

ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SSTA 12749

ALASKA STATE LEGISLATURE

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Chair
Senate State Affairs
Administrative Regulation Review

Member
Senate Judiciary Committee
Senate Resources Committee

SENATOR LESIL MCGUIRE

SPONSOR STATEMENT

SB 144

"An Act relating to matching funds in state tourism marketing contracts with trade associations."

In 2001 the State of Alaska privatized the functions of the tourism marketing program by contracting with the Alaska Travel Industry Association. Prior to the current structure, Alaska's travel industry was promoted by a membership organization comprised of both private sector and state officials at significant cost to the State of Alaska.

Since that time, the Dept. of Commerce & Economic Development contracts with the Alaska Travel Industry Association (referred to in AS 44.33.125 as the Qualified Trade Association) to design and implement Alaska's tourism marketing program. Utilizing professional contractors and a multitude of marketing experts, thirty private sector representatives from large and small businesses volunteer hundreds of hours and contribute thousands of private sector dollars each year to develop and oversee this program.

State statutes currently require 50/50 matching funds; state general funds matched by private industry dollars. The recent passage of travel industry taxes has had the dual effect of generating significant involuntary revenues to the state's general fund AND eliminating the viability of voluntarily raising the private sector's dollars required to meet the 50% match.

The FY07 budget for the core tourism marketing program consisted of \$5.0 million in state funds matched by 5.0 million in private sector dollars to create a \$10.0 million marketing program. In FY08, it is anticipated that \$2 million is the maximum amount that can be raised in voluntary contributions towards the private sector match from Alaska travel industry businesses participating in marketing pay-to-play programs.

Further jeopardizing the travel industry's ability to successfully market Alaska and compete for travelers in the national and worldwide marketplace is the fact that inflation-adjusted data indicates that the State of Alaska's general fund support for tourism marketing has declined from \$23 million to \$5.7 million from 1990 to 2006.

In addition, the travel industry has historically identified a \$20 million core tourism marketing budget as the minimum necessary to regain Alaska's market share and retain the ability of the travel industry to grow Alaska's private sector economy.

Therefore, SB 144 will allow Alaska's travel industry to continue to receive state funds by changing the statutory match required in AS 44.33.125 from 50/50 to 90/10 reflecting the reality of the travel industry's ability to raise \$2.0 million in voluntarily private sector dollars to fund the core tourism marketing program.

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SECTIONAL ANALYSIS SB 144

"An Act relating to matching funds in state tourism marketing contracts with trade associations."

Section 1 - Amends AS 44.33.125(a) to change the matching fund requirement from 50% of the costs of the marketing campaign described in the contract to 10%.

Explanation - By April 1 of each fiscal year, the Dept. of Commerce, Community and Economic Development may contract with a qualified trade association (*Alaska Travel Industry Association*) to plan and execute a tourism marketing campaign during the next fiscal year.

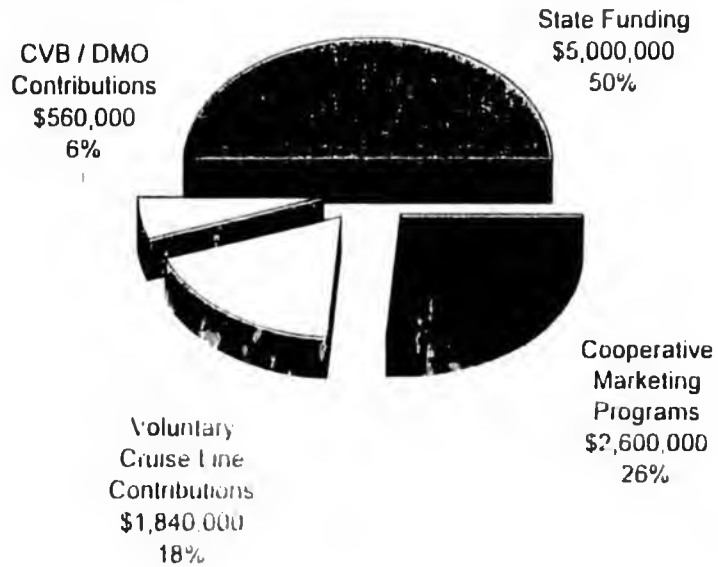
In FY07 the total combined funds from state and private contributions was \$10 million, \$5 million in state funds matched by \$5 million voluntarily contributed from the tourism industry. With the passage of the cruise ship tax initiative, the Alaska Travel Industry Association (ATIA) will no longer be able to voluntarily raise \$5 million. The state's largest tourism segment, the cruise industry, will now be required to pay millions of dollars directly to the state and will no longer be able to contribute voluntarily to the state marketing program. The ATIA believes that they will be able to maintain \$2 million in private industry match.

In concert with SB 143 which appropriates \$18 million to the QTA Tourism Grant Line, the total tourism marketing budget will be \$20 million, of which \$2 million is private industry funds for a 90/10 match.

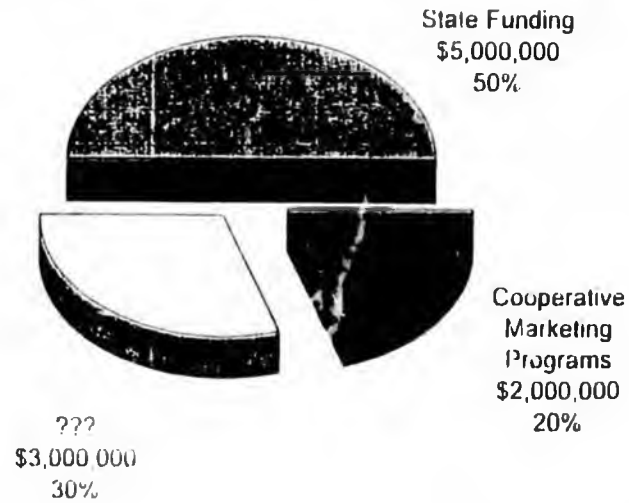
FY07 Current Private Fund Sources:

\$5,000.00	Private Industry Match
-\$2,000.00	*Volunteer Cruise Contribution (no longer available)
-\$ 500.00	Cruise Industry Advertising (redirected to their own programs)
-\$ 500.00	*Visitor & Convention Bureau Contributions (no longer available)
\$2,000.00	Remaining ATIA funds available through membership dues and pay to play participant programs

