workforce.

I have read national studies that have found employers who support employees in their need for child care, report an increase in recruitment and retention of their workers. As a working parent of a young daughter, I encounter the competing demands of work and family life needs on a daily basis. Having a supportive and flexible employer, who understands my role as a parent, has lead me to be a more productive and satisfied employee.

Employee supported and sponsored child care is a trend that has only proven successful across the nation. In my own search for employment and child care, I found fewer than ten employers in the State of Alaska who sponsor on-site child care. If the State of Alaska were to adopt this for their employees, the State would be following best practice in the early childhood care and education field while also setting a positive example for other employers in the state.

Child care is extremely hard to find in this State. Quality child care is even harder to find. The idea of the State of Alaska considering this legislation excites me. I see this as a positive move toward supporting our workforce, hard working parents and placing value on families and young children.

Sincerely,

Stephanie Berglund
Anchorage Working Parent

FY08 Q2 Report, 'Parent Perspective' Participants

First Name	Last Name	City	Phone	Work Phone	Email	Number Children	Age Group	Fin. Assist. Client	Full/Part Time Care
Rhodina	Arnold	Juneau	789-5558	209-0516	grandmatj@gci.net	2	Preschool (30mo-5yr)	Yes	Part-Time
Heather	Engen	Juneau	523-4981		heatherlibby@hotmail.com	1	Preschool (30mo-5yr)	No	Part-Time
Sheila	Cameron	Juneau	957-0674	465-4182	sam1am1977@yahoo.com	1	Infant (0-18mo)	No	Part-Time
Joleen	Langel		790-4741	465-5248	joleen.langel@alaska.gov	1	Infant (0-18mo)	Yes	Full-Time
Meridith	Boman	Juneau			meridith.boman@alaska.gov	1	Infant (0-18mo), Toddler (18-30mo)	No	Full-Time
Shelly	Gomez	Juneau		465-1661	Shelly.Gomez@alaska.gov	1	Infant (0-18mo)	Yes	Full-Time
Claudia	Wakefield	Juneau	463-2599	796-6460	Kyahiga@yahoo.com	1	Infant (0-18mo)	No	Part-Time
Heather	Davis	Juneau	789-2604	465-1645	duckteen@alaska.net	1	Preschool (30mo-5yr)	No	Both
Nicole	McGillis	Ketchikan	617-9508		luckycharns_sweet@hotmail.com	2	Infant (0-18mo), Preschool (30mo-5yr)	No	Part-Time
Jennifer	Lanksbury	Juneau	523-3065	789-6082	jennylanks@gmail.com	1	Preschool (30mo-5yr)	No	Both
Angela	Feldman	Juneau	523-1652		loofish@alaska.net	1	Infant (0-18mo)	No	Part-Time
Kristin	Ryan	Anchorage	632-2557	269-7645	veronica2557@hotmail.com	1	Infant (0-18mo)	No	Full-Time
Stephanie	Buss	Juneau	789-5221	789-6908	sdbuss@pobox.alaska.net	2	Toddler (18-30mo) Infant (0-18mo)	No	Part-Time Part-Time
Adrienne	Hosiner	Juneau	723-5679		deborah.spiech@alaska.gov	1	Infant (0-18mo)	Yes	Full-Time
Melinda	Messmer	Juneau	463-3308	463-3308	melmessmer@gci.net	1		Yes	Full-Time
Lisa	Lambert	Juneau	523-1139	798-9600	lisalambert100@yahoo.com	4	School Age (5-12 years) (all children SA)	No	Part-Time/ Non Traditional
Erica	Knox	Sitka	966-3315		erikaandpete@acsalaska.net	1	Toddler (18-30mo)		Full-Time
Forrest	McGillis	Ketchikan			sexystew88@hotmail.com	2	Infant (0-18mo), Preschool (30mo-5yr)	No	Both
Heather	Sprenger	Juneau	523-7747		nolaangel@hotmail.com	1	Toddler (18-30mo)		Full-Time
Jana	kreofsky	Juneau	457-1784		iwant_66@hotmail.com	1	Preschool (30mo-5yr)	Yes	Full-Time

The parents listed have agreed to share their childcare search experiences between the dates of: 1/1/08 - 4/30/08
 Please discard this list after this date and call AEYC for current names, 789-1235.



