



# ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

## 2008 ALPHA RESOLUTIONS

Resolution #	Title and Sponsor	Action	Directed to
1-2008	<b>Increase in Denali KidCare Income Eligibility Level</b> Sponsor: Alaska Primary Care Association Shelley Hughes	Advocacy efforts	Governor and State of Alaska legislators
2-2008	<b>State Funding Support for Community Health Centers</b> Sponsor: Alaska Primary Care Association Shelley Hughes	Advocacy efforts	Governor and State of Alaska legislators
3-2008	<b>Restoration of Nurse Practitioner Delegation Authority</b> Sponsor: Alaska Primary Care Association Shelley Hughes	Advocacy efforts	Governor and State of Alaska legislators
4-2008	<b>Reinstatement of the SEARCH Program (Student/Resident Experiences and Rotation in Community Health Program)</b> Sponsor: Alaska Primary Care Association Shelley Hughes	Advocacy efforts	Governor and State of Alaska legislators
5-2008	<b>Support for Enhanced Dental Services for Adult Medicaid Recipients</b> Sponsor: Alaska Dental Access Coalition Brad Whistler, DMD	Advocacy efforts	Governor and State of Alaska legislators
6-2008	<b>State Funding Support for the School Breakfast Program</b> Sponsor: Food Bank of Alaska Betsy Nobmann, PhD, MPH, RD, LD	Advocacy efforts	Governor and State of Alaska legislators
7-2008	<b>Support for Passive Parental Consent for the Youth Risk Behavior Survey (YRBS)</b> Sponsor: Jayne Andreen	Advocacy efforts	Governor and State of Alaska legislators
8-2008	<b>Support for Addressing a Public Health Crisis – Sexually Transmitted Diseases in Alaska</b> Sponsor: Planned Parenthood of Alaska, Clover Simon	Advocacy efforts	Governor and State of Alaska legislators
9-2008	<b>Urging State Financial Support for an Obesity Prevention and Control Program</b> Sponsor: Brian Saylor, PhD, MPH	Advocacy efforts	Governor and State of Alaska legislators
10-2008	<b>Health Care Professions Loan Repayment &amp; Incentive Program for Alaska</b> Sponsor: Shelley Hughes, Shelia Wright	Advocacy efforts	Governor and State of Alaska legislators



# ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

## ALPHA RESOLUTION 1-2008

### Increase in Denali KidCare Income Eligibility Level

Sponsor: Alaska Primary Care Association  
Shelley Hughes

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**WHEREAS** the Alaska Public Health Association strives toward the goal of a statewide healthy population, and because the provision of health insurance is a key component of that; and

**WHEREAS** the rate of uninsured children in Alaska is increasing: the 2007 uninsured rate for persons under 18 years of age was 11.4% compared to 10.3% in 2006 and 8.4% in 2005;<sup>1</sup> and

**WHEREAS** 21,000 children in Alaska did not have ongoing health care coverage in 2007<sup>2</sup> and approximately 18,470 children 17 years and younger in 2008 are currently uninsured in Alaska;<sup>3</sup> and

**WHEREAS** approximately 8,000 Alaskan children 18 years or younger and below 200% of the FPL are uninsured,<sup>4</sup> and 40,000 Alaskan children 19 years or younger and below 200% of the FPL rely on government health insurance to provide access to health care services;<sup>5</sup> and

**WHEREAS** although the Denali KidCare upper income eligibility guideline was increased in 2007 to 175% of the Federal Poverty Level (FPL), 46% of Alaska's children live at or below 200% FPL as compared to 40.6% nationwide and 39% in HRSA Region X; and

**WHEREAS** Alaska has seen a 31% decline in the number of children covered by private health insurance in the past decade;<sup>6</sup> and

**WHEREAS** the cost of caring for uninsured children is passed on to other Alaskans and businesses, raising premiums and out-of-pocket expenses for everyone;<sup>7</sup> and

**WHEREAS** uninsured children are 9 times less likely to have a regular doctor, 4 times more likely to be taken to emergency rooms, and 25% more likely to miss school than insured children;<sup>8</sup> and

**WHEREAS** increasing Denali KidCare income eligibility levels to at least 200% above the FPL will increase health care access for children in families that meet this criteria; and

**WHEREAS** the aforementioned policy change would result in improved public health and overall health outcomes throughout the state for Alaskan children;

**THEREFORE BE IT RESOLVED** that the Alaska Public Health Association supports the increase of the Denali KidCare income eligibility level to at least 200% above the FPL.

**BE IT FURTHER RESOLVED** that the Alaska Public Health Association as an organization as well as individual Board Members and other Members will engage in low and no-cost advocacy efforts to promote Denali Kidcare income eligibility expansion such as, but not limited to, the following:

- Circulation of advocacy action requests to membership
- Circulation of advocacy action requests to partners and other individuals
- Posting of ALPHA resolutions on the Alaska Public Health Association’s website
- Participation in email advocacy campaigns
- Contact with policy makers via phone, letter, email and/or in-person meetings
- Public testimony in legislative hearings, town hall meetings, and other public forums
- Contribution of op-ed articles and/or letters to the editor
- Contributions to radio programs via calling-in or scheduled interviews
- Distribution of this resolution statement to policy makers and key officials.

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### **Fiscal Impact**

The fiscal impact on ALPHA by the proposed resolution will be minimal. This action will result in minor costs associated with sending this resolution and accompanying cover letter to the Governor and key political leaders.

### **Public Health Impact**

This public health impact by the proposed resolution will be significant. This action will benefit public health by helping to increase the number of children

1. Who will be covered by and participate in the Denali KidCare program
2. Who will have ready access to health care services
3. Who will receive health care services

This action will also benefit public health by reducing the incidence of childhood diseases and improving overall health outcomes for Alaska’s children.