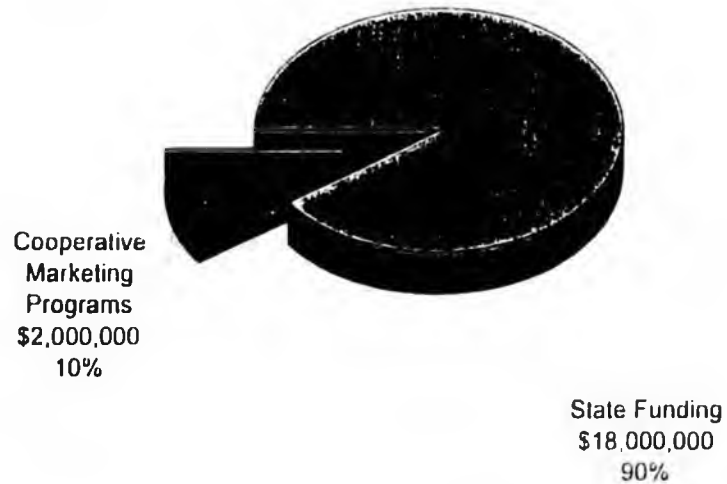
ATIA Current Funding Model - \$10m



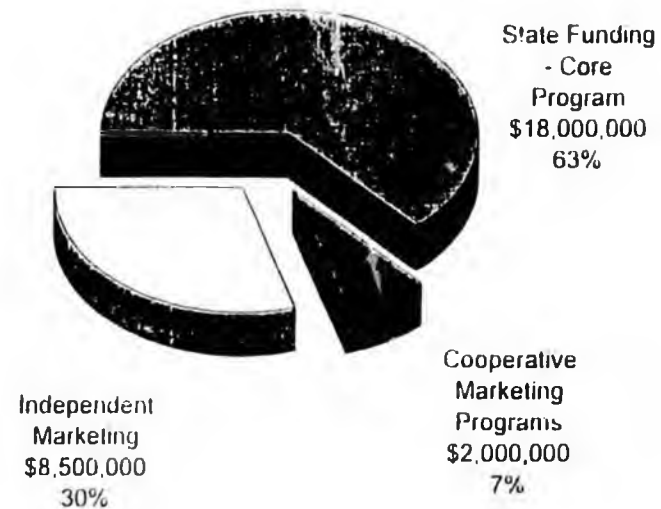
ATIA Future Funding Model - \$10m



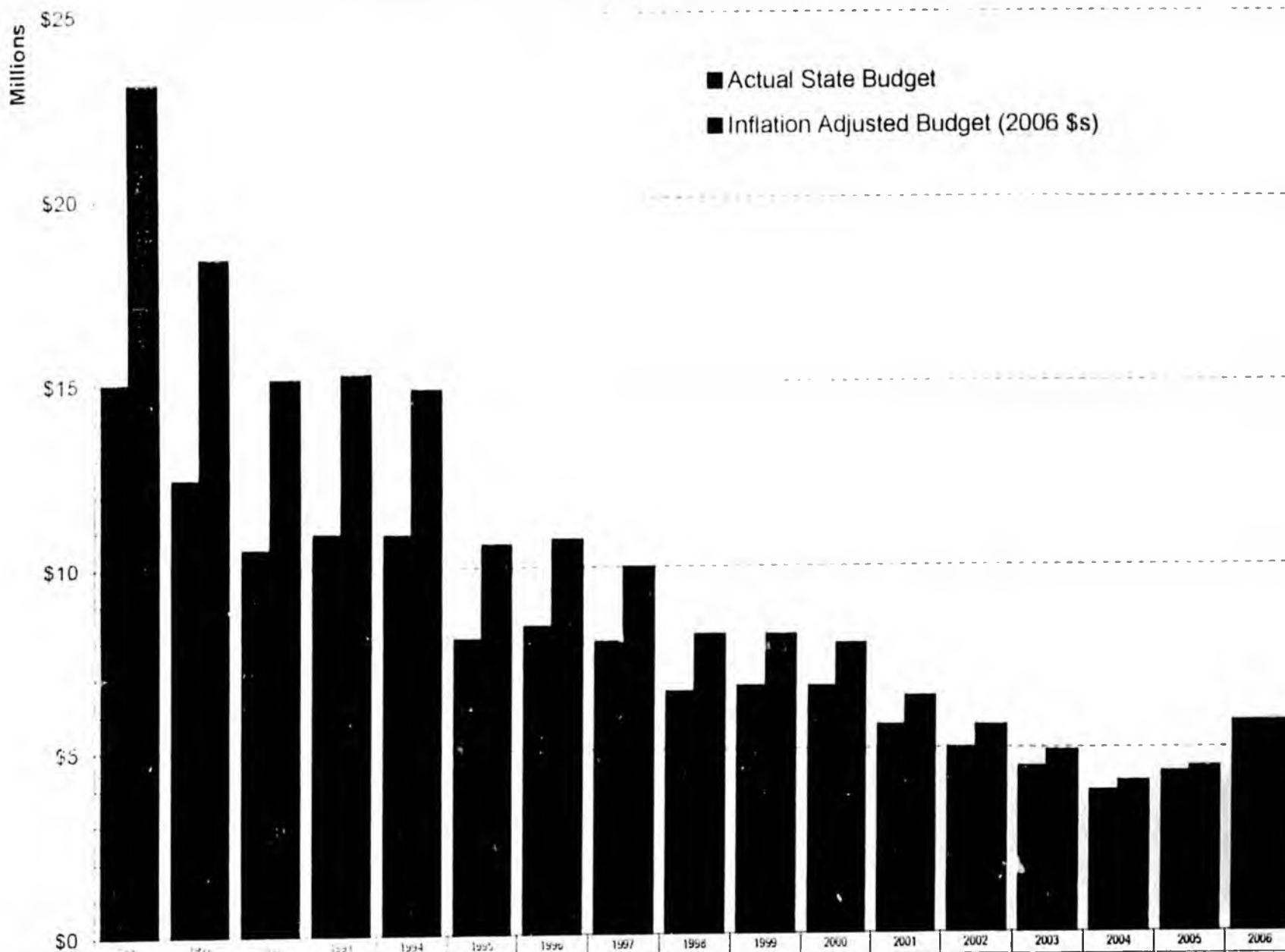
ATIA Future Funding Model - \$20m



ATIA Future Funding Model - \$28.5m

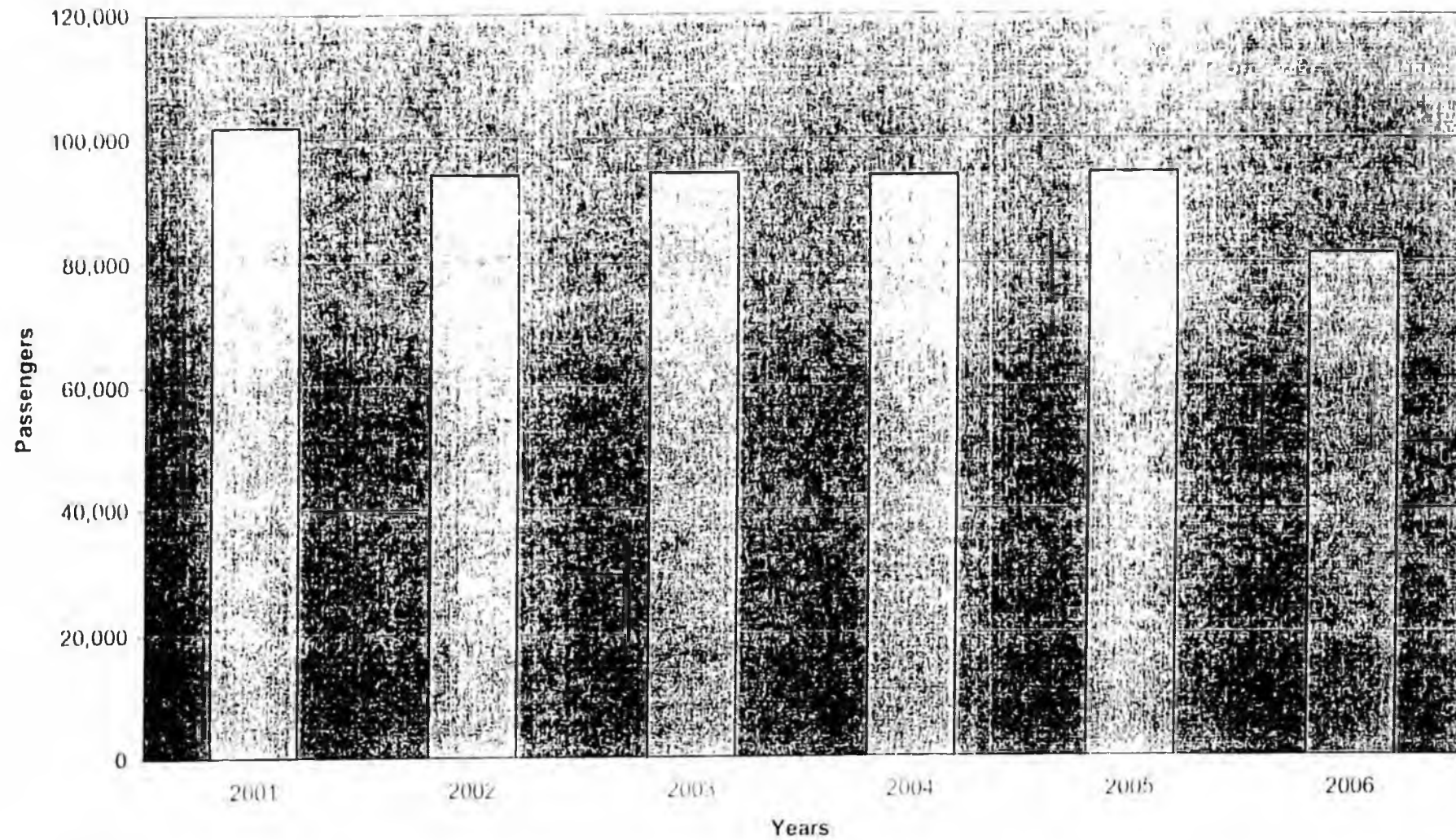


Alaska's State Government Contribution to Tourism Marketing



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006			
Actual State Budget	\$15,112,224	\$12,416,571	\$10,701,171	\$10,933,367	\$10,913,338	\$8,036,963	\$8,365,391	\$7,963,556	\$6,580,971	\$6,714,971	\$6,713,400	\$5,641,657	\$5,016,069	\$4,502,167	\$3,833,500	\$4,358,500	\$5,716,000
Inflation Adjusted Budget (2006 \$s)	\$23,011,114	\$18,412,222	\$17,702,000	\$15,253,000	\$14,645,000	\$10,633,000	\$10,774,000	\$10,002,000	\$8,138,000	\$8,124,500	\$7,859,120	\$6,421,380	\$5,621,040	\$4,932,809	\$4,091,231	\$4,500,129	\$5,716,000

Alaska Canada Border Crossings 2001 - 2006



Border crossings (ALCAN and Poker Flats) exclusive of Motorcoach and Commercial Truck Traffic

Numbers Provided By Tok APLIC-Visitor's Center



The Net Return*

to the State of Alaska from:



Timber

Tourism

Minerals

**Commercial
Fisheries**

State of Alaska
Department of Commerce, Community, and Economic Development
Prepared for Senate Labor & Commerce Committee

March 21, 2006

*Net Return is defined for this report to be the total taxes, fees, federal funds, and royalties received by the State minus expenditures by the state treasury in direct support of the specified industry.

The Net Return to the State of Alaska



State of Alaska

Timber, Mining, Commercial Fisheries and Tourism Revenues and Expenditures in Fiscal Year 2005

Dollars in Thousands

Resource Category	Total Gross Revenues			Total Operating Expenditures	Difference Between Revenues and Expenditures
	General Funds and Other Funds	Federal Funds	Total Funds		
Timber	\$ 2,040	\$ 170	\$ 2,210	\$ 1,614	\$ 595
Minerals	\$ 13,243	\$ 625	\$ 13,868	\$ 1,809	\$12,059
Fisheries	\$ 74,457	\$16,521	\$ 90,980	\$ 79,551	\$11,427
Tourism	\$ 49,667	\$ 83	\$ 49,750	\$ 29,216	\$20,534
Total	\$137,367	\$17,230	\$156,808	\$110,381	\$44,616

Sources: Departments of Revenue, Fish & Game, Natural Resources, Labor Workforce Development, Transportation and Public Facilities, and Commerce Community and Economic Development



Tourism

Tourism FY05

(In Thousands of Dollars)

Sources (Revenue)

Vehicle Rental Tax	\$6,417.9
Corporate Tax	\$1,248.4
Subtotal Taxes	\$7,666.3
Licenses Sold	\$17,728.0
AMHS Passenger Fees	\$24,273
Subtotal Receipts	\$42,001
Federal Funds	\$83.4
Subtotal Federal Funds	\$83.4
TOTAL REVENUES	\$49,750

Uses (Expenditures)

	General Fund	Federal	Other Agency	Total
Dept. of Commerce	\$2,321	\$83	\$50	\$2,454
Dept. of Revenue	\$22			\$22
Dept. of Fish & Game			\$1,151	\$1,151
Dept. of Transportation	\$25,589			\$25,589
Total by Category	\$2,343	\$83	\$1,201	\$29,216
TOTAL USES				\$29,216

Net Surplus for Tourism \$20,534



Tourism

Sources (Revenue)

Dept. of Revenue – Vehicle Rental Tax – An excise tax on the charge for the lease or rental of a passenger or recreational vehicle in Alaska. The final vehicle rental tax total of \$6.4 million reported here represents 85 percent of total reported vehicle taxes collected in 2005 and is based on a three year average of the number of people renting vehicles in one of the following three categories: 1. Vacation & Pleasure; 2. Visiting Relatives; or 3. Business & Pleasure. *Source: Alaska Visitor Statistics Program AVSP).*

Dept. of Revenue – Corporation Income Tax Liability for Tourism – Tax liabilities reported on original corporate income tax returns during the fiscal year covering hotels, lodges, guided tour operations and totaling \$1.3 million.

Tourism – Sources Permits / Fees

Dept. of Fish and Game Related Revenues – All non-resident fishing, hunting, and trapping licenses sold during fiscal year 2005 totaling \$17.7 million.

Dept. of Transportation / AMHS – Non-resident passenger fees - Revenues cover months of May - September 2005 and include passenger, car deck, staterooms and on board sales adjusted to reflect Commerce's 2004 AVSP Summer Visitor Arrival report showing 71 percent of ferry travelers between the months of May-September are non-resident . Adjusted total is \$24 million.

Tourism – Sources Federal Funds

Dept. of Commerce – Federal Economic Development Administration to Commerce for rural tourism development initiatives.

Uses (Expenditures)

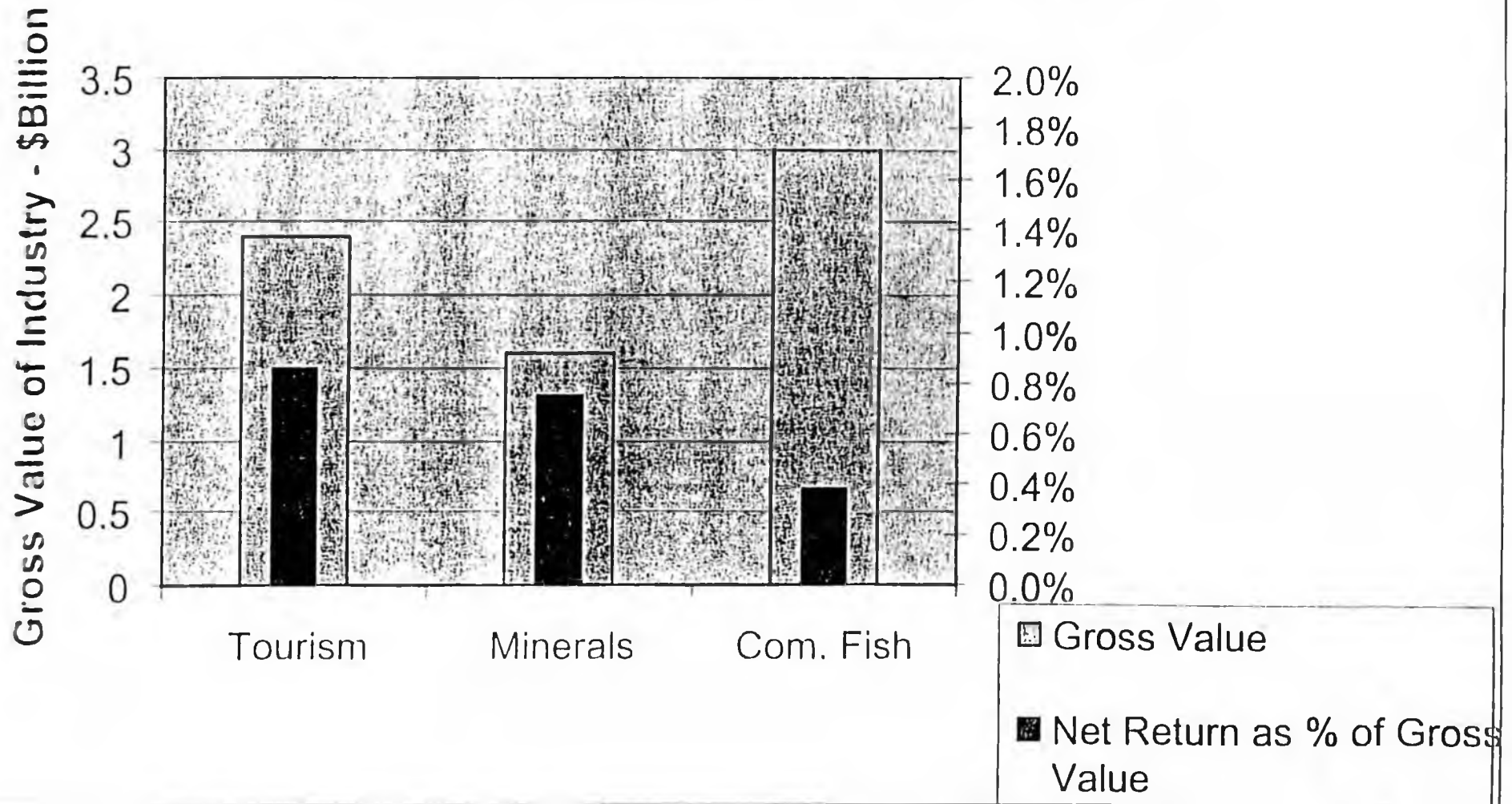
Dept. of Fish and Game – data entry and licensing accounting personnel to implement the hunting and sport fishing licensing receipts.

Dept. of Commerce – estimated costs for tourism staff, rural tourism development and ATIA contract match.

Dept. of Revenue – estimated staff costs to implement income tax liability activities.

Dept. of Transportation / AMHS - Expenditures reflect costs for the months of May-September while vessels are in revenue status, and do not include overhaul, lay-up or other overhead costs.

Net Return as % of Gross Value - FY05



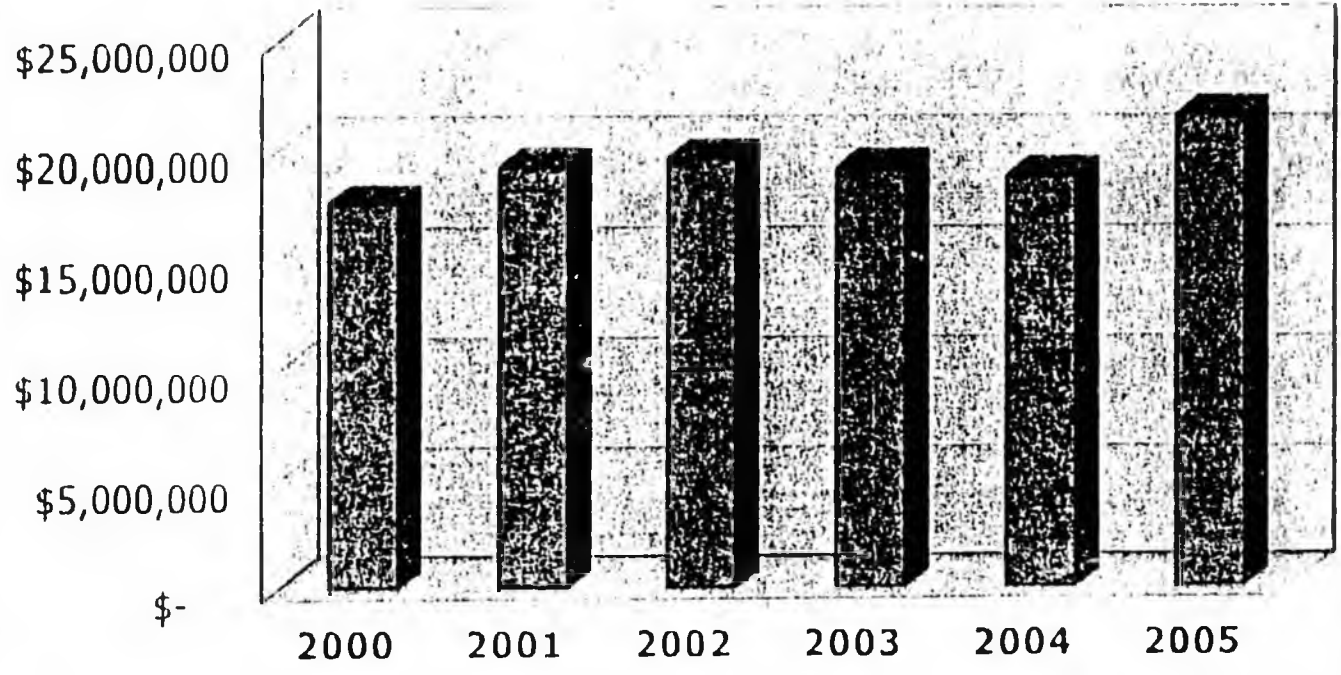
Source: State of Alaska DCCED March 21, 2006



Tourism

Alaska Lodging Taxes, 2000 - 2005

Source: Alaska Taxable 2005 Actual dollars





Summary Table

Supplemental Report Summary Table Actual Dollars (See Attached Supplement)	
Estimated Taxes Collected by the State and Distributed to Local Communities or Paid in 2005 by Selected Industries to Local Governments and Private Entities ¹	
Industry	Total Revenues
Minerals ²	\$57,000,000
Tourism ³	\$29,500,000
Timber ⁴	\$6,841,271
Commercial Fisheries ⁵	\$69,692,536
Shared Fish Tax ⁶	\$19,453,000
Subtotal Commercial Fisheries	\$89,145,536
Total	\$189,486,807

Footnotes: (1). Includes all taxes described in the supplemental including property taxes paid by businesses. (2). Includes Teck Cominco's payments to AIDIA and royalties to NANA, payments to local governments, and AK Railroad. (3). Includes bed tax revenues and estimated cruise ship fees in 2005. (4). Every effort was made to collect timber mill property tax revenue. Four of the seven cities contacted replied in time to be included in this report. The figure reported above is the combined total of property taxes paid in the four reporting communities. (5). Includes CIXQ royalties, estimated property taxes paid at local level, and local raw fish taxes. (6). The shared fish tax is collected at the state level and then shared among Alaska's communities. They include business tax and landing tax paid to unorganized and organized governments.