Representative Beth Kerttula

Alaska State Legislature, District 3
State Capitol • Juneau, Alaska 99801-1182 • (907) 465-4766 • Fax (907) 465-4748
E-mail: Representative_Beth_Kerttula@legis.state.ak.us • <http://www.kerttula.net>

MEMORANDUM

TO: Representative Peggy Wilson
Chairwoman, House Health, Education, and Social Services Committee

FROM: Representative Beth Kerttula

SUBJECT: HB 266 State Employee Dependents Child Care Centers

DATE: March 28, 2008

*Beth - Thanks to my co-sponsor
Peggy !!*

I respectfully request that the House Health, Education, and Social Services Committee schedules House Bill 266 State Employee Dependents Child Care Centers for a hearing.

Enclosed you will find:

- HB 266
- Sponsor Statement
- Sectional Analysis
- Background Information: Legislative Research Report Summary, McDowell Report, Letters of support

Thank you for your consideration. Please do not hesitate to contact me if you have any questions.

HB

273

Representative Mike Hawker

Alaska State Legislature



House Bill 273 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 3

Lush River

Unalaska

Rainbow

Indigo

Blue

Continental

Piedmont

White

Snowbird

Blue

Short Title: Education Funding

HB 273 enacts the three year education funding plan recommended by the Joint Legislative Education Funding Task Force. The bill makes the following changes to our education funding formula statutes:

Declining Enrollment: New statute that provides for a "step-down" for declining enrollment over three years. If the current ADM decreases by five percent or more from the previous year's ADM, the district can add 75% of the difference in the first year, 50% of the difference in the second year and 25% difference in the third year to their ADM. This step-down mechanism would not apply to a loss resulting from a boundary change under AS 29. The projected cost for FY09 is \$422,994.

Intensive Needs Students: Currently, school districts receive five (5) times the BSA for each intensive needs student. HB 273 would increase that amount to Nine (9) times BSA multiplier for fiscal year 2009 (+\$35.4 million); eleven (11) times for fiscal year 2010 (+\$18 million) and thirteen (13) times for fiscal year 2011 (+\$18.3 million) and beyond.

District Cost Factors: HB 273 would phase in 50% of the ISER factors in fiscal year 2009, with the remaining 50% implemented over the four subsequent fiscal years. FY09: +\$48.9 million; FY10: +\$12.6 million; FY11: +\$12.8 million; FY12: +\$13 million; FY13: \$12.2 million.

Base Student Allocation: HB 273 would increase the BSA by \$100 per year from FY08 levels for the next 3 fiscal years. FY09: +\$22.3 million; FY10: +\$22.8 million; FY11: \$23.4 million.

HB 273
Sectional Analysis

Prepared by Representative Mike Hawker's Office

- Section 1:** Creates a new section in our public school funding statutes that provides a "step-down" for declining enrollment over three years. If the current ADM decreases by five percent or more from the previous year's ADM, the district can add 75% of the difference in the first year, 50% of the difference in the second year and 25% difference in the third year to their ADM. This step-down mechanism would not apply to a loss resulting from a boundary change under AS 29. Effective Date: July 1, 2008.
- Section 2:** Increases intensive needs funding from five times to nine times the Base Student Allocation. Effective Date: July 1, 2008.
- Section 3:** Increases intensive needs funding from nine times to 11 times the Base Student Allocation. Effective Date: July 1, 2009.
- Section 4:** Increases intensive needs funding from 11 times to 13 times the Base Student Allocation. Effective Date: July 1, 2010.
- Section 5:** Phases in the ISER recommendations to change the District Cost Factor. In FY09, 50% of ISER is implemented, with the remaining 50% implemented over the four subsequent fiscal years.
- Section 6:** Increases the Base Student Allocation by \$100, to \$5,480. Effective Date: July 1, 2008.
- Section 7:** Increases the Base Student Allocation by \$100, to \$5,580. Effective Date: July 1, 2009.
- Section 8:** Increases the Base Student Allocation by \$100, to \$5,580. Effective Date: July 1, 2010.
- Section 9:** Effective date of July 1, 2008 for sections 1, 2, 5, and 6.
- Section 10:** Effective date of July 1, 2009 for sections 3 and 7.
- Section 11:** Effective date of July 1, 2010 for sections 4 and 8.