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<sup>1</sup> “President’s Report,” Alaska State Hospital and Nursing Home Association, September 12, 2008 .

<sup>2</sup> Ibid.

<sup>3</sup> U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2006 through 2008.

<sup>4</sup> U.S. Census Bureau, Current Population Survey, 2006 to 2008 Annual Social and Economic Supplements.

<sup>5</sup> Ibid.

<sup>6</sup> Legislative Health Care Initiatives Presentation to the Anchorage Chamber of Commerce, August 27, 2007.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.



# ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

## ALPHA RESOLUTION 2-2008

### State Funding Support for Community Health Centers

Sponsor: Alaska Primary Care Association  
Shelley Hughes

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**WHEREAS** the Alaska Public Health Association recognizes the necessity of improving access to primary care for all Alaskans as one of the key ingredients in improving the public health of all Alaskans; and

**WHEREAS** Community Health Centers (CHCs) provide access to high quality, cost-effective primary care through a network of 26 CHCs with 140+ delivery sites in Alaska to areas and populations that otherwise would not have access to primary care, providing services to more than 80,000 people through 360,000 patient visits;<sup>1</sup> and

**WHEREAS** CHCs are open to all residents, regardless of insurance status; provide reduced cost care based on ability to pay through a sliding fee scale; offer barrier reduction services such as transportation and language translation; and provide services that increase health outcomes such as case management, health education, and chronic disease management; and

**WHEREAS** in 2007, CHCs provided access to care for 6,420 senior citizens 65 years and older from across the state who are finding it increasingly difficult to locate primary care physicians willing to accept new Medicare patients; and

**WHEREAS** Alaska's CHCs serve populations and areas where there is no competitive marketplace, providing access and a health care home to individuals who otherwise would not have their basic medical, dental and behavioral health needs met.

**WHEREAS** in a gubernatorial forum on health care held in 2006, now Governor Sarah Palin stated the following regarding CHCs:

"We have to remember also what our constitution says about the service that you're providing: and it's Article 7 Section 4. It says that the Legislature shall provide for the promotion and protection of public health. So there is that duty, there is that obligation held by those who hold the state's purse strings. So between the state funding and working hard with the federal funding, an increase is what we're going to need. I want

you to not have to worry about this funding of such a vital service that's being provided for rural communities;" and

**WHEREAS** the Alaska Department of Health and Social Services (DHSS) has determined that the "overriding theme for future direction of the Alaska Department of Health and Social Services is helping individuals and families create safe and healthy communities"<sup>2</sup> and the DHSS Primary Care Office's mission to address health care access via health centers in Alaska is carried out through the use of funding to "enhance and support the current and emerging community health centers;" and

**WHEREAS** the Governor's Alaska Health Care Strategies Council's recommended in its final report in December of 2007 that CHCs be part of the solution to improve Alaskan's access to care and that "the state becoming more actively engaged as an active investor in the Community Health Center system through supplemental funding;" and

**WHEREAS** in 2008, the State of Alaska Legislature and Governor did demonstrate support for CHCs by providing \$3.85 million in first-time direct state support for Alaska's CHCs even though the line items were one-time increments; and

**WHEREAS** continued support from the state is crucial in sustaining and strengthening CHCs and their ability to provide access to cost-effective quality care for medically disenfranchised communities; and

**WHEREAS** the requested amount of state support will be offset because of savings to Medicaid and the fact that CHCs help maintain sustainable communities and nationally generate \$144,528,348 in economic benefits in communities;<sup>3</sup> and

**THEREFORE BE IT RESOLVED** that the Alaska Public Health Association supports an adequate financial appropriation from the state to strengthen and expand Community Health Centers and the safety net so that primary care access may be available to all Alaskans, including uninsured, under-insured and underserved Alaskans and that the public health of all Alaskans will be positively impacted.

**BE IT FURTHER RESOLVED** that the Alaska Public Health Association will promote and advocate for state funding support for Community Health Centers and engage in low and no-cost advocacy efforts for this purpose such as:

- Circulation of advocacy action requests to membership
- Circulation of advocacy action requests to partners and other individuals
- Posting of ALPHA resolutions on the Alaska Public Health Association's website
- Participation in email advocacy campaigns
- Contact with policy makers via phone, letter, email and/or in-person meetings
- Public testimony in legislative hearings, town hall meetings, and other public forums
- Contribution of op-ed articles and/or letters to the editor
- Contributions to radio programs via calling-in or scheduled interviews
- Distribution of this resolution statement to policy makers and key officials.

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<sup>1</sup> U.S. Department of Health and Human Services, HRSA. Bureau of Primary Health Care Section 330 Grantees Uniform Data System (UDS) Calendar Year 2006 Data Alaska Rollup Report.

<sup>2</sup> Alaska Department of Health and Social Services 2009 Priorities, Commissioner Bill Hogan, July 30, 2008.

<sup>3</sup> The Robert Graham Center, National Association of Community Health Centers and Capital Link. *Access Granted: The Primary Care Payoff*. August 2007.

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### **Fiscal Impact**

The fiscal impact on ALPHA by the proposed resolution will be minimal. This action will result in minor costs associated with sending this resolution and accompanying cover letter to the Governor and key political leaders.

### **Public Health Impact**

This public health impact by the proposed resolution will be significant. This action will benefit public health by helping to increase the number of uninsured, low income, medically underserved Alaskans

1. Who will have ready access to health care services
2. Who will receive health care services

This action will also benefit public health through the promotion of prevention and patient-centered care, reducing the incidence of disease and improving overall health outcomes for Alaskans.