Tourism

The travel and tourism industry has helped the Alaskan economy diversify, helping lower Alaska's dependence on the oil and gas industry.

- In 2002, travel and tourism sales produced \$2.4 billion in Alaska.
- That same year, tourism accounted for 5.6 % of Alaska's Gross State Product.
- Travel and tourism's economic contribution to the state increased 38% from 1998 – 2002.
- In 2002, core travel and tourism employment totaled 26,000 direct jobs ranking this sector fourth in overall statewide employment.
- Anchorage reports an estimated one million visitors passed through the city in 2005 compared with 900,000 the previous year.

Additionally, travel and tourism has had a positive impact by helping to stabilize those economies of communities affected by a downturn in timber and seafood harvesting. For example, a 2005 study undertaken for the Ketchikan Visitors Bureau reports:

- Cruise passenger spending exceeded \$111 million in 2004
- 1150 direct jobs generated by the tourism industry locally accounted for \$36 million in payroll.

Trends

- During the past five years, cruise ship passenger traffic has grown by around 9% annually. This will slow down in the coming years.
- 2004 state-wide cruise ship visitors totaled 876,000 and are expected to increase only slightly more in 2005 to 900,000.
- Between May and September of 2005, 1.5 million visitors came to Alaska; about seven percent more than arrived in 2004. Industry analysts expect this trend to continue but project three to four percent annual growth in the years ahead.

DIRECT



- The *induced* effect—also called the multiplier or income effect—increases travel and tourism's economic contribution to \$2.0 billion.
- Using the most narrow, *Core Industry* definition, travel and tourism is the third-largest private sector employer; fourth overall in the state with 26,158 direct full-time equivalency jobs in 2002.

Rank	NAICS Code	Industry	Employment
1		Local Government	36,804
2	44-45	Retail trade	33,904
3	82	Health care and social assistance	27,327
4	72	Accommodation and foodservices	24,940
5		State Government	21,764
6	48-49	Transportation and warehousing	19,086
7		Federal Government	16,761
8	23	Construction	15,924
9	31-33	Manufacturing	11,152
10	54	Professional, scientific, and technical services	10,732

Tourism Industry
26,158
Jobs

Comparative Data: Bureau of Labor Statistics, 2-digit NAICS detail

- The travel and tourism *Core Industry* generated 9.1% of Alaska's total employment in 2002.
- Travel and tourism-generated jobs provided \$579 million in *core labor income* (benefits and salaries) to Alaska.
- Travel and tourism's *Economic Contribution* to employment reached 39,420 full-time equivalent jobs. Those jobs provided Alaska workers with \$1.15 billion in income.
- Including the *induced effects*, travel and tourism-related employment totals 46,935 with labor income of \$1.36 billion accruing to the workers of Alaska.



Composition of Total Economy Travel & Tourism Employment, 2002

Rank	Industry	Employment	% Distribution
1	Amusement and Recreation Services- N.E.C.	8,017	20.3%
2	Hotels and Lodging Places	7,072	17.9%
3	Eating & Drinking	4,263	10.8%
4	Air Transportation	2,643	6.7%
5	State & Local Government - Non-Education	2,278	5.8%
6	New Highways and Streets	2,190	5.6%
7	Federal Government - Non-Military	1,872	4.7%
8	Transportation Services	1,209	3.1%
9	New Industrial and Commercial Buildings	888	2.3%
10	General Merchandise Stores	727	1.8%
11	Automotive Dealers & Service Stations	531	1.3%
12	Water Transportation	525	1.3%
13	Apparel & Accessory Stores	407	1.0%
14	Arrangement Of Passenger Transportation	377	1.0%
15	Engineering- Architectural Services	376	1.0%
16	Furniture & Home Furnishings Stores	362	0.9%
17	Accounting- Auditing and Bookkeeping	349	0.9%
18	Membership Sports and Recreation Clubs	313	0.8%
19	Personnel Supply Services	308	0.8%
20	Management and Consulting Services	306	0.8%
21	Real Estate	293	0.7%
22	New Government Facilities	288	0.7%
23	Miscellaneous Retail	272	0.7%
24	Credit Agencies	267	0.7%
25	Maintenance and Repair Other Facilities	242	0.6%
26	Motor Freight Transport and Warehousing	232	0.6%
27	Wholesale Trade	230	0.6%
28	Other Business Services	213	0.5%
29	Automobile Repair and Services	179	0.5%
30	Automobile Rental and Leasing	160	0.4%
	All Other	2,030	5.2%
	Total	39,418	100.0%

When the direct and indirect effects of travel and tourism on all industries is factored in, the employment impact in Alaska of Water Transportation increases from the core impact of 447 to 525. However, the percentage of jobs in that industry compared to the total dropped. With the added indirect effect, there is a wider distribution of jobs. Many more industries are indirectly impacted by travel and tourism than just the industries that tourists patronize. The Eating and Drinking industry drops from 16% of direct/core jobs to 10.8%. Travel and tourism spending benefits so many industries that any increase in travel and tourism will be widely felt in the Alaskan economy.

Total economy travel & tourism includes spending not in the core. Investment and government spending is not included in the core travel & tourism spending, another reason for the greater spread of employment across industries.

INDIRECT AS OF 2002



Composition of Total Economy Travel & Tourism Gross State Product, 2002

Rank	Industry	Value	% Distribution
1	Hotels and Lodging Places	226,901,131	14.2%
2	Air Transportation	139,296,052	11.8%
3	Amusement and Recreation Services- N.E.C	138,063,956	10.5%
4	State & Local Government - Non-Education	145,337,664	9.1%
5	New Highways and Streets	128,441,734	3.3%
6	Eating & Drinking	107,130,342	6.7%
7	Federal Government - Non-Military	105,657,456	6.6%
8	New Industrial and Commercial Buildings	51,403,824	3.2%
9	Transportation Services	45,441,846	2.8%
10	Water Transportation	35,100,550	2.2%
11	Automotive Dealers & Service Stations	30,923,279	1.9%
12	General Merchandise Stores	25,773,621	1.6%
13	Real Estate	24,386,350	1.5%
14	New Government Facilities	23,364,262	1.5%
15	Engineering- Architectural Services	16,253,428	1.0%
16	Wholesale Trade	14,942,215	0.9%
17	Arrangement Of Passenger Transportation	14,889,105	0.9%
18	Banking	14,482,812	0.9%
19	Maintenance and Repair Other Facilities	13,729,329	0.9%
20	Furniture & Home Furnishings Stores	12,639,956	0.8%
21	Natural Gas & Crude Petroleum	12,296,754	0.8%
22	Motor Freight Transport and Warehousing	11,978,665	0.7%
23	Apparel & Accessory Stores	11,491,195	0.7%
24	Communications- Except Radio and TV	11,460,673	0.7%
25	Accounting- Auditing and Bookkeeping	11,317,262	0.7%
26	Management and Consulting Services	9,754,071	0.6%
27	Automobile Repair and Services	9,359,259	0.6%
28	Other Business Services	8,812,202	0.6%
29	Personnel Supply Services	8,675,430	0.5%
30	Automobile Rental and Leasing	3,113,467	0.5%
	All Other	99,762,736	6.2%
	Total	1,597,743,533	100.0%

This table includes both the direct and indirect effects of travel and tourism on all industries from all types of travel and tourism demand (visitors, investment, and government). The table reflects the wide-ranging impact of travel and tourism spending in Alaska on industries in the state. The table is led by industries that are expected to benefit from travel and tourism spending—hotels, restaurants, and transportation—but also points out unexpected industries that benefit from travel and tourism spending. Industries like Accounting—Auditing and Bookkeeping in Alaska gained over \$11 million dollars in economic impact from tourists. Alaska's Personnel Supply Services industry is \$8.7 million richer from travel and tourism spending in Alaska.



VII. OTHER SECTORS BENEFITING FROM TRAVEL & TOURISM

One of the powerful results of the TSA analysis is the ability to examine how industries seemingly unrelated to travel and tourism benefit from it. These industries are the suppliers to the travel and tourism sector. Certainly, they are suppliers to many industries, but this analysis shows the degree to which travel and tourism activity supports their businesses. Some of this support has been pointed out in the previous section in talking about travel and tourism spending impact. Here, the indirect effect of travel and tourism spending is examined on its own.

In Alaska, Real Estate, Engineering-Architectural Services, and Wholesale Trade hold the top-three spots of travel and tourism's indirect benefits with a combined \$55.6 million of indirect benefit last year. Many of these industries are familiar but the realization of how much of an impact travel and tourism spending has on their revenues can be astonishing.

Indirect Benefits Realized by "Non-Travel & Tourism" Industries - Value Added by Industry, 2002

Rank	Industry	\$ Value	% Distribution
1	Real Estate	24,396,350	8.6%
2	Engineering- Architectural Services	16,253,428	5.7%
3	Wholesale Trade	14,942,215	5.3%
4	Arrangement Of Passenger Transportation	14,869,105	5.2%
5	Banking	14,482,812	5.1%
6	Maintenance and Repair Other Facilities	13,729,329	4.8%
7	Natural Gas & Crude Petroleum	12,296,754	4.3%
8	Motor Freight Transport and Warehousing	11,978,685	4.2%
9	Communications- Except Radio and TV	11,460,673	4.0%
10	Accounting- Auditing and Bookkeeping	11,317,262	4.0%
11	Management and Consulting Services	9,754,071	3.4%
12	Other Business Services	8,312,202	3.1%
13	Personnel Supply Services	8,675,430	3.1%
14	Computer and Data Processing Services	7,370,404	2.6%
15	Electric Services	7,248,575	2.6%
	All Other Industries	96,512,742	34.0%
	Total	284,120,036	100.0%

Note that the table measures only the indirect effects of *ongoing* travel and tourism operations—not *capital* investment. Real Estate gains almost \$24.4 million in indirect benefits from travel and tourism expenditures. Banking services related to travel & tourism spending—currency exchange, services to hotel/restaurant/airline workers—adds \$14.5 million to Alaska's Gross State Product.

Travel and tourism-related capital investment also plays a key role in the economic contribution of the sector. This capital investment includes construction of hotels, beach preservation, transportation equipment and other travel and tourism infrastructure.



March 5, 2007

The Honorable Representative John Harris
Speaker, House of Representatives
State Capitol
Juneau, AK 99801

Dear Mr. Speaker,

Thank you so much for supporting the Alaska Travel Industry Association [ATIA] through your sponsorship of HB 147, "An Act relating to matching funds in state tourism marketing contracts with trade associations."

Seventeen years ago Harvard economist Michael Porter put forward the recipe for competitive success by establishing that winning industries or regions will be those that differentiate themselves by promoting their uniqueness. Alaska tourism has a competitive advantage by virtue of its beauty, location and natural resources, and the tourism industry has worked hard to promote the state's exceptional attractions.

But an increasingly competitive global marketplace is bearing down on us, and it is no longer enough to have a great product. As Porter said, we must have the means to compete and differentiate ourselves in a marketplace where other destinations are willing and able to spend much more to reach their markets.

The good news is that tourism, through its destination marketing efforts, offers a strong pipeline - a marketing pipeline that connects the Alaska travel experience and Alaskan businesses with consumers all over the world. The deliverable is immediate and equates to more than 1.9 million visitors every year.

Like other natural resource industries, we endeavor to reach the market, but our pipeline - built more than 50 years ago - needs refurbishing. The current destination-marketing budget combines \$5 million in private funds raised from the industry with \$5 million matched by the state, all managed by ATIA. But that amount is no longer enough for our message to penetrate the market. Increasingly, other destinations are flooding consumers with more television

commercials, travel stories, co-promotions, direct mail, brochures and Internet marketing. In fact, Alaska now ranks 38th out of the 50 states in terms of public sector funding for tourism marketing.

ATIA anticipates that its marketing effort will be further impacted when industry partners with bigger tax bills to pay are forced to abandon their voluntary contributions to the marketing program. Conservatively, ATIA stands to lose \$2.5 million in industry contributions along with the matching \$2.5 million from the state. Other state and municipal taxes, fees, transport charges, a new car rental tax, lodging tax increases and pending cruise industry taxes now account for an estimated \$140 million collected from tourism businesses and our visitors. This number increases when you add in other municipal and state assessments.

So who gets hurt when Alaska's competitiveness dwindles? Small tourism businesses, those who want jobs in the tourism industry, our economy and our economic advantage.

The decision to grow Alaska travel should be an economic development and investment decision - not a budget decision - in which the governor and the legislature participate. As the tourism industry faces an ever-competitive future with dwindling resources, the legislature has been asked to look at tourism as a renewable economic resource and to develop the economic potential of the industry by overhauling the existing pipeline to bring Alaska's travel resource to market, including:

1. Increase the funding level for the ATIA core destination-marketing program in the next state operating budget to \$20 million;
2. Increase the current funding level for a separate program to entice more independent travelers to \$8.5 million equal to the amount of the current vehicle rental tax.

The potential for the travel industry to further strengthen Alaska's economy and enhance its residents' quality of life is tremendous - each vacationer spends about \$1,260 to enjoy flightseeing trips, fishing charters, museums, glaciers, Native culture and state and national parks. But developing it further will not happen by accident. If Alaska is to stay competitive for the good of future generations, it will be important to remember tourism is not just ATIA's business or the state's business or the legislature's business. Tourism is everyone's business.



Ron Peck, COO
Alaska Travel Industry Association



Alaska Campground Owners Association
P.O. Box 111005 Anchorage, Alaska 99511
Toll Free (866) 339-9082 / Fax (907) 334-9082
info@alaskacampgrounds.net

RESOLUTION NO. 2007-03

A RESOLUTION SUPPORTING SB 143 and SB 144

WHEREAS, the Alaska Campground Owners' Association (ACOA) represents an association of small family operated camper park businesses; and

WHEREAS, the independent traveler to Alaska has been in decline for the past six years; and

WHEREAS, the private campground industry has realized a decline in camping occupancy of approximately 10% for each consecutive year; and

WHEREAS, the success of the private campground industry depends heavily on the marketing efforts of the Alaska Travel Industry Association (ATIA) in domestic and Foreign arenas; and

WHEREAS, Alaska's public sector tourism marketing budget ranks 36th when compared with other states competing for the same visitor pool; and

WHEREAS, ATIA studies have shown that small independent business along Alaska's highway system are impacted the greatest with the decline in statewide tourism marketing dollars.