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: _____
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Education & Early Development
 Title An Act relating to school funding, the base student RDU K-12 Support
allocation, district cost factors, and the adjustments for" Component Foundation Program
 Sponsor _____
 Requester _____ Component No. 141

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	106,972.7	53,434.5	54,549.4	13,031.3	12,207.4	
Miscellaneous						
TOTAL OPERATING	106,972.7	53,434.5	54,549.4	13,031.3	12,207.4	0.0

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

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

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	106,972.7	53,434.5	54,549.4	13,031.3	12,207.4	
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	106,972.7	53,434.5	54,549.4	13,031.3	12,207.4	0.0

Estimate of any current year (FY2008) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2009 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill would set the district cost factors in FY09 at 50% of the ISER increase over the original cost factors and implement the remaining 50% over the next 4 years; offers 9x the Base Student Allocation (BSA) for intensives plus it will increase it to 11x the BSA in FY10 and 13x the BSA in FY11; provide a hold harmless provision for those districts whose School Size adjusted ADM has decreased by more than 5% over the prior year, and increase the BSA by \$100 for FY09 to \$5,480, FY10 to \$5,580, & FY11 to \$5,680.

The Legislature funded 50% of ISER in FY08 outside the formula for approximately \$50million and the School Improvement Grant for approximately \$20million. If the \$70million provided in FY08 is taken into consideration, then the actual increase in FY09 over FY08 is approximately \$36million.

The GF capitalizes on the Public Education Fund (PEF).

Prepared by: Eddy Jeans, Director
 Division: School Finance
 Approved by: _____
 Agency: Education & Early Development

Phone: 465-8679
 Date/Time: 8/14/07 12:00 AM
 Date: 8/14/2007

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB 273
 () Publish Date: _____

Identifier (file name): _____ Dept. Affected: Education & Early Development
 Title An Act relating to school funding, the based student RDU K-12 Support
allocation, district cost factors, and the adjustments for... Component AK Challenge Youth Academy
 Sponsor Representative Hawker
 Requester Joint Legislative Education Funding Task Force Component Number 2837

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims		161.8	0.0	161.8	161.8			
Miscellaneous								
TOTAL OPERATING		161.8	0.0	161.8	161.8	0.0	0.0	0.0

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

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

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts								
1003 GF Match								
1004 GF		161.8	0.0	161.8	161.8	0.0	0.0	0.0
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other Interagency Receipts								
TOTAL		161.8	0.0	161.8	161.8	0.0	0.0	0.0

Estimate of any current year (FY2008) cost: _____

POSITIONS

Full-time								
Part-time								
Temporary								

ANALYSIS: (Attach a separate page if necessary)

This bill would increase the BSA for the Alaska Challenge Youth Academy by \$100 for FY09 to \$5,480, FY10 to \$5,580, & FY11 to \$5,680. The resulting increase based on FY09 Projections is \$161,840 each year.

Prepared by: Eddy Jeans, Director
 Division: School Finance
 Approved by: Barbara Thompson, Interim Commissioner
Education & Early Development

Phone 465-8679
 Date/Time 1/18/08 12:00 AM
 Date 1/18/2008

ALASKA CHALLENGE YOUTH ACADEMY

FY09 Projection

206 x \$5380 x 7 =	7,757,960
294 x \$5380 x 60% =	949,032
less \$2,625,000	(2,625,000)
	6,081,992

Proposed \$100 increase for FY09

206 x \$5480 x 7 =	7,902,160
294 x \$5480 x 60% =	966,672
less \$2,625,000	(2,625,000)
	6,243,832