# ALASKA PUBLIC HEALTH ASSOCIATION

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## ALPHA RESOLUTION 3-2008

### Restoration of Nurse Practitioner Delegation Authority

Sponsor: Alaska Primary Care Association  
Shelley Hughes

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**WHEREAS** the Alaska Public Health Association (ALPHA) strives toward the goal of a healthy population, and recognizes the necessity of improving access to primary care for all Alaskans as one of the key ingredients in improving the public health of all Alaskans; and

**WHEREAS** ALPHA supports the preservation of independent prescriptive authority of advanced nurse practitioners.

**WHEREAS** a state regulation was passed in 2004 that restricts Nurse Practitioners (NPs) from delegating duties, specifically the "administration of injectable medications," to unlicensed personnel, including delegating to medical assistants (MAs); and

**WHEREAS** this inhibitive regulation is increasing the cost of health care and reducing access to health care services throughout the state; and

**WHEREAS** this regulation is unjustly impacting the most vulnerable and medically underserved Alaskans as Community Health Centers and other safety net providers have limited staffing options; and

**WHEREAS** preventing NPs and MAs from working to their full potential is exacerbating the current primary care workforce shortage in Alaska; and

**WHEREAS** physicians and physician assistants are trusted with the privilege, the right and the responsibility, to delegate immunization duties to medical assistants; and

**WHEREAS** the current need to bring a physician into the NP-patient loop to delegate the duty to an MA interrupts the safe workflow and increases the risk of error; and

**WHEREAS** clinics take seriously the responsibility of ensuring that the MAs are carefully and very closely monitored upon hiring/orientation for quality assurance purposes;

**THEREFORE BE IT RESOLVED** that the ALPHA supports the adjustment of the Board of Nursing regulations to allow Advanced Practice Nurses (APNs) to give injectable medication orders to

those individuals who meet the following criteria and who are employed in an out patient clinic:

- Graduation from an accredited training program;
- National Certification as a Medical Assistant; and
- Compliance with ongoing competency evaluations and assurances conducted by the health care employer

**BE IT FURTHER RESOLVED** that the Alaska Public Health Association will promote and advocate for restoration of Advanced Nurse Practitioner privileges in regard to the delegation of the administration of injectable medications as detailed above and engage in low and no-cost advocacy efforts for this purpose such as:

- Circulation of advocacy action requests to membership
- Circulation of advocacy action requests to partners and other individuals
- Posting of ALPHA resolutions on the Alaska Public Health Association's website
- Participation in email advocacy campaigns
- Contact with Alaska Board of Nursing via phone, letter, email and/or in-person meetings
- Public testimony in Alaska Board of Nursing meetings
- Contribution of op-ed articles and/or letters to the editor
- Contributions to radio programs via calling-in or scheduled interviews
- Distribution of this resolution statement to Alaska Board of Nursing.

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### **Fiscal Impact**

The fiscal impact on ALPHA by the proposed resolution will be minimal. This action will result in minor costs associated with sending this resolution and accompanying cover letter to the Alaska Board of Nursing.

### **Public Health Impact**

This public health impact by the proposed resolution will be significant. This action will benefit public health by helping to increase the number of Alaskans

1. Who will have ready access to health care services
2. Who will receive health care services

This action will also benefit public health by improving overall health outcomes for Alaska's residents.



# ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

## ALPHA RESOLUTION 4-2008

### Reinstatement of SEARCH Program (Student/Resident Experiences and Rotations in Community Health)

Sponsor: Alaska Primary Care Association  
Shelley Hughes

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**WHEREAS** the Alaska Public Health Association strives toward the goal of a healthy population, and recognizes the necessity of improving access to primary care for all Alaskans as one of the key ingredients in improving the public health of all Alaskans; and

**WHEREAS** Alaska is suffering labor shortages in most health care professions, and that these shortages are hitting primary care safety net agencies and rural clinics particularly hard and impacting their ability to provide adequate access for Alaskans; and

**WHEREAS** the harsh conditions of Alaska and the fiscal limitations of safety net clinics reduces the ability for these providers to compete in the national hiring market; and

**WHEREAS** Alaska is competing with other states and nations for the finite pool of available health care professionals and the Student/Resident Experiences and Rotations in Community Health (SEARCH) program exposes students to Alaska's unique culture and communities, provides distinctive insight into the operation of rural health clinics and rural health needs, and functions as an important tool in the recruitment and retention of health care providers; and

**WHEREAS** the cost-effective SEARCH program has provided for rotations for clinical students and residents in underserved communities at a cost of \$158,000 in 2007, with 57 students completing 4-week rotations: physicians, MSWs, physician assistants, nurse practitioners, pharmacists, and dentists; and

**THEREFORE BE IT RESOLVED** that based upon the current needs for primary care providers in underserved communities and the need to support innovative approaches towards clinical staff recruitment, the Alaska Public Health Association supports reinstatement of the SEARCH program at the federal level and adequate funding for the program by Congress for FY 2009.

**BE IT FURTHER RESOLVED** that the Alaska Public Health Association will promote and advocate for reinstatement of the SEARCH Program and engage in low and no-cost advocacy efforts for this purpose such as:

- Circulation of advocacy action requests to membership
- Circulation of advocacy action requests to partners and other individuals
- Posting of ALPHA resolutions on the Alaska Public Health Association's website
- Participation in email advocacy campaigns
- Contact with policy makers via phone, letter, email and/or in-person meetings
- Public testimony in legislative hearings, town hall meetings, and other public forums
- Contribution of op-ed articles and/or letters to the editor
- Contributions to radio programs via calling-in or scheduled interviews
- Distribution of this resolution statement to policy makers and key officials.