WHEREAS, previous private sector matching fund formula for tourism marketing may no longer be valid with the initiation of the cruise ship head tax; and

WHEREAS, the state's general fund support for tourism marketing has declined from \$23,000,000 in 1990 to \$5,700,000 in 2006,

NOW, THEREFORE, BE IT RESOLVED that the Alaska Campground Owner's Association supports SB 143 and SB 144

BE IT FURTHER RESOLVED that a portion of funds raised from the Cruise Ship Head Tax and Corporate Tax (\$18 Million for core tourism marketing) and the Vehicle Car/RV Rental Tax (\$8.5 Million for Independent and Highway traveler marketing) be

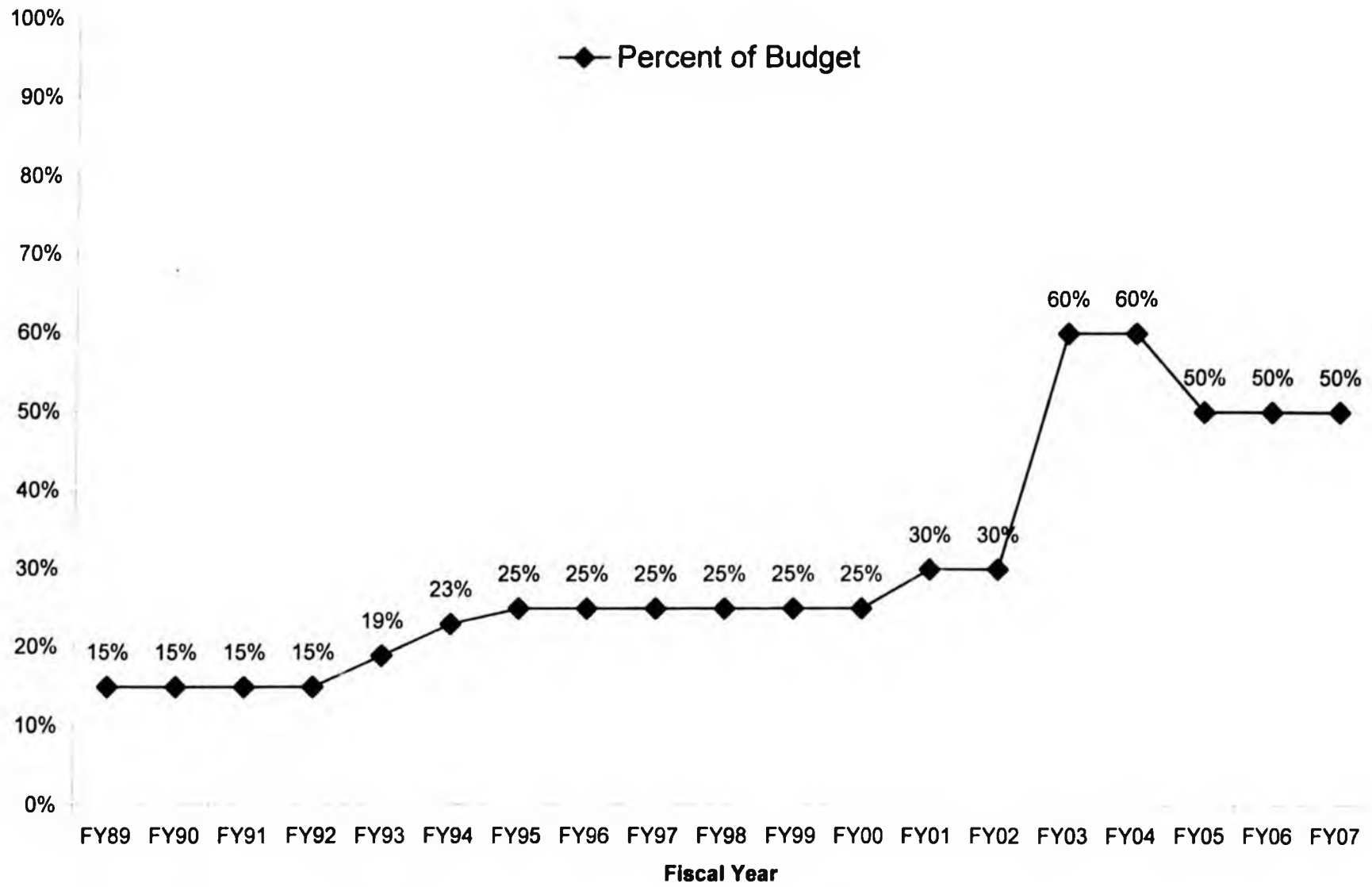
incorporated into a \$28.5 Million marketing program for the Alaska Travel Industry Marketing Plan 2007.

PASSED and APPROVED by the ALASKA CAMPGROUND OWNERS' ASSOCIATION this 2nd day of April, 2007.

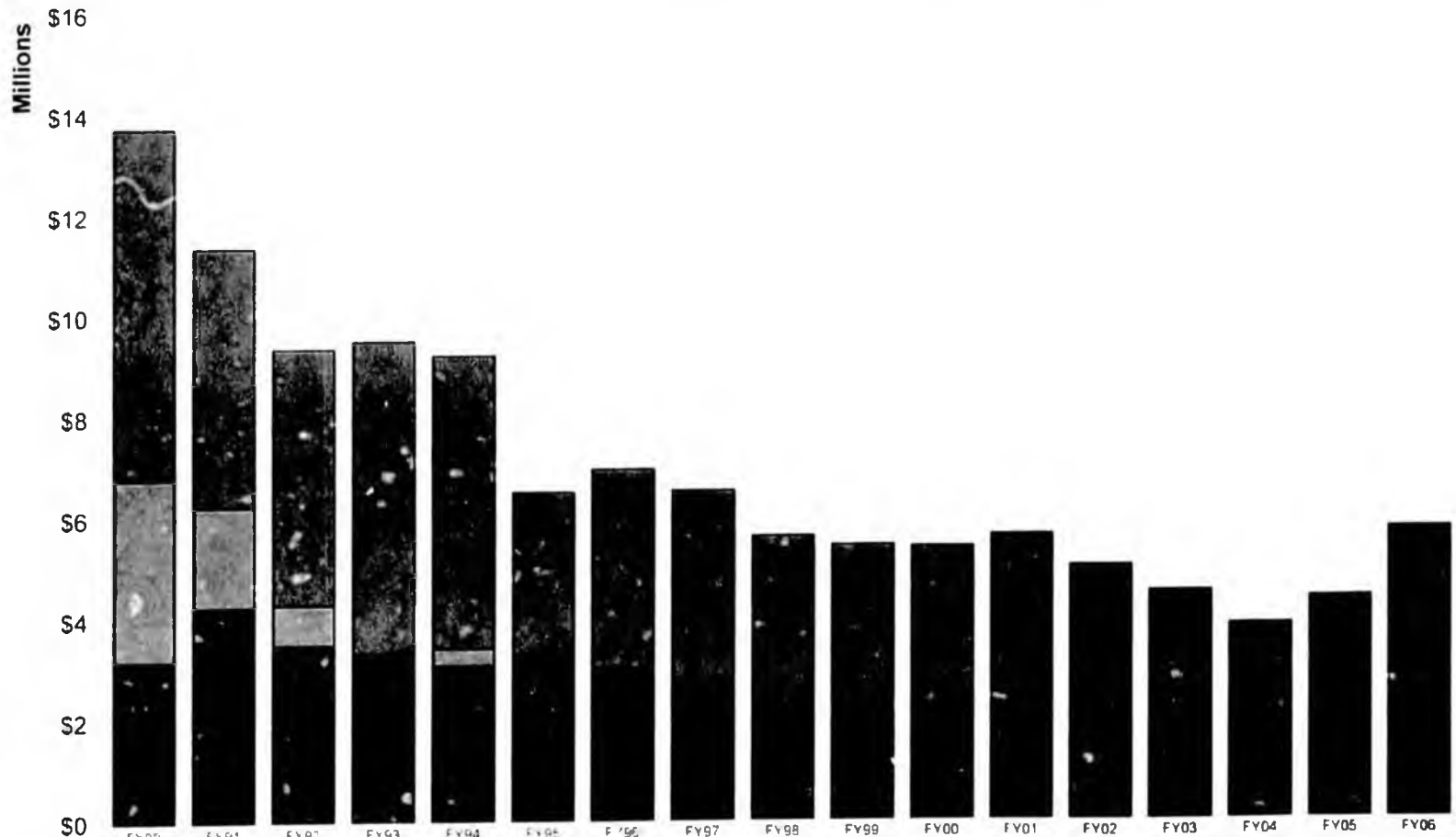
Chairman of the Board- Scott Reisland

ATTEST: Executive Director-Heidi Boyd

Tourism Marketing - Industry Payment in Lieu of Taxes



State of Alaska - Tourism Marketing Budgets



	FY90	FY91	FY92	FY93	FY94	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05	FY06
■ QTA - (State GF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,800,000	\$4,610,000	\$4,000,000	\$3,460,000	\$4,000,000	\$5,000,000
■ Office of Tourism (State GF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$841,657	\$406,069	\$502,167	\$373,500	\$359,500	\$716,000
■ ATMC - (State GF)	\$8,957,800	\$5,112,200	\$4,091,300	\$6,171,200	\$4,785,400	\$3,284,500	\$3,936,500	\$3,885,100	\$3,396,700	\$3,339,500	\$3,335,400	\$0	\$0	\$0	\$0	\$0	\$0
■ Supplementals (State GF)	\$3,600,000	\$1,499,800	\$800,000	\$0	\$350,000	\$0	\$1,344,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
■ Division of Tourism (State GF)	\$3,182,200	\$4,240,000	\$3,491,200	\$3,327,000	\$3,073,759	\$3,232,658	\$3,022,547	\$2,649,456	\$2,233,021	\$2,105,571	\$2,077,900	\$0	\$0	\$0	\$0	\$0	\$0

SB

146

Alaska State Legislature

Session:
State Capitol, Rm. 125
Juneau, AK 99801
Phone: (907) 465-2995
Fax: (907) 465-6592



Interim:
716 W 4th Avenue, Suite 430
Anchorage, AK 99501-2133
Phone: (907) 269-0250
Fax: (907) 269-0249

Senator Lesil McGuire
Chair, Senate State Committee

Fax

To: Leg Legal **From:** Shalon Szymanski, SSTA Committee Aide

Fax: 2029 **Pages:**

Phone: **Date:** May 1, 2007

Re: Final CS Request **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

• Comments:

SB 146 DID MOVE OUT OF SENATE STATE AFFAIRS TODAY.

ALASKA STATE LEGISLATURE

Sen. Lesil McGuire, Chair
Sen. Gary Stevens, Vice-Chair
Sen. Lyda Green
Sen. Hollis French
Sen. Con Bunde



State Capitol, Room 125
Juneau, AK 99801-1182
(907) 465-2995
Fax (907) 465-6592

SENATOR LESIL McGUIRE
CHAIR, STATE AFFAIRS

Memorandum

To: Leg. Legal
From: Shalon Szymanski, Committee Aide
Senate State Affairs Committee
Date: May 1, 2007
Re: Final CS Request

Please create a Final Committee Substitute (STA) for work order # **25-LS0811\A**, mirroring # **25-LS0811\A** but also including:

-1 attached amendment

SB 146 did move out of committee today and we would like to have it read across on the floor tomorrow.

Thank you!

AMENDMENT #1

OFFERED IN THE SENATE
STATE AFFAIRS COMMITTEE
TO: SB 146

Page 9, Line 27:

After:
“a copy of”

Delete:
“all or”

ALASKA STATE LEGISLATURE

Session
State Capitol Building, Room 125
Juneau, Alaska 99801-1102
Phone (907) 465-2995
Fax (907) 465-6592

Interim
716 West Fourth Avenue, Suite 430
Anchorage, Alaska 99501
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Chair
Senate State Affairs
Administrative Regulation Review

Member
Senate Judiciary Committee
Senate Resources Committee

SENATOR LESIL MCGUIRE

Sponsor Statement for SB 146

"An Act relating to trusts, to the issuance of shares of professional corporations to a trustee, to a trustee's power to appoint property to another trust, to a trustee's selection of the percentage of trust property to be considered principal, to the determination of the value of a trust, and to a settlor's intent when transferring property in trust."

It is important that Alaska's trust statutes be updated so that Alaska's investment laws stay competitive with other states. This bill proposes amendments to statutes relating to trusts registered in the state and governing the actions of trustees and co-trustees, which will accomplish this end.

SB 146 provides for the following:

1. That shares in a professional corporation may be held by the trustees of the professional's revocable trust.
2. Expands the coverage of AS 13.36.157, which allows the trustee of a trust to transfer trust assets to a similar trust. This expansion will only occur if the trust has an Alaskan trustee and the trust has its primary administration in Alaska.
3. Allows the Alaska trustee of a charitable trust to change the percentage of the value of the trust that will be considered income whenever the trustee determines that the new percentage is necessary and prudent.
4. Clarifies that a settlor's express intention to protect trust assets from beneficiary's potential future creditors is not evidence of an intent to defraud.
5. States needed provisions relating to trustees: compensation, accepting or declining trusteeship, co-trustees, vacancy, resignation, removal, delivery of property by former trustee reimbursement of expenses, and certification of trust.

ALASKA STATE LEGISLATURE

Session
State Capitol Building, Room 125
Juneau, Alaska 99801-1182
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Chair
Senate State Affairs
Administrative Regulation Review

Member
Senate Judiciary Committee
Senate Resources Committee

SENATOR LESIL MCGUIRE

SECTIONAL ANALYSIS

SB 146

"An Act relating to trusts, to the issuance of shares of professional corporations to a trustee, to a trustee's power to appoint property to another trust, to a trustee's selection of the percentage of trust property to be considered principal, to the determination of the value of a trust, and to a settlor's intent when transferring property in trust."

Section 1. Amends AS 10.45.050 to expand who can be issued shares of capital stock in a professional corporation.

Section 2. Amends AS 13.36.020 - **Effects of failure to register** to include removal of the trustee under new section AS 13.36.076

Section 3. Amends AS 13.36.035(a) regarding exclusive jurisdiction of the court to include trusts where the trustee has been appointed or removed under new section AS 13.36.076.