Proposed FY09 INCREASE \$ 161,840

School Districts	50% ISER Implemented	BSA increase by \$100 to \$5,480	Intensive Multiplier from x5 to x9	5% reduction in School Size Adjustment Hold Harmless	YEAR 1 FY2009 funding
ALASKA GATEWAY	617,518	117,094	129,120		863,732
ALEUTIAN REGION	78,404	26,202	-		104,606
ALEUTIANS EAST BOROUGH	834,869	92,993	-		927,862
ANCHORAGE	0	6,949,643	14,633,600		21,583,243
ANNETTE ISLAND	489,902	68,645	86,080		644,627
BERING STRAIT	4,212,440	595,688	365,840		5,173,968
BRISTOL BAY BOROUGH	196,738	49,100	64,560		310,398
CHATHAM	512,836	59,049	64,560		636,445
CHUGACH	98,694	36,067	-		134,761
COPPER RIVER	376,208	136,939	215,200		728,347
CORDOVA CITY	247,730	82,914	129,120		459,764
CRAIG CITY	309,354	106,867	215,200		631,421
DELTA/GREELY	495,029	202,066	172,160		869,255
DENALI BOROUGH	24,767	87,565	64,560		176,892
DILLINGHAM CITY	206,234	115,208	172,160		493,602
FAIRBANKS NORTH STAR BOROUGH	1,655,169	2,280,888	5,638,240		9,574,297
GALENA CITY	48,564	328,988	21,520		399,072
HAINES BOROUGH	278,433	65,033	107,600		451,066
HOONAH CITY	259,656	37,925	86,080		383,661
HYDABURG CITY	167,061	19,991	21,520		208,572
IDITAROD AREA	603,165	106,582	-		709,747
JUNEAU BOROUGH	2,472,339	841,494	3,120,400		6,434,233
KAKE CITY	213,682	26,263	86,080	121,627	447,652
KASHUNAMIUT	364,985	92,071	86,080		543,136
KENAI PENINSULA BOROUGH	5,801,942	1,535,937	1,786,160		9,124,039
KETCHIKAN GATEWAY BOROUGH	1,508,776	383,262	538,000		2,430,038
KLAWOCK CITY	206,830	33,791	64,560		305,181
KODIAK ISLAND BOROUGH	1,977,742	475,148	538,000		2,990,890
KUSPUK	706,120	138,188	-		844,308
LAKE AND PENINSULA BOROUGH	1,090,155	166,392	43,040		1,299,587
LOWER KUSKOKWIM	3,257,403	1,161,863	1,312,720		5,731,986
LOWER YUKON	4,248,108	624,434	279,760		5,152,302
MATANUSKA-SUSITNA BOROUGH	3,202,095	2,267,036	2,690,000		8,159,131
NENANA CITY	71,767	84,920	64,560		221,247
NOME CITY	412,471	164,477	86,080		663,028
NORTH SLOPE BOROUGH	2,100,339	453,576	193,680		2,747,595
NORTHWEST ARCTIC BOROUGH	2,545,617	596,770	387,360		3,529,747
PELICAN CITY	24,120	6,577	-		30,697
PETERSBURG CITY	622,914	116,063	236,720		975,697
PRIBILOF	196,521	41,633	-		238,154
SAINT MARY'S	241,256	49,466	21,520	122,004	434,246
SITKA BOROUGH	1,091,017	261,811	774,720		2,127,548
SKAGWAY CITY	15,325	21,518	21,520		58,363
SOUTHEAST ISLAND	373,296	67,126	107,600		548,022
SOUTHWEST REGION	953,257	214,968	129,120		1,297,345
TANANA	76,192	15,976	-	75,274	167,442
UNALASKA CITY	359,049	92,984	43,040		495,073
VALDEZ CITY	235,805	140,200	236,720		612,725
WRANGELL PUBLIC	259,548	65,830	21,520		346,898
YAKUTAT	209,957	26,128	-	104,089	340,174
YUKON FLATS	716,859	116,706	107,600		941,165
YUKON/KOYUKUK	698,782	226,821	129,120		1,054,723
YUPIIT	608,183	145,244	86,080		839,507
Mt. Edgecumbe	310,918	64,562	-		375,480
TOTAL	48,886,141	22,284,682	35,378,880	422,994	106,972,697