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#### **Fiscal Impact**

The fiscal impact on ALPHA by the proposed resolution will be minimal. This action will result in minor costs associated with sending this resolution and accompanying cover letter to federal policy makers.

#### **Public Health Impact**

This public health impact by the proposed resolution will be significant. This action will benefit public health by helping to increase the number of health care professionals who chose to work in Alaska which will increase the number of Alaskans

1. Who will have ready access to health care services
2. Who will receive health care services

This action will also benefit public health by improving overall health outcomes for Alaska's residents.



# ALASKA PUBLIC HEALTH ASSOCIATION

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## ALPHA RESOLUTION 5-2008

### Support for Enhanced Dental Services for Adult Medicaid Recipients

Sponsor: Alaska Dental Access Coalition  
Brad Whistler, DMD

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**WHEREAS**, recognizing that decayed or missing teeth can be a significant factor in employability and/or job advancement, welfare recipients who received rehabilitative dental treatment (including fillings, extractions, and dentures) were "...twice as likely to receive favorable or neutral employment outcomes as they were to receive unfavorable employment outcomes."<sup>1</sup>

**WHEREAS**, acknowledging that improvement in dental care access helps those most in need, the American Dental Association recommends adult preventive and restorative dental services be included in all state Medicaid programs. Tribal health programs and community health centers share this service expansion initiative and stand ready to implement increased dental care to those most in need.

**WHEREAS**, knowing that studies show links between oral health and other systemic/chronic disease including diabetes and cardiovascular disease,<sup>2</sup> enhanced dental services may lead to reduced Medicaid expenses for clients with chronic diseases.

**WHEREAS**, understanding that maternal periodontal disease is linked with pre-term, low birth-weight (PTLBW) births, good oral health in pregnant women may result in a reduction in health care expenses for children with poor birth outcomes. One recent study indicated women with periodontal disease are 7.5 times more likely to have a PTLBW baby.<sup>3</sup>

**WHEREAS**, setting an annual maximum limit on non-emergent Medicaid dental services, such as the existing \$1,150 annual limit per adult Medicaid recipient, controls Medicaid expenditures - it also encourages the dentist and client to discuss priorities and treatment options. The

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<sup>1</sup> "Dental Treatment Highly Effective in Helping Welfare Recipients Gain Employment", University of California – San Francisco School of Dentistry, press release, March 10, 2004.

<sup>2</sup> Okero, CA et al., "Tooth Loss and Heart Disease: Findings from the Behavioral Risk Factor Surveillance System" *American Journal of Preventive Medicine*, 2005; 29:5 (supplement 1)

<sup>3</sup> Lief S, Hared H, McKaig R et al., "Periodontitis and Preterm Low Birth Weight in Pregnant Women" *Journal of Dental Research*, 2000;79(supplemental):608

current amount of the annual limit allows for adult Medicaid recipients to receive a complete set of dentures over a two-year period.

**WHEREAS**, recognizing that studies show increased risks of early childhood caries in infants with mothers/caregivers who have active dental decay due to transmission of bacteria,<sup>4</sup> Alaskan children will experience better dental health and less dental infection and less dental infection if parents/caregivers can have their treatment needs met prior to the infant's teeth erupting..

**WHEREAS**, acknowledging that much of the focus on dental decay is on children, adults remain at high risk for two common health problems: dental decay and periodontal disease.

**THEREFORE BE IT RESOLVED**, that the Alaska Public Health Association supports and will advocate for continued coverage of non-emergent dental services (e.g., preventive and routine restorative dental services), specifically the legislative reauthorization of the services in the 2009 legislative session, for adult Medicaid recipients. .

**BE IT FURTHER RESOLVED** that the Alaska Public Health Association as an organization as well as individual Board Members and other Members will engage in low and no-cost advocacy efforts to promote coverage expansion such as, but not limited to, the following:

- Circulation of advocacy action requests to membership
- Circulation of advocacy action requests to partners and other individuals
- Posting of ALPHA resolutions on the Alaska Public Health Association's website and/or making this resolution available
- Participation in email advocacy campaigns
- Contact with policy makers via phone, letter, email and/or in-person meetings
- Public testimony in legislative hearings, town hall meetings, and other public forums
- Contribution of op-ed articles and/or letters to the editor
- Contributions to radio programs via calling-in or scheduled interviews
- Distribution of this resolution statement to policy makers and key officials such as the Governor's office and, at a minimum, members of Senate and House HESS and Finance Committees.

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### **Fiscal & Public Health Impact Statement**

**Fiscal Impact on ALPHA:** This action will result in minor costs associated with sending this resolution and accompanying cover letter to the Governor and key political leaders.

**Public Health Impact:** The enhanced dental services for adult Medicaid recipients makes available preventive and restorative dental services, in addition to the existing dental emergency services, for the 41, 000 adults enrolled in the Medicaid program.

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<sup>4</sup> Li Y et al., "Characterization of Maternal Mutans Streptococci Transmission in an African American Population." *Dental Clinics of North America* 2003; 47(1):87-101.



# ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

## ALPHA RESOLUTION 6-2008

### State Funding for the School Breakfast Program

Sponsor: Food Bank of Alaska  
Susannah Morgan, Betsy Nobmann

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**WHEREAS** the Alaska Public Health Association is dedicated to promoting the advancement of public health to improve health and quality of life for all Alaskans; and

**WHEREAS** ALPHA recognizes the necessity of improving nutrition as a primary component of health; and

**WHEREAS** 15% of Alaska's children are food insecure, meaning they don't have access at all times for enough food for a healthy active life<sup>1</sup>; and

**WHEREAS** insufficient nutrition puts children at risk for illness and weakens their immune system. In comparison to food secure children, children from food insecure families are 90% more likely to be in fair or poor health and have 30% higher rates of hospitalization;<sup>2</sup> and

**WHEREAS** the lack of adequate nutrition affects the cognitive and behavioral development of children. Food insecurity is associated with grade repetition, absenteeism, tardiness, anxiety, aggression, poor mathematics scores, psychosocial dysfunction and difficulty with social interaction among 6 to 12 year old children;<sup>3</sup> and

**WHEREAS** food insecurity puts children in jeopardy of developmental risk, characterized by challenges with speaking, behavior, and movement, which increases the likelihood of later problems with attention, learning, and social interaction.. Young children living in low income

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<sup>1</sup> 2006 Behavioral Risk Factor Surveillance System, conducted by the Alaska Division of Public Health in cooperation with the National Centers for Disease Control and Prevention. For a summary of the data and statistics on childhood hunger and food insecurity in Alaska, see Szadziewski, Henryk (2006), "Results from the 2006 Alaska BRFSS Survey Concerning the Hunger Issue," available at [http://www.alaskafood.org/materials/2006BRFSS\\_Survey.pdf](http://www.alaskafood.org/materials/2006BRFSS_Survey.pdf).

<sup>2</sup> Cook, JT., Frank, DA., Berkowitz, C., et al. Food Insecurity is Associated With Adverse Health Outcomes Among Human Infants and Toddlers. *Journal of Nutrition*. 2004; 134: 1432-1438.

<sup>3</sup> Alaimo, K., Olson, C.M. and Frongillo, E.A. Food Insufficiency and American School-Aged Children's Cognitive, Academic and Psychosocial Development. *Pediatrics* 2001: 108; 44-53.

and food insecure households are more likely to be developmentally at risk than children from food secure households;<sup>4</sup> and

**WHEREAS** federal programs exist to assist in providing nutrition to children through the schools, most notably the National School Lunch Program and the School Breakfast Program; and

**WHEREAS** federal programs exist to assist in providing nutrition to children through the schools, most notably the National School Lunch Program and the School Breakfast Program; and

**WHEREAS** the School Breakfast Program decreases food insecurity in children by providing five healthy meals a week. Moreover, the School Breakfast Program has been found to be a valuable tool in fighting childhood obesity<sup>5</sup> as children who have breakfast at school eat more fruits, drink more milk, and consume less saturated fat than those who skip breakfast or eat breakfast at home; and

**WHEREAS** only 34 percent of low-income students in Alaska received a school breakfast during the 2006-07 school year. Alaska ranks 48<sup>th</sup> among the 50 states and the District of Columbia for participation in the School Breakfast Program<sup>6</sup>; and

**WHEREAS** 125 out of 406 schools in Alaska did not offer the federal School Breakfast Program in the 2006-2007 school year<sup>7</sup>; and

**WHEREAS** 8,589 children at those schools without School Breakfast belong to low income households and would have qualified for free or reduced-price breakfast through the School Breakfast Program<sup>8</sup>. In total, 35,375 students attend schools without breakfast programs; and

**WHEREAS** Alaskan schools primarily do not offer breakfast programs because it is not economically feasible. The federal reimbursement for breakfast does not cover the high costs of food and transportation in Alaska<sup>9</sup>;

**THEREFORE BE IT RESOLVED** that the Alaska Public Health Association supports an adequate financial appropriation from the state to strengthen and expand the School Breakfast Program in Alaska, so that breakfast may be available to all children at all schools throughout the state, including low income children and children with food insecurity, and that the public health of all Alaskans will be positively impacted.

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<sup>4</sup> Rose-Jacobs, R., Black, M., Casey, P., Chilton, M., Cook, J., et al. Household Food Insecurity and Risk for Children's Developmental Problems. Pediatric Academic Society Meetings, San Francisco. May 2006.

<sup>5</sup> "School Nutrition Programs and the Incidence of Childhood Obesity, Tchernis et al,

<http://www.iub.edu/~caepr/RePEc/PDF/2007/CAEPR2007-014.pdf>

<sup>6</sup> See Food Research and Action Center (2007), "School Breakfast Scorecard 2007," available at [http://www.frac.org/pdf/SBP\\_2007.pdf](http://www.frac.org/pdf/SBP_2007.pdf); and Food Research and Action Center (2005), *An Advocate's Guide to the School Nutrition Programs* (not available online).

<sup>7</sup> Data from State of Alaska, Child Nutrition Services, Department of Education.

<sup>8</sup> Ibid.

<sup>9</sup> See pgs 6 to 8, "Breakfast for Learning in Alaska: A Report on the School Breakfast Program", available at [http://www.foodbankofalaska.org/uploads/page/15/afc\\_breakfast\\_for\\_learning.pdf](http://www.foodbankofalaska.org/uploads/page/15/afc_breakfast_for_learning.pdf).

**BE IT FURTHER RESOLVED** that the Alaska Public Health Association will promote and advocate for state funding support for the School Breakfast Program and engage in low and no-cost advocacy efforts for this purpose such as:

- Circulation of advocacy action requests to membership
- Circulation of advocacy action requests to partners and other individuals
- Posting of ALPHA resolutions on the Alaska Public Health Association’s website and/or making this resolution available
- Participation in email advocacy campaigns
- Contact with policy makers via phone, letter, email and/or in-person meetings
- Public testimony in legislative hearings, town hall meetings, and other public forums
- Contribution of op-ed articles and/or letters to the editor
- Contributions to radio programs via calling-in or scheduled interviews
- Distribution of this resolution statement to policy makers and key officials

**BE IT FURTHER RESOLVED** that this resolution shall be the position of the Alaska Public Health Association until it is withdrawn or modified by a subsequent resolution.