Section 4. Amends AS 13.36.035(d) to include appointment and removal of a trustee under new section AS 13.36.076 under laws of the state

Section 5. Adds a new subsection (b) to AS 13.36.055 to deal with compensation of the trustee or his agent and the burden of proof being on the person who seeks review of that compensation, if the compensation is made within the terms of the trust or is reasonable.

Section 6. AS 13.36 is amended by adding new sections

Sec. 13.36.071. Accepting or rejecting trusteeship. Determines when a person designated as a trustee may accept or reject the position and the actions they may take prior to accepting or rejecting the trusteeship.

Sec. 13.36.072 Co-trustees. Defines co-trustees, their roles, and how their duties should be carried out.

Sec. 13.36.073 Vacancy in trusteeship; appointment of successor. Defines a vacancy in a trusteeship and how a successor to a vacancy shall be appointed.

Sec. 13.36.074. Resignation of trustee. Defines how a trustee may resign.

Section 7. AS 13.36 is amended by adding new sections

Sec. 13.36.076. Removal of trustee. States under what conditions a trustee may be removed from office and how a successor trustee shall be appointed.

Sec. 13.36.077. Delivery of property by former trustee. Defines how trust property shall be protected and provides for expeditious delivery of trust property by a trustee who has resigned or removed.

Sec. 13.36.078. Reimbursement of expenses. Defines how a trustee is to be reimbursed for incurred or advanced expenses paid for the benefit of the trust.

Sec. 13.36.079. Certification of trust; penalty Creates a "certification of trust" document, sets forth what must be included in the document, for what purposes it may be used, and the civil penalties that may be imposed for demanding the entire trust instrument in addition to certification of trust.

Section 8. AS 13.36.090 is amended to include a removal of a trustee under new section AS 13.36.076. Also removes language that gives weight to adult beneficiaries determining suitability of the trustee and place of administration.

Section 9. AS 13.36.157(b) is amended to further define a trustee's power to appoint to another trust under the laws of the State of Alaska.

Section 10. AS 13.36.198. Liability for violations is amended to include new section AS 13.36.076 - Removal of a trustee.

Section 11. AS 13.36.390 is amended by adding a definition for "qualified beneficiary"

Section 12. AS 13.38.460(a) amends the selection of percentage after charitable trust election so that the trustee may elect to change the percentage whenever the trustee determines that the new percentage is necessary and prudent.

Section 13. AS 13.38.480 - Value determination. This will amend this section to clarify how the average value of a trust will be determined if the trust has been in existence for less than three years.

Section 14. AS 34.40.110 Restricting transfers of trust interests. Sub-section (b) is amended to include that a settlor's expressed intention to protect trust assets from a beneficiary's potential future creditors is not evidence of an intent to defraud.

Section 15. Repeals 13.36.360(d) that defines "qualified beneficiary", which is now defined under AS 13.36.390.

Section 16. Deals with indirect court rule changes to Alaska Rules of Civil Procedures 54 (Costs) and 82 (Attorney's fees).

Section 17. Applicability section.

Section 18. Conditional Effect. AS 13.36.079(i), enacted by sec.7 of this Act, takes effect only if sec. 16 of this Act receives a two-thirds majority vote by each house.

Section 19. Immediate effective date under AS 01.10.070(c).

SB

151

ALASKA STATE LEGISLATURE

Sponsor



Statement

SPONSOR STATEMENT SB 151

"An Act relating to cardio-pulmonary resuscitation and first aid classes for initial applicants for driver's licenses and permits"

After the events of 9/11 and recent natural disasters, including the tsunami in the Pacific and Hurricane Katrina in New Orleans, it has become clear that disaster preparedness is a priority Alaskans can no longer afford to ignore. SB 151 would take a step in the right direction by requiring that first time applicants for Alaska driver's licenses must attend a first aid or CPR class in order to obtain an Alaska driver's license, thus ensuring that future generations of Alaskans would be able to help in an emergency.

It is my hope that requiring first aid training would lessen the burden for first responders and save lives in the process. In the event of a crisis, more people will have basic first aid skills to use until help arrives. Unfortunately, many Alaskans don't know what to do in life-threatening situations. This bill was inspired by the tragic death of Eric Kalenka, who died after he was stabbed in the leg. It is his father's belief that Eric would still be alive today if his friends had known basic first aid, and had applied pressure to the wounds and elevated them above his heart.

I would appreciate your consideration for SB 151, which could save lives by preparing Alaskans for health emergencies.

25-LS0724M
Luckhaupt
5/3/07

CS FOR SENATE BILL NO. 151()

**IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIFTH LEGISLATURE - FIRST SESSION**

BY

**Offered:
Referred:**

Sponsor(s): SENATOR ELLIS BY REQUEST

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to cardiopulmonary resuscitation and first aid training for initial**
2 **applicants for driver's licenses and instruction permits; and providing for an effective**
3 **date."**

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

5 *** Section 1. AS 28.15 is amended by adding a new section to read:**

6 **Sec. 28.15.059. Cardiopulmonary resuscitation training for new applicants**
7 **for driver's licenses and instruction permits. The department may not issue a**
8 **driver's license or instruction permit to a person who has not previously held a license**
9 **or permit in this or another state unless the person supplies evidence acceptable to the**
10 **department as prescribed by regulation that the person has completed cardiopulmonary**
11 **resuscitation and first aid training in the one-year period immediately preceding the**
12 **application.**

13 *** Sec. 2. This Act takes effect January 1, 2008.**



Municipality of Anchorage



P.O. Box 198650 • Anchorage, Alaska 99519-8650 • <http://www.muni.org>
100 East Fourth Ave. • Anchorage, Alaska 99501 • Telephone: (907) 267-4886 • Fax: (907) 267-4077

Mayor Mark Begich

Fire Department

May 4, 2007

Senator Bettye Davis
State Capitol, Room 30
Juneau, AK 99801-1182

Dear Senator Davis:

I'm writing on behalf of the Anchorage Fire Department in support of Senate Bill 151, a bill to increase the number of Alaskans who are trained in CPR – cardiopulmonary resuscitation – and first aid.

As a CPR and first aid instructor and 27-year veteran paramedic I am well acquainted with the devastation and loss of life particularly from cardiac events. However, effective bystander CPR, provided immediately after cardiac arrest, can double a victim's chance of survival. It helps maintain vital blood flow to the heart and brain and increases the amount of time that an electric shock from a defibrillator can be effective.

If bystander CPR is *not* provided, a sudden cardiac arrest victim's chances of survival fall 7 percent to 10 percent for every minute of delay until defibrillation. Few attempts at resuscitation are successful if CPR and defibrillation are *not* provided within minutes of collapse.

Plainly stated, if more people knew CPR, more lives could be saved. Thus, I respectfully request that the Senate Health, Education, and Social Services Committee pass Senate Bill 151 and provide opportunity for it to swiftly become law.

Thank you very much for your consideration.

Sincerely,

Jim K. Foster
Operations Battalion Chief

cc: Senator Joe Thomas
Senator John Cowdery
Senator Kim Elton
Senator Fred Dyson
Senator Johnny Ellis

Community, Security, Prosperity

Help at Home

ALASKANS TO ALASKA



American
Red Cross
of Alaska

April 27, 2007

The Honorable Johnny Ellis
State Capitol, Rm 9
Juneau AK 99801-1182

Board of Directors

Duane Bannock
Margaret Billinger
Enc Bjella
Matthew Fagnani
Chief Craig Goodrich
Jack Griffin
Patricia Hamilton
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Dr. Lee O'Hare
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Ramona McAfee
John Minier
Dean Owen
Karen Hildegard Petersen
Jerome Selby
Brad Spees
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Jamey Young
Anna Zilberkant

Last year, your Alaska Red Cross taught 35,000 Alaskans how to save a life, connected 4,200 military members with their loved ones, briefed 23,000 service people and their families in available Red Cross services, and provided critical disaster relief to more than 1,050 Alaskans devastated by a disaster.

Dear Senator Ellis:

The American Red Cross strongly supports Cardiopulmonary Resuscitation (CPR) training for new driver's license applicants. We support the enactment of SB 151 because it will increase the number of persons trained in CPR and First Aid in Alaska.

The U.S. Centers for Disease Control (CDC) cites that in 2005 automobile accidents were the number one causes of death in the U.S.; with the majority of motor vehicle-related deaths occurring among 15-24 year olds.

Most motor vehicle deaths occur on rural roads. Bystanders are usually the first to arrive at the scene of an accident and may be the first source of emergency care and response. Emergency Medical Services (EMS) response times may vary and not fall under the 4-6 minutes time frame to provide early CPR, particularly in rural areas of the state when a hospital or emergency services facility may be quite a distance.

Red Cross First Aid and CPR courses include instruction on treating a variety of illnesses and injuries until more advanced medical assistance is available. In First Aid courses, participants learn to treat injuries such as burns, wounds, head, neck and back injuries; and sudden illnesses including strokes and diabetic emergencies. The CPR portion covers practical instruction for responding to breathing and cardiac emergencies, including administering CPR through a series of chest compressions and rescue breaths.

By requiring new drivers to become certified in First Aid and CPR, there is a greater chance of survival after an accident has occurred. By enacting SB 151, the Alaskan legislature will be setting a precedent for a generation of young driver's to learn information that could help save a life.

The American Red Cross of Alaska appreciates your consideration of SB 151. If I may be of service to you to answer any questions on our position, please contact me at 907-646-5414 or by e-mail at mathisjo@usa.redcross.org.

Sincerely,

Joe Mathis, CEO
American Red Cross of Alaska



American Heart Association | American Stroke Association

Learn and Live.

Pacific/Mountain Affiliate
3700 Woodland Drive, Suite 700
Anchorage, AK 99517-2555
907.865.5303 (phone)
888.276.0858 (toll-free)
907.865.5310 (fax)
americanheart.org

May 3, 2007

Senator Bettye Davis
Chair, Senate Health, Education
and Social Services Committee
State Capitol, Room 30
Juneau, AK 99801-1182

Dear Senator Davis:

The American Heart Association, whose mission is to reduce disability and death from cardiovascular diseases and stroke, is writing to you in support of SB 151. This important legislation will ensure new Alaskan drivers are trained in the lifesaving skills of cardiopulmonary resuscitation (CPR) and first aid.

Each year, cardiovascular disease and sudden cardiac arrest claim the lives of 325,000 Americans before they reach a hospital. Nearly 80 percent of cardiac arrests occur at home and are witnessed by a family member. Only 6.4 percent of sudden cardiac arrest victims survive because the vast majority of those witnessing the arrest are people who do not know how to perform CPR.

Passage of SB 151 will ensure a significantly greater number of Alaskans are trained and prepared to respond to a cardiac event or other life threatening emergencies.

Thank you, Senator Davis, for your careful consideration of this lifesaving legislation.

Suzanne Meunier
Director of Advocacy

cc: Senator Joe Thomas, Senate HESS Vice-Chair
Senator John Cowdery, Senate HESS member
Senator Kim Elton, Senate HESS member
Senator Fred Dyson, Senate HESS member
Senator Johnny Ellis, Sponsor SB 151



Effectiveness of a 30-min CPR self-instruction program for lay responders: a controlled randomized study[☆]

Bonnie Lynch^{a,*}, Eric L. Einspruch^a, Graham Nichol^b, Lance B. Becker^c,
Tom P. Aufderheide^d, Ahamed Idris^e

^a RMC Research Corporation, 522 SW Fifth Avenue, Suite 1407, Portland, OR 97204, USA

^b University of Washington, Harborview Prehospital Research and Training Center,
and University of Washington Clinical Trial Center, Seattle, WA, USA

^c University of Chicago, Chicago, IL, USA

^d Medical College of Wisconsin, Milwaukee, WI, USA

^e The University of Texas Southwestern Medical Center at Dallas, Dallas, TX, USA

Received 19 November 2004; received in revised form 7 April 2005; accepted 7 April 2005

Abstract

Background: The length of current 4-h classes in cardiopulmonary resuscitation (CPR) is a barrier to widespread dissemination of CPR training. The effectiveness of video-based self-instruction (VSI) has been demonstrated in several studies; however, the effectiveness of this method with older adults is not certain. Although older adults are most likely to witness out-of-hospital cardiac arrests, these potential rescuers are underrepresented in traditional classes. We evaluated a VSI program that comprised a 22-min video, an inflatable training manikin, and an audio prompting device with individuals 40–70 years old. The hypotheses were that VSI results in performance of basic CPR skills superior to that of untrained learners and similar to that of learners in Heartsaver classes.

Methods: Two hundred and eighty-five adults between 40 and 70 years old who had had no CPR training within the past 5 years were assigned to an untrained control group, Heartsaver training, or one of three versions of VSI. Basic CPR skills were measured by instructor assessment and by a sensed manikin.

Results: The percentage of subjects who assessed unresponsiveness, called the emergency telephone number 911, provided adequate ventilation, proper hand placement, and adequate compression depth was significantly better ($P < 0.05$) for the VSI groups than for untrained controls. VSI subjects tended to have better overall performance and better ventilation performance than did Heartsaver subjects.

Conclusions: Older adults learned the fundamental skills of CPR with this training program in about half an hour. If properly distributed, this type of training could produce a significant increase in the number of lay responders who can perform CPR.

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Keywords: Age; Bystander CPR; Cardiac arrest; Cardiopulmonary resuscitation; Education; Out-of-hospital CPR; Witnessed cardiac arrest

1. Introduction

Increasing the frequency and effectiveness of bystander cardiopulmonary resuscitation (CPR) are fundamental goals of the American Heart Association (AHA) and other health organizations [1,2]. Although bystander CPR is an effective

treatment for cardiac arrest, the proportion of citizens trained to perform CPR is small [3–5]. The typical witness to an out-of-hospital arrest is over 50 years old [6] and the typical learner in lay CPR courses is about 20 years younger [7–9]. Impediments to attending traditional CPR courses, for learners of all ages, include time and logistics [10] and anxiety or other aversive psychological responses to classroom settings [11]. Courses that include much information irrelevant to learning CPR [8,12,13] may also dissuade learners from returning for refreshers. Researchers have sought alternative training formats for potential learners who are reticent

[☆] A Spanish translated version of the Abstract of this article appears as Appendix at 10.1016/j.resuscitation.2005.04.017.