School Districts	1/4 increase of remaining 50% ISER	BSA increase by \$100 to \$5,580	Intensive Multiplier from x9 to x11	YEAF 2 FY2010 funding
ALASKA GATEWAY	157,296	121,156	65,730	344,212
ALEUTIAN REGION	20,390	26,573	-	46,963
ALEUTIANS EAST BOROUGH	212,641	96,862	-	309,503
ANCHORAGE	0	7,085,643	7,452,800	14,538,443
ANNETTE ISLAND	124,704	71,714	43,840	240,258
BERING STRAIT	1,068,094	618,522	186,320	1,872,936
BRISTOL BAY BOROUGH	50,014	50,610	32,880	133,504
CHATHAM	130,585	62,025	32,880	225,490
CHUGACH	24,896	36,520	-	61,416
COPPER RIVER	98,489	140,731	109,600	348,820
CORDOVA CITY	62,105	85,244	65,760	213,109
CRAIG CITY	80,406	110,330	109,600	300,336
DELTA/GREELY	126,022	205,959	87,680	419,661
DENALI BOROUGH	7,584	88,303	32,880	128,767
DILLINGHAM CITY	54,851	117,806	87,680	260,337
FAIRBANKS NORTH STAR BOROUGH	421,543	2,340,958	2,871,520	5,634,021
GALENA CITY	13,520	329,434	10,960	353,914
HAINES BOROUGH	70,899	67,323	54,800	193,022
HOONAH CITY	66,062	39,927	43,840	149,829
HYDABURG CITY	42,924	20,972	10,960	74,856
IDITAROD AREA	153,613	109,377	-	262,990
JUNEAU BOROUGH	347,539	882,276	1,589,200	3,119,015
KAKE CITY	54,136	28,048	43,840	126,024
KASHUNAMIUT	93,816	94,578	43,840	232,234
KENAI PENINSULA BOROUGH	1,477,379	1,579,418	909,680	3,966,477
KETCHIKAN GATEWAY BOROUGH	379,663	395,170	274,000	1,048,833
KLAWOCK CITY	53,036	35,356	32,880	121,272
KODIAK ISLAND BOROUGH	513,931	489,499	274,000	1,277,430
KUSPUK	182,192	141,503	-	323,695
LAKE AND PENINSULA BOROUGH	280,185	171,890	21,920	473,995
LOWER KUSKOKWIM	848,748	1,189,506	668,560	2,706,814
LOWER YUKON	1,081,779	646,717	142,480	1,870,976
MATANUSKA-SUSITNA BOROUGH	869,687	2,307,860	1,370,000	4,547,547
NENANA CITY	19,347	85,872	32,880	138,099
NOME CITY	108,161	167,245	43,840	319,246
NORTH SLOPE BOROUGH	534,870	465,108	98,640	1,098,618
NORTHWEST ARCTIC BOROUGH	643,417	612,077	197,280	1,452,774
PELICAN CITY	6,266	6,691	-	12,957
PETERSBURG CITY	161,198	121,196	120,560	402,954
PRIBILOF	49,960	42,542	-	92,502
SAINT MARY'S	61,005	50,776	10,960	122,741
SITKA BOROUGH	283,483	274,169	394,560	952,212
SKAGWAY CITY	3,902	21,789	10,960	36,651
SOUTHEAST ISLAND	95,081	69,856	54,800	219,737
SOUTHWEST REGION	244,627	220,619	65,760	531,006
TANANA	19,291	16,327	-	35,618
UNALASKA CITY	93,268	95,081	21,920	210,269
VALDEZ CITY	63,204	143,550	120,560	327,314
WRANGELL PUBLIC	56,062	67,232	10,960	144,254
YAKUTAT	53,752	27,106	-	80,858
YUKON FLATS	182,467	121,026	54,800	358,293
YUKON/KOYUKUK	179,004	231,278	65,760	476,042
YUPIIT	156,142	148,885	43,840	348,867
Mt. Edgecumbe	80,791	66,032	-	146,823
TOTAL	12,574,027	22,842,267	18,018,240	53,434,534