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#### **Fiscal & Public Health Impact Statement**

**Fiscal Impact on ALPHA:** This action will result in minor costs associated with sending this resolution and accompanying cover letter to the Governor and key political leaders.

**Public Health Impact:** Expansion of the School Breakfast Program will increase food insecurity in Alaska.



# ALASKA PUBLIC HEALTH ASSOCIATION

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## ALPHA RESOLUTION 7-2008

### Support for Passive Parental Consent for the Youth Risk Behavior Survey

**Sponsor: Jayne Andreen**

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Whereas the Youth Risk Behavior Survey (YRBS) is part of an epidemiological surveillance system that was established in 1988 by the Centers for Disease Control and Prevention (CDC) to help monitor the prevalence of behaviors that put young people at risk for the most significant health and social problems that can occur during adolescence and adulthood.

Whereas the survey examines six categories of adolescent behavior including: 1) behaviors that result in unintentional and intentional injuries; 2) tobacco use; 3) alcohol and other drug use; 4) sexual behaviors that can result in HIV infection, other sexually transmitted diseases (STD's) and unintended pregnancies; 5) dietary behaviors; and 6) physical activity.<sup>1</sup>

Whereas Alaska's YRBS is a joint project between the Dept. of Education & Early Development and the Dept. of Health and Social Services and was established in Alaska in 1995.<sup>2</sup>

Whereas survey results are used at the national, state, and local level such as measuring progress towards the national Healthy People 2010 and the Healthy Alaskans 2010 health objectives.

Whereas, understanding the health risk behaviors of youth is critical for developing programs that address risk behaviors practiced and for measuring progress toward program goals.

Whereas Alaska's YRBS has been unable to collect reliable data consistently with the challenge of administering the survey under the active parental consent law AS 14.03.110, which requires written permission from all participating students' parents or legal guardians.<sup>2</sup>

Whereas employing active parental consent drastically increases costs and labor involved in conducting student surveys, and results in high failure rates for getting enough student responses to get usable data for larger surveys, and the potential for leading to inaccurate/misrepresentative data.<sup>3</sup>

Whereas Alaska is one of only three states in the nation that has a school survey law requiring active parental consent for surveys of this type.<sup>3</sup>

Whereas most states employ passive parental consent when administering such surveys which involves notifying and informing the parents about the survey and assuming that students will participate unless the parent provides a written refusal to opt out of the survey.<sup>3</sup>

Whereas it is believed that the majority of parents consent to their students participating in such surveys and that most parental failures to provide active parental consent (written permission to participate) are driven by apathy, oversight, or student error, not by refusal.<sup>4</sup>

Whereas the survey is anonymous and voluntary.

Therefore be it resolved that the Alaska Public Health Association supports the content and the implementation of the Youth Risk Behavior Survey in Alaska with parental notification and passive parental consent

And be it further resolved that the Alaska Public Health Association supports changing the requirement for participation in the survey from active parental consent to passive parental consent.

#### References:

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<sup>1</sup> Centers for Disease Control and Prevention. Retrieved November 2, 2008 from <http://www.cdc.gov/HealthyYouth/yrbs/brief.htm>

<sup>2</sup> State of Alaska, Department of Health and Social Services. Retrieved November 2, 2008 from <http://www.hss.state.ak.us/dph/chronic/school/YRBS.htm>

<sup>3</sup> Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. (2006) *Parental Permission and the Youth Risk Behavior Survey*. 2006

<sup>4</sup> Ellickson P, Hawes JA. An assessment of active versus passive methods for obtaining parental consent. *Evaluation Review* 1989;13(1):45-55.



# ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

## ALPHA RESOLUTION 8-2008

### Support for Addressing a Public Health Crisis – Sexually Transmitted Diseases in Alaska

**Sponsor: Planned Parenthood of Alaska  
Clover Simon**

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#### PROBLEM

In 2007, Chlamydia was the most frequently reported communicable disease in Alaska, with a total of 4911 cases. Alaska's overall Chlamydia rate is two times greater than the overall national rate. In addition, Alaska has ranked highest in the nation for Chlamydia rates in 2006 and 2007 and has ranked in the top ten since Chlamydia became a reportable disease in 1996.<sup>1</sup> Chlamydia infection rates continue to increase.<sup>2</sup>

The population most impacted by Chlamydia is females age 15-24 years. The burden of Chlamydia is in the insidious nature of asymptomatic disease causing silent and complicated infections in the reproductive organs. Chlamydia is the number one cause of pelvic inflammatory disease which leads to infertility.

This is not a concern for Alaska alone. The Centers for Disease Control and Prevention report that nationally, one in four young women (or 3.2 million teenage girls) and one in two young African-American women have a sexually transmitted disease (STD).<sup>3</sup> John M. Douglas, Jr., M.D., director of CDC's Division of STD Prevention stresses that, "STD screening and early treatment can prevent some of the most devastating effects of untreated STDs."

Climbing, uncontrolled infection rates are a threat to the health and fertility of Alaska's youth – we need to prevent infections now.

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<sup>1</sup> Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/std/stats/tables/table2.htm>

<sup>2</sup> State of Alaska Epidemiology Bulletin – March 21, 2008. Figure 1. Chlamydial Infection Rates – Alaska, 1996-2007.