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E-mail address: blynch@rmccorp.com (B. Lynch).

to attend CPR courses [4,6,8,10,14,15]. While some shorter self-led, video-based courses have been piloted with good results [4,5,15–18], the materials and methods of video self-instruction (VSI) continue to be refined; for example, the Laerdal Family Trainer™ manikin (Laerdal Medical Corporation, Stavanger, Norway) used in many earlier studies has been discontinued and replaced by a new generation of *Mini Anne*™ manikins. A newly developed instructional video, with a run time of 22 min, is approximately 40% shorter than that in any VSI course previously tested. Ours is the first study of VSI with older laypersons that uses a controlled, randomized design to determine whether this much-abbreviated training can transmit basic CPR skills as well as a traditional Heartsaver course does.

2. Material and methods

2.1. Study design and participant recruitment

The study was conducted in 2004 in Portland, Oregon. The study conformed to the principles of the Declaration of Helsinki and the protocol was approved by Portland State University's Human Subjects Research Review Committee. Informed consent was obtained from both instructors and subjects. Individuals between 40 and 70 years of age were chosen as the target subject population for two reasons: older adults are relatively more likely to live with a high-risk person and therefore are more likely to witness sudden cardiac arrest; and adults beyond age 70 are relatively more likely to suffer from age-related conditions, such as arthritis, bursitis, and visual or hearing impairments that could have a negative effect on learning and performance in the experimental tasks of this study [19]. All subjects were recruited from the Portland area via advertisements in newspapers, flyers in various public sites, and word of mouth from the subjects themselves. Advertisements described the project as a "CPR training study." The only exclusion criteria other than age were participation in CPR training within the previous 5 years and professional status as a healthcare provider (e.g., physician, nurse, EMT). The 5-year criterion was chosen, rather than some shorter interval, to target a population that either had never taken CPR or had missed at least two 2-year CPR renewal cycles and therefore was relatively unlikely to enroll in a traditional course. Subjects were told during telephone screening that they would be paid between \$25 and \$40 to participate, and that the exact amount would depend on the group to which they were assigned, with different groups requiring different time commitments. Subjects also were told that they would not receive CPR certification and would not be permitted to keep any of the training materials.

Instructors were recruited via e-mail invitations to American Heart Association Community Training Centers in Oregon and southwest Washington. The invitation described the study only in general terms, and during screening, instruc-

tors were told that they might serve in any of the following roles: *instructor* (teaching a Heartsaver Adult CPR class); *facilitator* (helping subjects as they learned CPR); *observer* (silently witnessing and documenting subjects' CPR training); and *examiner* (testing subjects' CPR skills). Instructors did not know until they appeared for training what their role(s) would be. The single inclusion criterion was certification to teach Heartsaver CPR. We chose this criterion to ensure that all instructors would be qualified to teach Heartsaver CPR if they were assigned to that intervention, and also to allow a common frame of reference for observations of a layperson's CPR learning experience. There were no exclusion criteria. Instructors each attended training sessions in which general issues such as safeguards to experimental rigor (e.g., not discussing the study with other instructors or with subjects) and ethical treatment of subjects were discussed. Later, separate training sessions for the specific roles were held such that instructors were aware only of information relevant to their own roles. The training sessions lasted 1–2 h, depending on the number of instructors being trained and the complexity of the role. Sessions included scenarios and discussion to ensure that instructors understood and could comply with their roles. Instructors were paid \$15 per hour for their participation.

The study employed an experimental design with five groups: one control group (C) that was assessed without any training intervention; one group that took a traditional Heartsaver Adult CPR class (HS); and three groups that participated in some form of self-training intervention: self-training alone (ST), self-training with instructor facilitation (ST-I), and self-training with peer facilitation (ST-P). All interventions are described in detail in the Section 2.4. The hypotheses were that subjects in self-training interventions would demonstrate CPR skills superior to those of the untrained controls and similar to those of Heartsaver-trained subjects. The ST-I and ST-P conditions were included to investigate whether facilitation of self-instruction would provide additional benefit relative to self-instruction alone. Because ST-I and ST-P interventions were exploratory in nature, no specific hypotheses were proposed for differential performance of the three self-training groups.

Several measures were taken to minimize subjects' and instructors' inappropriate exposure to information about the study. The study space included six sound-attenuated offices, five of which were used for self-training and one dedicated to testing; a waiting/reception area; and a separate conference room dedicated to Heartsaver classes. Soft music played in the waiting area to mask any incidental transfer of sound from the training or testing rooms. The waiting area was also furnished with signs to discourage discussion of the study among participants. A study coordinator supervised the waiting area when subjects were present and reminded them when necessary not to discuss any aspects of the study. Both subjects' and instructors' informed consent included an agreement not to discuss the study with others. Study materials and rooms were concealed from view when not in use.

2.2. Self-training kit

The design of the kit was informed by previous research on self-training of CPR [10,15,16], and proceeded under the direction of the American Heart Association's Emergency Cardiovascular Care Basic Life Support Subcommittee. The kit comprised three major components: a 22-min video; an inflatable Mini Anne manikin on which the skills of assessing responsiveness and providing ventilations and chest compressions could be practiced; and a small electronic device called the *CPR Coach*TM, which provides real-time audio feedback about the correct rate and depth, and visual and tactile cues about hand placement, for chest compressions. Such audio prompting technology has been shown to affect learning positively when used during practice of chest compressions [4,5,15–18]. The video was developed at the American Heart Association's National Center, Dallas, Texas; and Mini Anne and the *CPR Coach* were developed by the Laerdal Medical Corporation, Stavanger, Norway. Each of the three components is described in detail below.

2.2.1. Twenty-two-minutes video

A preliminary version of the video was piloted by three independent reviewers, using an average of four users each. The video was then re-edited on the basis of feedback from those pilots.

The video opens with a short retelling of a fictionalized incident by two female actors who portray a heart attack victim and her lay rescuer. The setting is a comfortable, well furnished sitting room, and the emotional tone of the segment is positive. Following this segment, a narrator introduces herself and explains in simple terms that the video will teach the basic skills of CPR. Instruction is limited to the skills of recognizing an emergency (including agonal breathing), calling for help, and performing cycles of ventilations and compressions. The order in which the viewer encounters and practices the skills has been altered (first chest compressions, then ventilations, then the two skills together; then checking for responsiveness/calling 911; and finally, the entire sequence from discovery of the victim to several complete cycles of CPR). Skills are taught in stages, using a watch-while-practicing method. By the end of the video, viewers have had the opportunity to practice 23 cycles of ventilation and compression.

2.2.2. Mini Anne manikin

This device (see Fig. 1) requires the user to inflate a soft plastic apparatus. Once inflated, the apparatus forms a simulated head, neck, and chest cavity. Affixed to the ventral surface of the apparatus is a functional airway that branches to a set of inflatable lungs. The airway is connected at the top to a face similar to those of standard Laerdal manikins. A pliable plastic chest piece covers the lungs. When inflated, this manikin performs similarly to a standard one: the airway remains closed unless the user tilts the head appropriately, and when the user pinches the nose and makes an effective

seal over the mouth, the lungs can be inflated to produce visible chest rise. The chest piece includes visually and tactilely distinct nipples, rib lines, and an oval area that shows the location and orientation for placing the heel of the hand (or the *CPR Coach*; see Fig. 2) for compressions. The inflated chest cavity allows for simulation of chest compression and release. The Mini Anne manikin, like the Laerdal Family Trainer, was designed as an inexpensive CPR training device that could be used at home. However, the Mini Anne more closely simulates the look and feel of the human anatomy, is more compact and cost-effective to produce, and is durable enough to be used many times. Unlike the Laerdal Family Trainer, used in previous studies, the Mini Anne manikin does not have any internal feedback device to signal adequate compression depth. Instead, this function is performed by the hand-held *CPR Coach*.

2.2.3. CPR Coach

The size and shape of this device allow it to be placed on the matching oval area on Mini Anne's chest. The user then assumes the posture for compressions and applies them directly onto the *CPR Coach*. When at least 35 kg of downward pressure is applied to it, the *CPR Coach* emits a single click. A second "unclick" signals that the pressure has been fully released. The initial click also triggers a metronome that beeps to signal the appropriate compression rate of 100/min.

2.3. Experimental protocol

When subjects called to enroll, they were assigned randomly to an intervention according to a scheduling database. Potential subjects who could not be scheduled in any of the time slots allocated to their intervention were not used. Four subjects (1.4% of the total sample) who had been assigned to either ST-I or ST-P had to be reassigned on the day of their session due to lack of an available peer to fulfill the intervention requirements. These subjects were run in the ST intervention and recoded as ST group members accordingly.

Upon their arrival at the study site, subjects first provided informed consent and completed a questionnaire that included demographic items. They then performed the tasks of their respective interventions. Fig. 3 shows the tasks and the corresponding instructor roles (shown in brackets) for each intervention.

2.4. Interventions

2.4.1. Control (C)

These subjects proceeded directly to the CPR skill assessment without training, to provide a benchmark against which to measure the effects of training.

2.4.2. Heartsaver (HS)

These subjects participated in a Heartsaver Adult CPR class taught by one of five instructors. The class size varied from 5 to 17, and the student:manikin ratio varied from 1:1 to



Fig. 1. The training kit, with inflated Mini Anne manikin.



Fig. 2. The CPR Coach.

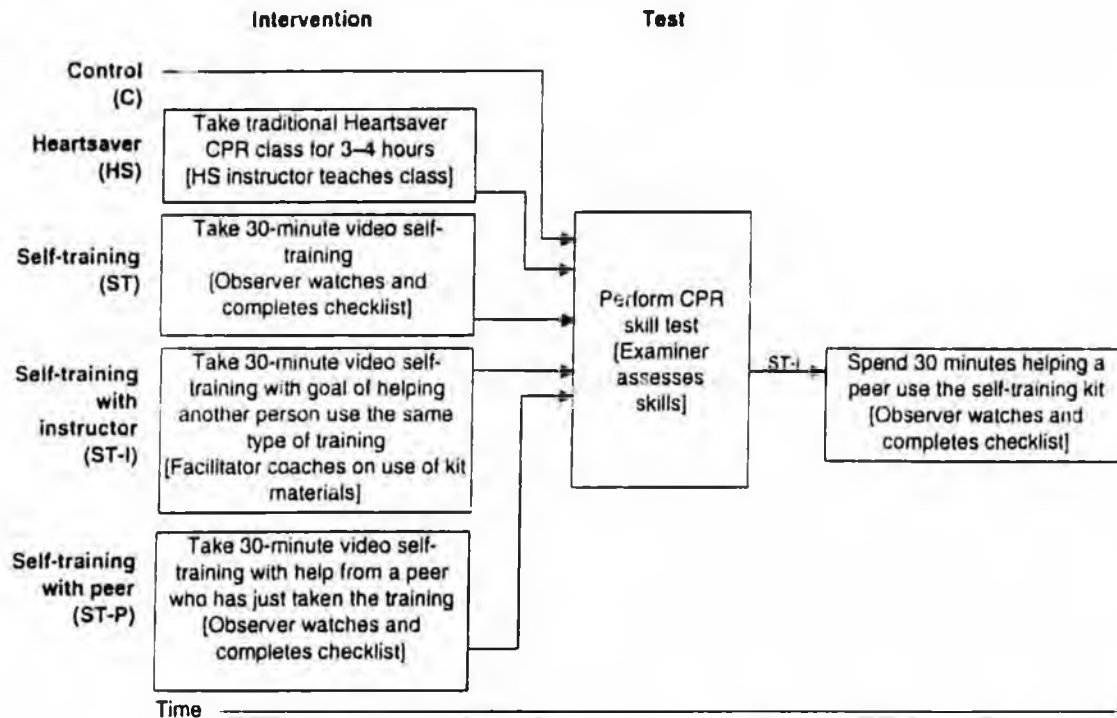


Fig. 3. Critical subject tasks and corresponding instructor roles for each intervention.

4:1. The student:instructor ratios were higher in some cases than AHA guidelines prescribe, but were consistent with common practices, as described by the instructors. Heartsaver instructors were told in their study training to teach the class as they normally would, with the exceptions that students would take their final skills test elsewhere, the materials were to remain in the classroom, and no certification cards were to be distributed. There was no instructor script for this intervention.

2.4.3. Self-training interventions

Because it was not known in advance whether the kit would stand alone as an effective VSI course, or whether some level of facilitation or other aid would improve subjects' learning, three variants of the self-training were tested. A Heartsaver-qualified CPR instructor was present in all three self-training sessions, but the instructor's specific role varied as a function of the intervention. All instructors in self-training interventions were provided with scripts for their roles and were asked not to provide any instruction or assistance related to the skills of CPR. Each subject in a self-training intervention had a full training kit. Descriptions of each self-training intervention follow.

2.4.4. Self-training (ST)

These subjects individually entered a training room where a study coordinator introduced the subject to the instructor, who was described only as an "observer." The study coordinator gave the subject the training kit and advised her or

him that the video would explain everything they needed to know. The study coordinator helped with the television and video playback settings if necessary. Once the video began, the subject was left to pursue the training as the instructor observed silently.

2.4.5. Self-training with instructor facilitation (ST-I)

The protocol for this intervention was the same as for ST with the following exception: the instructor informed the subject at the outset of the training session that her or his (the instructor's) role was to facilitate the subject's use of the training kit so that the subject could help another person use the same kit later. During the session, the instructor gave tips such as "Stop the video if you fall behind or you need a rest," or "Go ahead and follow along with what the video is doing." Instructors offered only advice and assistance that was relevant to using the materials in the training kit and that *did not relate directly to the skills of CPR*. Substantive suggestions such as "Try retilting the head," or "Place your hands higher on the chest" were explicitly prohibited.

2.4.6. Self-training with peer facilitation (ST-P)

The protocol for this intervention was the same as for ST-I except that the facilitator was another subject who had just participated in the ST-I intervention, and the instructor served only as an observer. The facilitator was instructed to help the learner according to the training that the facilitator had just received. No other instructions or constraints were given regarding the type of help the facilitator should give.