School Districts	1/4 increase of remaining 50% ISER	BSA increase by \$100 to \$5,680	Intensive Multiplier from x11 to x13	YEAR 3 FY2011 funding
ALASKA GATEWAY	160,102	125,217	66,960	352,279
ALEUTIAN REGION	20,761	26,944	-	47,705
ALEUTIANS EAST BOROUGH	216,397	100,729	-	317,126
ANCHORAGE	0	7,221,643	7,588,800	14,810,443
ANNETTE ISLAND	127,029	74,784	44,640	246,453
BERING STRAIT	1,087,526	641,356	189,720	1,918,602
BRISTOL BAY BOROUGH	50,979	52,121	33,480	136,580
CHATHAM	132,961	65,001	33,480	231,442
CHUGACH	25,350	36,973	-	62,323
COPPER RIVER	100,336	144,524	111,600	356,460
CORDOVA CITY	63,347	87,576	66,960	217,883
CRAIG CITY	81,869	113,793	111,600	307,262
DELTA/GREELY	128,372	209,853	89,280	427,505
DENALI BOROUGH	7,724	8,041	33,480	130,245
DILLINGHAM CITY	55,736	120,402	89,280	265,418
FAIRBANKS NORTH STAR BOROUGH	429,102	2,401,026	2,923,920	5,754,048
GALENA CITY	13,767	329,880	11,160	354,807
HAINES BOROUGH	72,133	69,612	55,800	197,545
HOONAH CITY	67,376	41,931	44,640	153,947
HYDABURG CITY	43,703	21,953	11,160	76,816
IDITAROD AREA	156,409	112,172	-	268,581
JUNEAU BOROUGH	659,320	923,058	1,618,200	3,200,578
KAKE CITY	55,176	29,834	44,640	129,650
KASHUNAMIUT	95,412	97,083	44,640	237,135
KENAI PENINSULA BOROUGH	1,504,205	1,622,898	926,280	4,053,383
KETCHIKAN GATEWAY BOROUGH	386,628	407,079	279,000	1,072,707
KLAWOCK CITY	53,945	36,920	33,480	124,345
KODIAK ISLAND BOROUGH	523,226	503,849	279,000	1,306,075
KUSPUK	185,508	144,118	-	330,326
LAKE AND PENINSULA BOROUGH	285,229	177,387	22,320	484,936
LOWER KUSKOKWIM	864,134	1,217,148	680,760	2,762,042
LOWER YUKON	1,101,348	668,998	145,080	1,915,426
MATANUSKA-SUSITNA BOROUGH	885,510	2,348,684	1,395,000	4,629,194
NENANA CITY	19,753	86,825	33,480	140,058
NOME CITY	110,185	170,014	44,640	324,839
NORTH SLOPE BOROUGH	544,547	476,639	100,440	1,121,626
NORTHWEST ARCTIC BOROUGH	655,180	627,385	200,880	1,483,445
PELICAN CITY	6,379	6,805	-	13,184
PETERSBURG CITY	164,074	126,328	122,760	413,162
PRIBILOF	50,978	43,453	-	94,431
SAINT MARY'S	62,116	52,086	11,160	125,362
SITKA BOROUGH	288,586	286,526	401,760	976,872
SKAGWAY CITY	4,030	22,061	11,160	37,251
SOUTHEAST ISLAND	96,811	72,586	55,800	225,197
SOUTHWEST REGION	248,966	226,268	66,960	542,194
TANANA	19,641	16,678	-	36,319
UNALASKA CITY	95,020	97,179	22,320	214,519
VALDEZ CITY	64,354	146,900	122,760	334,014
WRANGELL PUBLIC	67,263	68,634	11,160	147,057
YAKUTAT	54,728	28,084	-	82,812
YUKON FLATS	185,899	125,348	55,800	367,047
YUKON/KOYUKUK	182,263	235,735	66,960	484,958
YUPIIT	158,870	152,524	44,640	356,034
Mt. Edgecumbe	82,261	67,502	-	149,763
TOTAL	12,802,524	23,399,847	18,347,040	54,549,411

YEAR 4 - FY2012
1/4 increase of
remaining 50% ISER

School Districts	
ALASKA GATEWAY	163,019
ALEUTIAN REGION	21,075
ALEUTIANS EAST BOROUGH	220,322
ANCHORAGE	0
ANNETTE ISLAND	129,300
BERING STRAIT	1,106,960
BRISTOL BAY BOROUGH	51,947
CHATHAM	135,337
CHUGACH	25,803
COPPER RIVER	102,073
CORDOVA CITY	64,365
CRAIG CITY	83,333
DELTA/GREELY	130,610
DENALI BOROUGH	7,860
DILLINGHAM CITY	56,789
FAIRBANKS NORTH STAR BOROUGH	436,826
GALENA CITY	13,955
HAINES BOROUGH	73,478
HOONAH CITY	68,465
HYDABURG CITY	44,486
IDITAROD AREA	159,203
JUNEAU BOROUGH	671,046
KAKE CITY	56,106
KASHUNAMIUT	97,174
KENAI PENINSULA BOROUGH	1,531,142
KETCHIKAN GATEWAY BOROUGH	393,480
KLAWOCK CITY	54,967
KODIAK ISLAND BOROUGH	532,633
KUSPUK	188,879
LAKE AND PENINSULA BOROUGH	290,324
LOWER KUSKOKWIM	879,634
LOWER YUKON	1,121,087
MATANUSKA-SUSITNA BOROUGH	901,392
NENANA CITY	13,993
NOME CITY	112,098
NORTH SLOPE BOROUGH	554,278
NORTHWEST ARCTIC BOROUGH	666,831
PELICAN CITY	6,493
PETERSBURG CITY	167,122
PRIBILOF	51,834
SAINT MARY'S	63,168
SITKA BOROUGH	293,799
SKAGWAY CITY	4,044
SOUTHEAST ISLAND	98,541
SOUTHWEST REGION	253,529
TANANA	19,936
UNALASKA CITY	96,661
VALDEZ CITY	65,504
WRANGELL PUBLIC	68,524
YAKUTAT	55,708
YUKON FLATS	189,107
YUKON/KOYUKUK	185,519
YUPIIT	161,766
Mt. Edgecumbe	83,732
TOTAL	13,031,257