<sup>3</sup> CDC. <http://www.cdc.gov/STDConference/2008/media/release-11march2008.htm>

## **PLAN OF ACTION**

This is a public health call to action that requires immediate attention and resources from the State of Alaska to reduce the burden of disease on Alaska's youth.

ALPHA shall consider joining the Healthy Families Coalition, a newly forming, grassroots, community based group that will work to address the following legislative goals, and

ALPHA, among other public health and community-based groups, shall encourage the State of Alaska, through legislation, to:

- Increase state funds allocated for identification, testing, and treatment of sexually transmitted diseases.
- Provide funding for identification of sexual partners and funding to support testing and treatment for high risk youth at little to no cost.
- Provide statewide guidance on comprehensive, medically accurate, and age appropriate sexual health education in Alaska's public schools.
- Establish a media campaign to raise awareness about this new state strategy, STD rates, medically proven best practices for avoiding STDs in Alaska, and how to access affordable testing and treatment in your community.

**BE IT FURTHER RESOLVED** that the Alaska Public Health Association will promote and advocate for this four-tiered legislative proposal above and engage in low and no-cost advocacy efforts to meet the same goals such as:

- Circulation of advocacy action requests to membership
- Circulation of advocacy action requests to partners and other individuals
- Posting of ALPHA resolutions on the Alaska Public Health Association's website and/or making this resolution available
- Participation in email advocacy campaigns
- Contact with policy makers via phone, letter, email and/or in-person meetings
- Public testimony in legislative hearings, town hall meetings, and other public forums
- Contribution of op-ed articles and/or letters to the editor
- Contributions to radio programs via calling-in or scheduled interviews
- Distribution of this resolution statement to policy makers and key officials
- Encourage other Alaska based health organizations and concerned community groups to join the Healthy Families Coalition and support this common sense, community based solution to a growing health concern



# ALASKA PUBLIC HEALTH ASSOCIATION

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## ALPHA RESOLUTION 9-2008

### Urging State Financial Support for an Obesity Prevention and Control Program

**Sponsor: Brian Saylor, PhD, MPH**

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Learning that world health experts are predicting that this generation of children will be the first to live shorter lives than their parents due to obesity<sup>i</sup>, and

Knowing that obesity is a health threat to all generations of Alaskans; it increases the risks of chronic diseases and conditions such as heart disease, diabetes, stroke, hypertension, some cancers and premature death.<sup>ii</sup>, and

Concerned that, more than one-fourth of Alaska high school students are overweight or obese<sup>iii</sup>, while one-third of children entering kindergarten in Alaska's largest school district were already overweight or obese<sup>iv</sup>. and , two-thirds of Alaskan adults are considered overweight or obese<sup>v</sup> and

Believing that reducing and preventing childhood and adult obesity will lead not only to more productive lives, it will annually save Alaskans \$195 million and save Medicare/Medicaid \$46 million in obesity-related direct medical expenditures<sup>vi</sup> and

Finding that, in 2005 obesity prevention stakeholders from state, municipal, educational, tribal and community health organizations collectively developed Alaskan specific strategies to prevent and reduce obesity that are published in the statewide Obesity Prevention and Control plan, *Alaska in Action: the Statewide Physical Activity and Nutrition Plan and*

Realizing that leadership and sufficient capacity at the state level is necessary to facilitate collaboration between obesity prevention partners to implement the strategies identified in the state plan, and

Seeing that the Centers for Disease Control and Prevention recommends a state Obesity Prevention Program employ a minimum staff of three (program manager, nutrition specialist, and physical activity specialist) to achieve sufficient capacity, and

Believing that such leadership is not just necessary; it is expected: sixty-two percent of Alaskan adults feel that the government has some responsibility to address the obesity epidemic<sup>vii</sup> because reducing the burden of obesity will take time; Alaska needs to start this process now if we want to slow and eventually reverse our childhood and adult obesity trends,

## The Alaska Public Health Association

1. Advocates for a financially supported state obesity prevention and control program that combines educational, clinical, environmental, and social strategies similar to successful tobacco prevention and control efforts, and
2. Asks individual Board Members and other Members to engage in low and no-cost advocacy efforts to promote state financial support for an obesity prevention and control program such as, but not limited to, the following:
  - Circulation of advocacy action requests to membership
  - Circulation of advocacy action requests to partners and other individuals
  - Posting of ALPHA resolutions on the Alaska Public Health Association’s website and/or making this resolution available
  - Participation in email advocacy campaigns
  - Contact with policy makers via phone, letter, email and/or in-person meetings
  - Public testimony in legislative hearings, town hall meetings, and other public forums
  - Contribution of op-ed articles and/or letters to the editor
  - Contributions to radio programs via calling-in or scheduled interviews
  - Distribution of this resolution statement to policy makers and key officials such as the Governor’s office and, at a minimum, members of Senate and House HESS and Finance Committees.

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### Fiscal & Public Health Impact Statement

**Fiscal Impact on ALPHA:** This action will result in minor costs associated with sending this resolution and accompanying cover letter to the Governor and key political leaders.

**Public Health Impact:** Successful obesity prevention efforts will increase the quality of life for Alaskan citizens, decrease the burden of obesity related diseases, and decrease both public and privately paid medical costs.

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<sup>i</sup>Olshansky SJ, Passaro DJ, Hershow RC, et al. A Potential Decline in Life Expectancy in the United States in the 21st Century. *NEJM* 2005;352:1138-1145.

<sup>ii</sup>Olshansky SJ, Passaro DJ, Hershow RC, et al. A Potential Decline in Life Expectancy in the United States in the 21st Century. *NEJM* 2005;352:1138-1145.