2.5. Skill assessment

The assessment scenario occurred within one half hour, and usually within 10 min. of the training and was identically constructed for all subjects. The test protocol was consistent with the Utstein objective of "demonstrable lifesaving CPR on a manikin in a simulated scenario at the end of the training course" [1] and was similar to that used in other studies [15,16]. Subjects entered the testing room individually where they encountered an examiner, normal office furnishings that included a prop telephone that appeared functional, and a *Laerdal Resusci Anne*TM recording manikin on the floor. The manikin was connected to a *Laerdal PC SkillReporting*TM software via a laptop computer. The examiner recited the following script: "Imagine that this manikin is a real person who just collapsed right before you entered the room. You are the only other person in the room besides her. Do whatever you think is best to help this person. I cannot answer any questions about how to help the person. OK?" The examiner then allowed 3 min for the subject to demonstrate the actions she or he would take. If no action was initiated within 2 min, the examiner concluded the test. If a subject asked questions about what to do, the examiner's scripted reply was, "Just do whatever you think is best to help this person." The examiner gave information about the condition of the victim only if the subject asked after having performed an appropriate action related to that condition and only if the requested information would have been accessible from an actual collapsed victim; for example, if the subject appropriately assessed responsiveness, then asked whether the victim had responded, the examiner said there was no response. Instructor training emphasized the distinction between appropriately answering questions so that the scenario could continue, and providing inappropriate cues or prompts about performing CPR.

Utstein guidelines [1] for teaching Basic Life Support to lay responders stipulate that a simpler "pump and blow" type of CPR should be the norm, and that the following five initial outcomes of training are of interest: assessing responsiveness, calling 911, ventilations to chest rise, chest compressions of adequate depth, and proper hand placement during compressions. With these guidelines in mind, we measured subjects' performance in two ways: The sensed manikin provided data on volume of ventilations, depth of compressions, and hand placement during compressions. Examiners also assessed subjects' performance with a scoring sheet (see Appendix A) similar to the 14-point assessment developed by Brennan et al. [20] and adapted by Birnbaum [21]. However, the 14-point instrument was not appropriate for this study because it includes explicit assessment of sequence and of certain skills, such as pulse-checking and locating the proper compression point, which are either not taught (in the case of pulse-checking), or are integrated with another skill (in the case of locating the compression point) in the program we tested. Our scoring sheet was shortened to include only the five basic skills of CPR mentioned earlier, plus an overall rating of performance. Each of the six ratings was

recorded dichotomously for each subject as *adequate* or *inadequate*. The sequence in which the skills were performed was not recorded, and examiners were told that the sequence should not affect their assessment of the adequacy of the skill performance. Examiners' training sessions provided further detailed instructions for using the scoring sheets. The instructions followed those used by Birnbaum [21], and were developed with and approved by the American Heart Association. To help minimize the possibility that examiners would attempt to use the sensed manikin data to influence their own ratings, several precautions were taken: there was no printed readout of the data; examiners were explicitly told not to view the display on the computer monitor; the monitor remained closed except when subject identification numbers were being entered; and manikin recording sessions were not stopped until the subject had left the room (by which time the data were no longer visible in the display).

2.6. Sample size and random assignment

Fig. 4 shows subject progress through the phases of recruitment, screening, and participation. The greatest attrition occurred between the time subjects scheduled their session and the time they were to appear for the session. Of the 446 screened subjects who met eligibility criteria and were scheduled to participate, only 285 (64%) appeared for their scheduled session, despite the fact that they received a reminder postcard (and, in most cases, a telephone reminder) 1 or 2 days before the session. Table 1 shows the demographic characteristics of the 285 subjects who participated.

Fifty eligible instructors were recruited and 27 were used. One instructor withdrew during the course of the study. As Table 2 shows, instructors were more likely than the subjects to be male and younger, and to have higher levels of education. The first 14 instructors who enrolled were assigned randomly to one of the four instructor roles (Heartsaver instructor; facilitator, observer, or examiner). Once these 14

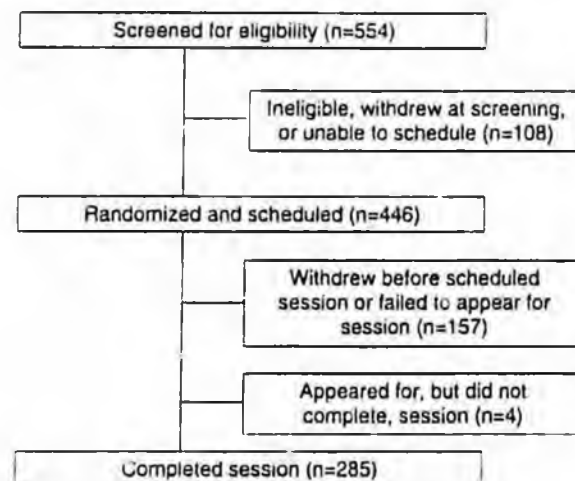


Fig. 4. Subject progress through the phases of recruitment, screening, and participation.

Table 1
Subject demographics

Item	Percent of participants ^a
Age	
Mean 52.7	
Median 53.0	
Sex	
Female	53
Male	48
Race/ethnicity	
White	83
Black	9
Other or multiple races	8
Education level	
Eighth grade or lower	1
Some high school	6
High school diploma or GED	15
Some college	39
Bachelor's degree	23
Master's or higher	16

^a $n = 285$. Because of rounding, percentages may not total to 100.

Instructors had been scheduled, the small number of remaining slots in the schedule made subsequent random assignment unworkable; therefore, the final 13 instructors were assigned by scheduling convenience. Each instructor role was served by more than two instructors, so that instructor effects were minimized. Three instructors served in more than one role, as follows: one observer served on subsequent days as an examiner; one facilitator served on subsequent days as an examiner; and one facilitator served on subsequent days as an observer. None of these instructors served as an examiner for subjects whose training they had witnessed, nor did any examiner know what type of training was occurring on any given day, nor how many types of training the study used. Instructors in all four roles were only given information relevant to their specific role(s).

Table 2
Instructor demographics

Item	Percent of instructors ^a
Age	
Mean 42.8	
Median 42.5	
Sex	
Female	41
Male	56
Race/ethnicity	
White	93
Hispanic	4
American Indian or Alaskan native	4
Education level	
Some college	56
Bachelor's degree	26
Master's or higher	15

^a $n = 27$. Because of rounding, percentages may not total to 100.

2.7. Statistical analyses

We report results by group below, but because differences in performance of the self-training groups were non-significant across all skills, a separate discussion of ST, ST-1, and ST-P is not warranted. The data were subsequently collapsed and analyzed across the three self-training groups. This collapsed group is denoted *ST-Combined*. A one-way analysis of variance (ANOVA) with Bonferroni adjustments for multiple comparisons was used to analyze for differences between HS and C groups; between HS and ST-Combined; and between C and ST-Combined. In general, power was adequate (≥ 0.80) to detect effects of approximately 0.35 or greater. All probability values are for two-tailed tests with $\alpha < 0.05$ as the criterion for significance. Hedges bias-corrected effect sizes and obtained probability values for each comparison are documented in tabular form in the Section 3.

The examiner's assessment for each subject produced the six dichotomous ratings described earlier. The manikin data included the percentage of ventilations of adequate volume, the percentage of compressions with proper hand placement, and the percentage of compressions with adequate depth.¹ Non-attempts for any skill were scored as incorrect. Results for each skill are displayed graphically as bar charts of group means or mean percentages, with whiskers denoting 95% confidence intervals.

3. Results

Cronbach's alpha, a conservative estimate of reliability for tests with dichotomously scored items, was computed for the quick assessment at 0.81. Fig. 5 shows, for each group, the percentage of subjects whose overall performance was rated adequate by the Examiners. ST-Combined subjects were more likely than C subjects ($P < 0.001$; effect size = 1.17) and HS subjects ($P = 0.031$; effect size = 0.34) to be rated adequate in their overall performance of CPR. HS subjects were more likely than C subjects to receive this rating ($P < 0.001$; effect size = 0.89).

Fig. 6 shows, for each group, the percentage of subjects who assessed responsiveness and Fig. 7 shows the percentage who called 911, as rated by the examiners. ST-Combined subjects were more likely than C subjects ($P < 0.001$; effect size = 1.70) and as likely as HS subjects ($P = 0.057$; effect size = 0.36) to appropriately assess responsiveness. HS subjects were more likely than C subjects ($P < 0.001$; effect size = 1.12) to assess responsiveness. ST-Combined subjects were more likely than C subjects ($P = 0.001$; effect size = 0.52) and as likely as HS subjects ($P = 0.402$; effect

¹ For both ventilation and compression performance, whether rated by the examiner or measured by the sensed manikin, attempts that produced a volume or force at or above the recommended level were considered 'adequate'.

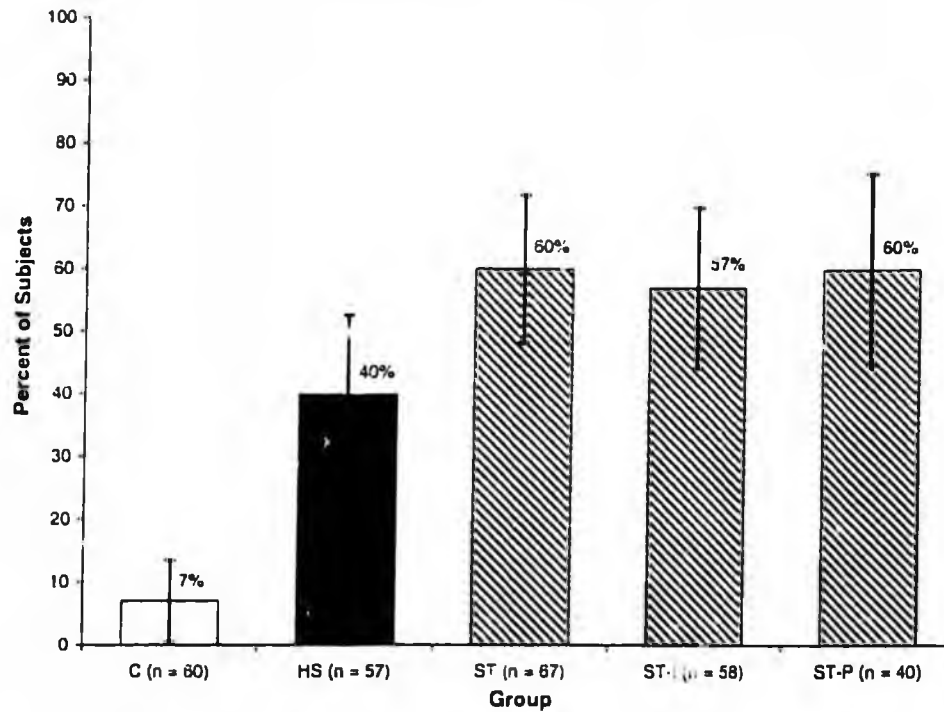


Fig. 5. Percentage of subjects with overall adequate performance, as rated by examiners.

size = -0.24) to call 911. HS subjects were more likely than C subjects ($P < 0.001$; effect size = 0.78) to do so.

Fig. 8 shows, for each group, the mean percentage of ventilations that were adequate (i.e., >700 ml), as measured by the sensed manikin. ST-Combined subjects performed better than HS subjects ($P = 0.014$; effect size = 0.40) and better

than C subjects ($P < 0.001$; effect size = 1.08). HS subjects outperformed C subjects ($P < 0.001$; effect size = 0.83). It is also noteworthy that only 68% of subjects (13% of C subjects, 76% of HS subjects, and 81% of ST-Combined subjects) performed any ventilation that was detectable by the manikin. Review of videotaped assessments suggests that this low rate

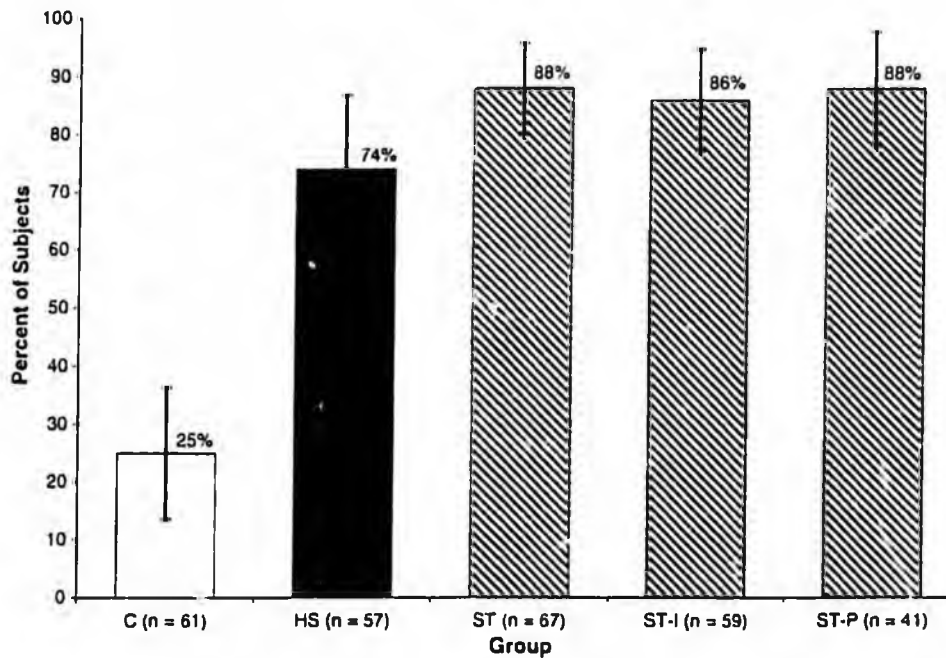


Fig. 6. Percentage of subjects who assessed responsiveness, as rated by examiners.

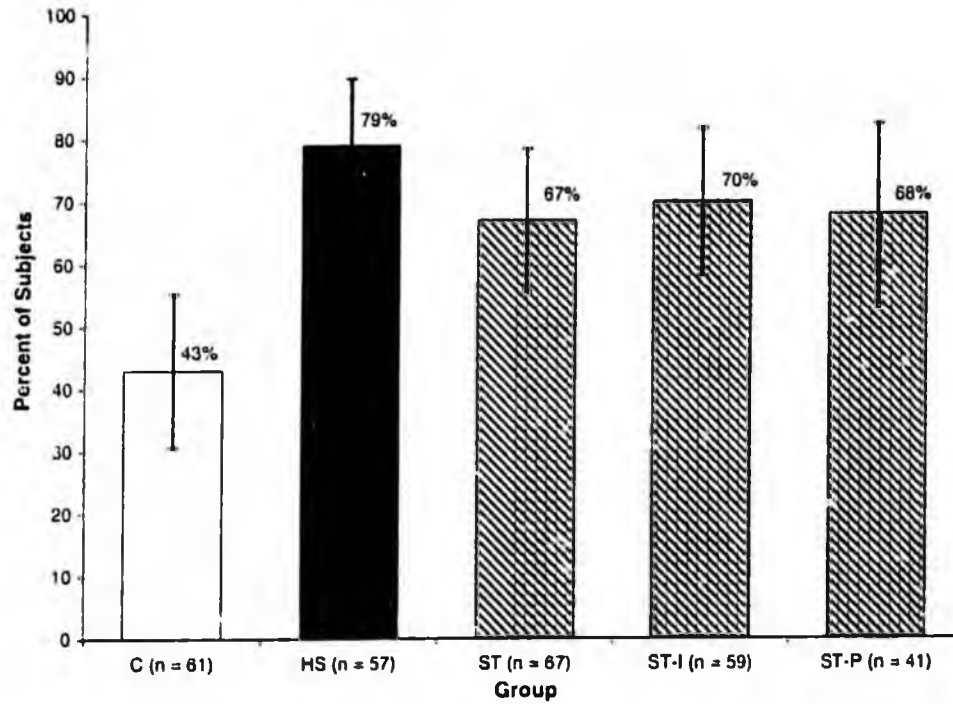


Fig. 7. Percentage of subjects who called 911, as rated by examiners.

was primarily due to many subjects' inability to open the airway or to maintain an open airway while performing ventilations.