YEAR 5 - FY2013
1/4 increase of
remaining 50% ISER

School Districts	
ALASKA GATEWAY	158,633
ALEUTIAN REGION	18,684
ALEUTIANS EAST BOROUGH	220,263
ANCHORAGE	0
ANNETTE ISLAND	126,109
BERING STRAIT	1,106,961
BRISTOL BAY BOROUGH	51,891
CHATHAM	135,336
CHUGACH	26,829
COPPER RIVER	90,794
CORDOVA CITY	68,238
CRAIG CITY	76,668
DELTA/GREELY	122,977
DENALI BOROUGH	0
DILLINGHAM CITY	47,334
FAIRBANKS NORTH STAR BOROUGH	327,577
GALENA CITY	7,006
HAINES BOROUGH	73,479
HOONAH CITY	68,524
HYDABURG CITY	42,038
IDITAROD AREA	159,089
JUNEAU BOROUGH	596,599
KAKE CITY	57,188
KASHUNAMIUT	93,814
KENAI PENINSULA BOROUGH	1,458,233
KETCHIKAN GATEWAY BOROUGH	412,219
KLAWOCK CITY	51,890
KODIAK ISLAND BOROUGH	489,970
KUSPUK	178,855
LAKE AND PENINSULA BOROUGH	270,788
LOWER KUSKOKWIM	799,661
LOWER YUKON	1,099,955
MATANUSKA-SUSITNA BOROUGH	676,002
NENANA CITY	15,607
NOME CITY	92,389
NORTH SLOPE BOROUGH	538,842
NORTHWEST ARCTIC BOROUGH	686,538
PELICAN CITY	5,696
PETERSBURG CITY	156,298
PRIBILOF	51,891
SAINT MARY'S	63,226
SITKA BOROUGH	258,599
SKAGWAY CITY	3,076
SOUTHEAST ISLAND	95,692
SOUTHWEST REGION	245,782
TANANA	20,506
UNALASKA CITY	88,971
VALDEZ CITY	45,853
WRANGELL PUBLIC	65,048
YAKUTAT	54,453
YUKON FLATS	189,221
YUKON/KOYUKUK	176,689
YUPIIT	156,755
Mt. Edgecumbe	73,706
TOTAL	12,207,442

From: Friedman_Jeff [Friedman_Jeff@asdk12.org]
Sent: Thursday, January 17, 2008 9:07 PM
To: Rep. Peggy Wilson; Rep. Bob Roses; Rep. Anna Fairclough;
representative_we_keller@legis.state.ak.us; Rep. Paul Seaton; Rep. Sharon Cissna; Rep.
Berta Gardner
Cc: Rep. Mike Hawker; Comeau_Carol; Steele_Tim
Subject: House Bill 273

Attachments: Task Force Resolution.pdf



Task Force
resolution.pdf (82..

Dear Representative Wilson and members of the HESS Committee:

I am writing to you as the chair of the Anchorage School Board's Legislative Committee. HB 273 will be heard by your committee next week, and I wish to express the Anchorage School Board's strong support for that bill.

The Joint Legislative Education Funding Task Force worked very hard last summer. The Task Force heard hours of testimony, and spent additional hours discussing ways to improve education funding in Alaska. The excellent process led to an excellent result. Clearly, the final recommendation contained compromises. At the same time, no vital interest was ignored. The Task Force's recommendations form a solid basis for improving academic achievement throughout Alaska.

I have attached a copy of a resolution passed unanimously by the Anchorage School Board. In addition, the Alaska Association of School Boards adopted a similar position in support of the Task Force recommendations.

HB 273 contains most of the Task Force recommendations (others have been proposed in companion bills). During its deliberations, the Task Force initially thought not to make any recommendation as to the Base Student Allocation amount. After some discussion, it was decided that some increase to the BSA was needed, and that a minimum amount of \$100 additional per year would be included as a place holder. Both the discussion at that meeting and the language of the report indicate that this amount was not set in stone, but was intended solely as the minimum amount that should be considered. Based on current cost estimates, the Anchorage School Board, and AASB, support increases of \$200 per year over the next three years. Governor Palin used this same figure when she adopted the Task Force recommendations and filled in some of the details left open by the Task Force's report.

Anchorage supports phased increases to the District Cost Factors with the understanding that a new study will be completed to update those cost factors. The phased increases in intensive needs funding are extremely important to Anchorage, and are important to districts throughout the state since a single, expensive high need student could bankrupt a small district. Changes to the transportation reimbursement formula are also important.