<sup>iii</sup> Alaska YRBS (2007)

<sup>iv</sup>Peterson E, Utermohle C, Green T, Middaugh JP. Prevalence of Overweight Among Anchorage Children: A Study of Anchorage School District Data: 1998-2003. *Section of Epidemiology, Alaska Division of Public Health*

<sup>v</sup>Alaska BRFSS (2007)

<sup>vi</sup>Finkelstein, EA, Fiebelkorn IC, Wang G. State-Level Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity Research*. 2004; 12(1):18-24.

<sup>vii</sup>Alaska BRFSS (2005)



# ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

## ALPHA RESOLUTION 10-2008

### Health Care Professions Loan Repayment & Incentive Program for Alaska

Sponsors: Shelley Hughes, Sheila Wright

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**WHEREAS** the Alaska Public Health Association strives toward the goal of a healthy population, it recognizes that a robust health care workforce is necessary to provide adequate health care access for all Alaskans and is a key ingredient in improving the public health of all Alaskans; and

**WHEREAS** Alaska is competing with other states and nations for the finite pool of available health care professionals; and

**WHEREAS** Alaska is suffering from labor shortages in most professional health care occupations<sup>1</sup>, and these shortages are hitting primary care "safety net" agencies particularly hard; and

**WHEREAS** most of the State of Alaska has been designated either a Health Professional Shortage Area or a Medically Underserved Area<sup>2</sup>; and

**WHEREAS** a common state-level response to these pressures is the use of financial inducements, collectively known as support-for-service programs (SFSPs), and good outcomes have been achieved with these<sup>3</sup>; and

**WHEREAS** national studies have determined loan repayment and incentive programs to be two of the most effective of the several SFSP strategies in terms of both recruitment and retention<sup>3</sup>; and

**WHEREAS** a key problem is that Alaska does not have a robust SFSP while most other states do, many have several, and further, some of those are growing<sup>3</sup>; and

**WHEREAS** most all other states have state-sponsored SFSPs that influence health professionals' geographic and specialty distributions<sup>3</sup>; and

**WHEREAS** it is well-established that many health care professionals carry a heavy debt-burden as they come out of training and are attracted to serving in those locations where a share of that burden can be taken away; and

**WHEREAS** for areas in the state where providers are required to work in professional isolation due to remote settings, direct incentives are needed to attract more experienced health care providers who do not carry debt and are considered desirable placements; and

**WHEREAS** considerable precedent exists for state-level offices to sponsor and manage financial support and inducement programs to thus encourage the within-state service of health care personnel; and

**WHEREAS** in 2006, the Alaska Physician Supply Task Force recommends a number of specific strategies and action steps to assuring an adequate supply of physicians to meet Alaska's need, including creation of a SFSP, and the 2007 Alaska Workforce Vacancy Study and the 2005-2006 Status of Recruitment Resources and Strategies (SORRAS II) point to the need for a state loan repayment and incentive program in order for Alaska to compete with the lower 48 to recruit from a limited pool of numerous types of health care providers nationwide; and

**THEREFORE BE IT RESOLVED** that the Alaska Public Association supports the creation of a state-sponsored "Health Care Professions Loan Repayment and Incentive Program" and will advocate for the necessary authorizing and fiduciary legislation.

**BE IT FURTHER RESOLVED** that the Alaska Public Health Association will promote and advocate for the establishment of the Health Care Professions Loan Repayment & Incentive Program and engage in low and no-cost advocacy efforts for this purpose such as:

- Circulation of advocacy action requests to membership,
- Circulation of advocacy action requests to partners and other individuals,
- Posting of ALPHA resolutions on the Alaska Public Health Association's website,
- Participation in email advocacy campaigns,
- Contact with policy makers via phone, letter, email and/or in-person meetings,
- Public testimony in legislative hearings, town hall meetings, and other public forums,
- Contribution of op-ed articles and/or letters to the editor,
- Contributions to radio programs via calling-in or scheduled interviews, and
- Distribution of this resolution statement to policy makers and key officials.

## **FISCAL AND PUBLIC HEALTH IMPACT STATEMENT**

### **For Resolution: Health Care Professions Loan Repayment & Incentive Program for Alaska**

#### **Fiscal Impact**

The fiscal impact on ALPHA by the proposed resolution will be minimal. This action will result in minor costs associated with sending this resolution and accompanying cover letter to policy makers. If implemented as proposed, the fiscal impact of the program to the state's budget is

estimated to be \$7 million and will provide for approximately 80 practitioner participants (10 in each practitioner category).

### **Public Health Impact**

This public health impact by implementation of the proposed resolution will be significant. This action will benefit public health by helping to increase the number of health care professionals who chose to work in Alaska which will increase the number of Alaskans

1. Who will have ready access to health care services
2. Who will receive health care services

This action will also benefit public health by improving overall health outcomes for Alaska's residents.

### **References:**

<sup>1</sup>Alaska Health Workforce Vacancy Study Research Summary. University of Alaska. August 2007. [http://nursing.uaa.alaska.edu/acrh/index\\_downloads/workforce-summary\\_final.pdf](http://nursing.uaa.alaska.edu/acrh/index_downloads/workforce-summary_final.pdf).

<sup>2</sup>US Department of Human Services, Health Resources and Service Administration. Health Professional Shortage Area. <http://hpsafind.hrsa.gov/>.

<sup>3</sup>Health Care Professions Loan Repayment Program Concept Proposal. Pat Carr, Chief Health Planning & Systems Development, Alaska DHSS. September 11, 2007. <http://www.hss.state.ak.us/primarycare/assets/loan-proposal.pdf>.