Fig. 9 shows, for each group, the mean percentage of all compressions performed with proper hand placement,

as measured by the sensed manikin. ST-Combined subjects reliably outperformed C subjects ($P=0.026$; effect size = 0.39), but the effect for HS versus C subjects was not significant ($P=0.438$; effect size = 0.27); nor was the effect for ST versus HS ($P=0.999$; effect size = 0.13).

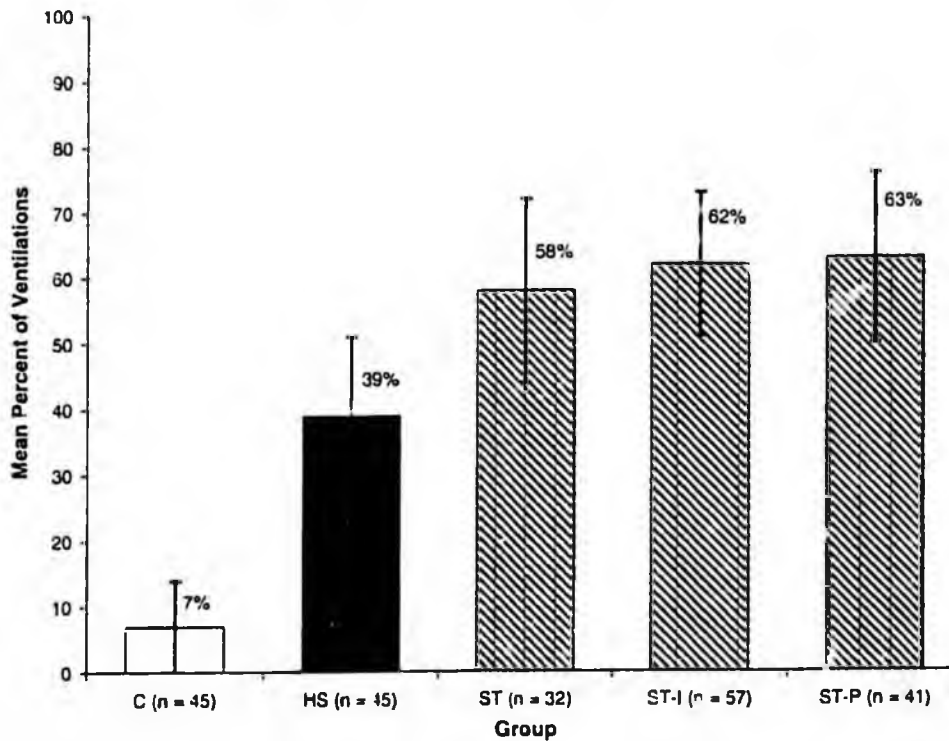


Fig. 8. Mean percentage of ventilations that were adequate, as measured by the sensed manikin.

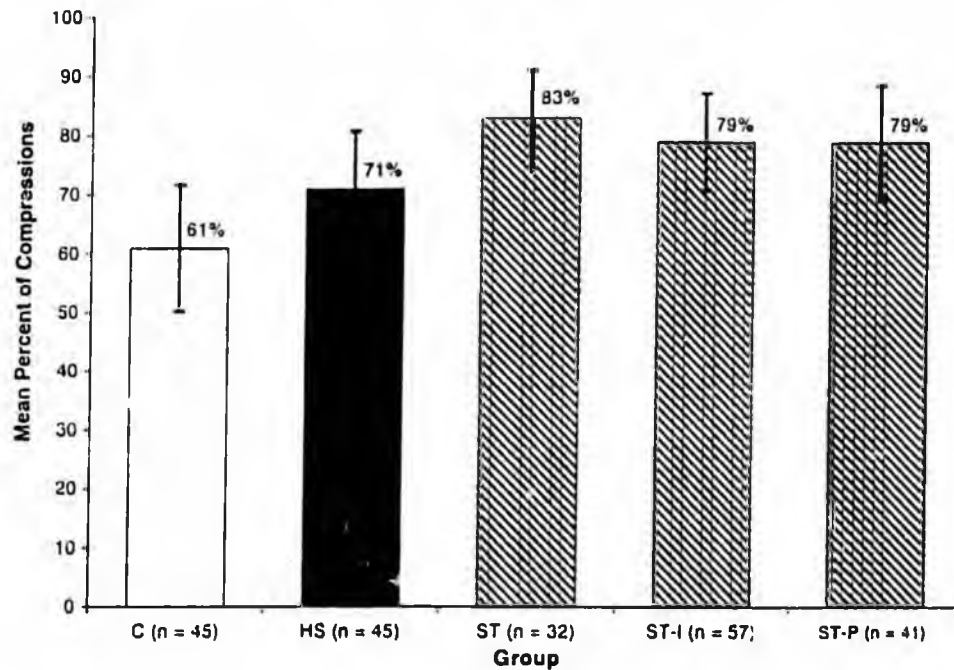


Fig. 9. Mean percentage of compressions performed with proper hand placement, as measured by the sensed manikin.

Fig. 10 shows, for each group, the mean percentage of all compressions performed with adequate depth, as measured by the sensed manikin. There were no significant differences among the groups on this skill ($P=0.878$ and effect size = 0.19 for HS versus C; $P=0.999$ and effect size = 0.08 for ST versus C; and $P=0.999$ and effect size = 0.11 for HS versus ST), although examination of mean compression depths by group showed that HS and ST subjects missed

the minimal depth criterion of 38 mm by a much narrower margin than did C subjects: the mean for HS was 35.2; for ST-Combined it was 33.9, and for C it was 23.0.

A similar pattern was seen for the average rate of compressions, where all groups tended to compress too slowly, but HS and ST came closer to meeting the 100-per-minute criterion: the mean for HS was 98.1; for ST-Combined it was 97.0, and for C it was 67.2.

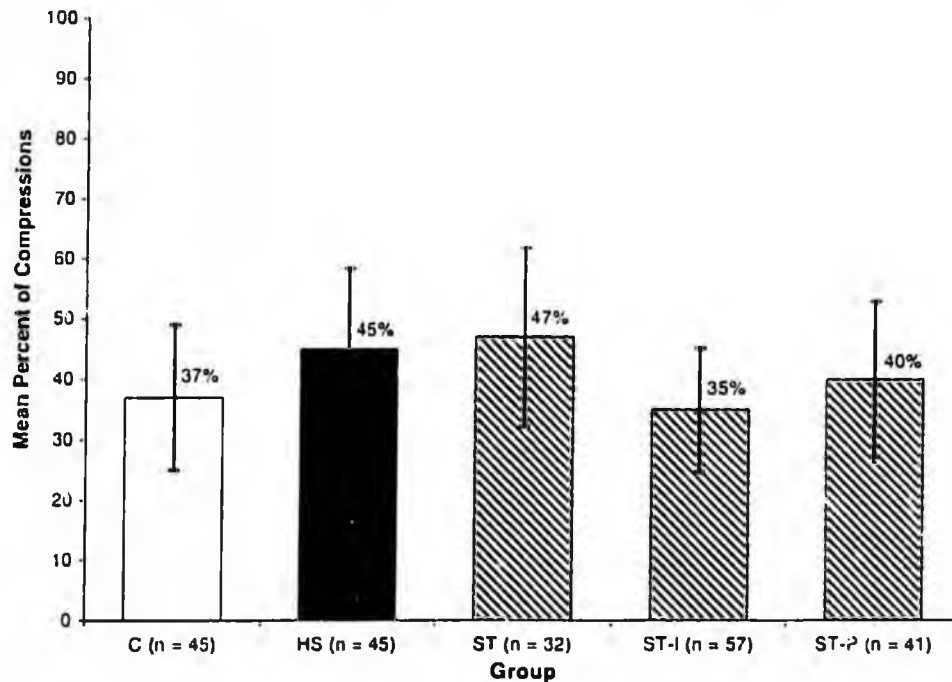


Fig. 10. Mean percentage of compressions with adequate depth, as measured by the sensed manikin.

Table 3
Results, *P*-values, and effect sizes of planned comparisons

Item	Group difference	<i>P</i> -value	Effect size
Overall performance	ST>C	<0.001	1.17
	HS>C	<0.001	0.89
	ST>HS	0.031	0.34
Assess responsiveness	ST>C	<0.001	1.70
	HS>C	<0.001	1.12
	ST=HS	0.057	0.36
Call 911	ST>C	<0.001	0.52
	HS>C	<0.001	0.78
	ST=HS	0.40	-0.24
Adequate ventilation volume	ST>C	<0.001	1.08
	HS>C	<0.001	0.83
	ST>HS	0.014	0.40
Proper hand placement for compressions	ST>C	0.026	0.39
	HS=C	0.380	0.27
	ST=HS	0.393	0.27
Adequate compression depth	ST=C	0.999	0.08
	HS=C	0.878	0.19
	ST=HS	0.999	-0.11

Note: equal sign (=) signifies no statistically reliable difference; greater-than sign (>) signifies statistically reliable advantage of first group over second group; alpha = 0.05 for all comparisons.

Table 3 summarizes the planned comparisons among HS, C, and ST-Combined groups, with obtained *P*-values and effect sizes.

4. Discussion

Whether skills were assessed by CPR instructors who were experimentally blind or whether skills were measured objectively by the manikin, self-training produced an effect on skill acquisition that was at least as great as the effect seen with traditional Heartsaver training, but in about one-eighth the time. Further, traditional training failed to show a reliable advantage over self-training for any of the skills tested by either method or for overall adequate performance as assessed by instructors. Self-training produced a reliable advantage for overall performance and for ventilation.

The data show a clear pattern of evidence in favor of self-training. These results are consistent with previous studies of VSI, which demonstrate that a well designed, shortened course can be an efficacious method of CPR training in general [4,5,15], and specifically for laypersons over the age of 40 [15,16]. Our study strengthens this converging evidence by being the first such investigation that incorporates random assignment of subjects to training interventions; an untrained control group against which to measure presence or absence of training effects; blinding of examiners to subjects' training and to study hypotheses; and a video that is by far the briefest

CPR instructional medium for which published outcome data exist.

Potential limitations of the study include lack of data on: longer term retention; specific contributions of the separate training components (Mini Anne, CPR Coach, and video); potential to affect learning in settings outside the laboratory; effective means of distributing the kits so that they will be opened and used; and ways to tailor the video and packaging to appeal to particular user groups (e.g., adolescents versus older adults). Research to define effective distribution channels and user-friendly modes of labeling and packaging is particularly important because previous work indicates that even when a video training package is delivered free of charge to the homes of potential older learners, only about half will open the package and watch the video [6].

Although our study's results are consistent with those of other investigators in showing that brief VSI produces CPR skill performance equivalent to or better than traditional training, none of these previous studies used an interactive device like the CPR Coach to aid performance of compressions during training. Paradoxically, however, subjects who trained with this device performed no better during the skills assessment than did Heartsaver subjects. Although the average percentage of adequately deep compressions did not differ for VSI, Heartsaver, and control groups, the data on average compression depth clearly show that those who were trained by any method produced deeper compressions than did the controls; however, trained subjects still tend not to compress deeply enough to meet the criterion for effective perfusion. Other studies [18,22,23] that have tested feedback devices directly suggest that compressions performed with such devices tend to be deeper than those performed without them. For the sake of experimental control, all subjects in our study were tested without the CPR Coach; therefore, we must assume that if the CPR Coach enhances performance, it can only do so while it is in hand. In other words, previous use does not appear to foster retention of knowledge or skill for subsequent performance. Additional investigations are needed to determine whether use of the CPR Coach in both training and test, versus in training only, can produce a higher percentage of adequately deep compressions.

A training program such as the one we tested offers potential learners logistical convenience, a comfortable learning environment, and time efficiency without compromising acquisition of CPR skills. Communities could come significantly closer to the Utstein [1] ideal of attempted bystander CPR for every witnessed cardiac arrest if training alternatives were easily procured for people who cannot or will not go to longer courses. For example, CPR training in the workplace would undoubtedly be more attractive to employers if training could be accomplished in 30 min chosen at the learner's or employer's convenience, rather than in 3 or 4 h that must disrupt the schedule of many individuals. This program, combined with a distribution strategy that produces a high rate of learner use, could expand the reach of layperson CPR instruction significantly.

Conflict of interest statement

This research was funded by the American Heart Association and the Laerdal Medical Corporation.

Acknowledgements

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Appendix A. Examiner checklist

AHA CPR study: examiner checklist and performance guidelines

Learner ID:

Instructor ID:

Skills (PLACE A CHECK IN THE BOX ONLY IF THE SKILL WAS PERFORMED ADEQUATELY.)

- Assess responsiveness
 Call 911
 Adequate ventilation
 Proper hand placement for compression
 Adequate compression depth

Overall, performance was adequate.

- Yes
 No

Skill	Performance guidelines
Assess responsiveness	The examinee must have physical contact with the manikin and speak loudly enough to awaken a sleeping person
Call 911	The examinee must pretend to call, or send someone to call 911
Adequate ventilation	The examinee must provide adequate ventilations to cause the chest to rise
Proper hand placement	The examinee must demonstrate the proper hand position over the sternum
Adequate compression depth	The examinee must depress the chest approximately 1.5–2 in.
Overall, performance was adequate	Perfection is not necessary; the key is to determine whether the learner's actions would adequately perfuse the patient such that the patient's chances of survival would be increased, relative to no action

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If no skills marked, what best describes the reason?

- Executed skills inadequately
 Did not attempt listed skills
 Attempted no action
 Other

Actively refused / withdrew participation

- better following half-hour video self-instruction compared to traditional four-hour classroom training. *Resuscitation* 2000;43:101–10.
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