Because of the phased increases to the District Cost Factors, much of the new money will not come to Anchorage. Anchorage still supports those increases, along with the entire package of Task Force recommendations because we believe that Anchorage benefits from strong districts throughout the state. I urge you to support HB 273 and include with it the BSA levels suggested by the Governor.

Please feel free to contact me if you have any questions.

Jeff Friedman
Anchorage School Board Member
1534 D Street

Anchorage, AK 99501
907-742-4699 (home)
Friedman_Jeff@asdk12.org

HB

274

Overview of University of Alaska Activities Pertaining to Teacher Training, Recruitment and Retention in Alaska

The University of Alaska continues to focus its efforts on programs that benefit public education throughout Alaska, with efforts spanning over all MAUs. UA welcomes the opportunity to report to the Legislature on the quality, placement, and employment of teachers and administrators from these programs as well as other efforts.

Academic Programs Offered:

The UAA College of Education (UAA COE) offers academic programs in several areas. The Department of Educational Leadership within UAA COE offers graduate degrees in Educational Administration and Adult Education. The Department of Counseling and Special Education offers a variety of programs for individuals interested in working as special educators, speech pathologists, and counselors. Lastly, the Department of Teaching and Learning offers a variety of programs for individuals interested in working as early childhood, elementary, or secondary educators.

The UAF School of Education (UAF SOE) offers a Bachelor of Arts in Elementary Education for undergraduate students, a one year post-baccalaureate program for people who already have a degree, and two Elementary Education minors. The Secondary Post-Baccalaureate Licensure Program serves individuals who currently hold degrees and are interested in pursuing a career in teaching at the middle school and high school level. The UAF SOE Graduate department also offers Master of Education degrees in Curriculum and Instruction, Cross-Cultural Education, Counseling, and Reading. UAF SOE also serves as the administrative home for the Bachelor of Arts and Sciences degree and offers non-degree professional development programs to teachers who wish to add endorsements. The UAF SOE is nationally accredited, and all programs are approved by their respective professional associations.

The UAS School of Education (UAS SOE) offers a Bachelor of Arts in Elementary Education and an AAS in Early Childhood Education for undergraduate students. For students who already have a bachelor's degree and want to become a teacher, a Master of Arts in Teaching is offered with focus areas available in Early Childhood Education, Elementary Education, and Secondary Education. The School of Education also provides support for experienced teachers through a Master of Education degree with emphasis areas available in Special Education, Educational Technology, Early Childhood Education, and Reading Specialist, as well as graduate certificates in a variety of areas, including Mathematics Education. The School of Education is also home to the PITAAS (Preparing Indigenous Teachers and Administrators for Alaska Schools) program.

Support Activities: Programs range from teacher and administrator recruitment and preparation to professional development training, in-service support programs, and curriculum development. Many of these efforts are in collaboration with leading national research centers, the state Department of Education and Early Development (EED), scientists, and school districts throughout Alaska. A detailed list of UA activities by area can be found starting on page 2.

Reports and Information: The University has published a number of reports pertaining to teacher training, recruitment, and retention, including accreditation reports, grant performance reports,

The UA Alaska Educational Innovations Network (AEIN), located at UAA, was established to build stronger teaching and learning communities in nine partner school districts. This program offers professional development and training to teacher leaders and support to school districts.

The K-12 outreach effort at UA also includes activities for students such as sports camps, the Rural Alaska Honors Institute (RAHI), and Upward Bound, which offer the opportunity to complete college preparatory courses. The International Polar Year (IPY), for example, provided every school in Alaska with a set of posters and an educational resource guide with information about IPY. In addition, there is an art contest for students sponsored by IPY Education Outreach.

Research and Curriculum Development

Research grants often encourage a K-12 curriculum component. As a result, researchers and scientists alike are working to develop curriculum and resources for teachers right here in Alaska. Some examples include: Aurora Alive, an interactive DVD for students and teachers; Geographic Information for Alaska (GINA), a network and resource for teachers to use in the classroom; Global Learning and Observations to Benefit the Environment (GLOBE), a worldwide, hands-on, primary and secondary school-based science and education program; Science Teacher Education Program (STEP), a professional development program designed to increase Alaska teachers' science content knowledge in order to meet Alaska State Science Standards; the Alaska Native Knowledge Network (ANKN), which provides resources for compiling and exchanging information related to Alaska Native knowledge systems and traditional ways of knowing; and Math in a Cultural Context (MCC), a long-term, collaborative project aimed at developing supplemental math curricula based on the traditional wisdom and practices of the Yup'ik Eskimo people.

CORRECTION

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



Rev 6/98

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