I'm looking out the window to a gray day. The birch trees have all lost their leaves, the spruce trees are dying from the beetle, and my garden is done for the season. Autumn has arrived once again – a short-lived season of swift transformation. It seems appropriate for this issue to be focused on teen health – a "season" of life that brings about radical change.

I'm thinking back to when my daughter and son were teenagers. Sometimes I miss those days – almost. I tried so hard to make sure they made good decisions about food, clothes, friends, and sex. I used the breakfast table and the dinner table to start the conversation. I would ask questions about school that usually felt flat, receiving the one- or two-word answer most parents are immensely familiar with: "Fine." Next, I would ask about the friends I knew about… which took about two minutes to cover. I would then tell them about my day, trying to get them interested in connecting for at least another two minutes.

Following our riveting and thorough five-minute conversation, it would be time to rush off to hockey practice in the winter or baseball and softball in the spring and summer. The car rides were the best! I had a captive audience, and cell phones had yet to invade. Now, when I ask my kids if they remember those days, I get an eye roll, a playful grin, and a "Yes, Mom!" and I love it.

For all the parents out there who have yet to experience the teen years: they remember what you talk to them about; So don’t be silent, make the effort to connect, and talk to them about everything (no matter how stilted the conversation)! Even if you don’t think they are listening, they are. Set firm and clear boundaries. Make sure your No is no, your Yes is well thought out, and don’t cave to the please-please-please, everybody-will-be-there, I’ll-be-the-only-one-not-there, all-my-friends-will-be-there cries of “I want my way.” I survived and so will you. I never withheld my love either, no matter how mad I was, or what they had done.

I’m a big advocate of vaccines also. They keep your children safe from outbreaks of very deadly diseases with little to no side effects. It’s so important to make sure you get the CDC recommended HPV vaccinations for both boys and girls at age 11 or 12 before they get exposed to the virus. This vaccine helps to protect girls against certain HPV-related cervical cancer, vulvar and vaginal cancers, anal cancers, and genital warts. For boys it helps prevent against certain HPV-related anal cancers and genital warts.

Finally, talk to your children about sex. It can be sooo uncomfortable for both of you but it is sooo important for both of you also. There is a lot of info out there in the form of books, google, Planned Parenthood and your doctor that can assist you in doing your parental duty. Please don’t leave it to others to educate your teen. Get to them before this happens. You want them to come to you with their questions, not to their potentially uniformed friends or — worse yet — their boyfriend or girlfriend.

I look forward to hearing from all of you about what you did with your teens and any pearls of wisdom that I can share in our next edition! Please email me at jane@alaknurse.org with your thoughts, ideas, opinions, and pearls.
This past summer in Alaska, we have witnessed record-breaking heat, wildfires and smoke, drought, and rising of heat stress in our rivers, and extensive seabird and marine mammal die-offs. Here are a few statistics:

- Wildfires have burned more than 2.5 million acres in 2019, resulting in evacuations, loss of homes, school and road closures, and health advisories due to unhealthy air.
- July 2019 stands as Alaska’s hottest month on record and the 12th consecutive month in which average temperatures were above normal every day.
- This past August had the lowest levels of arctic sea ice ever, according to the National Snow and Ice Data Center.
- This is the fifth consecutive year of large seabird die-offs. There have been 32 dead gray whales found in Alaska waters this year and at least 137 dead ice seals were found on Bering Strait area beaches.

The conditions that we are witnessing are part of a larger and disturbing trend. Alaska is warming faster than any other state in the U.S. and at least twice as fast as the rest of the planet as a whole. The science is conclusive that human activity is the dominant cause of rising global temperatures over the past 50 years and without immediate action irreversible damage is likely. The combustion of fossil fuels and the clearing of forests have resulted in elevated levels of greenhouse gases in the atmosphere, leading to a trapping of heat and rising of the world’s temperature. Human-induced warming is destabilizing systems on a global scale, resulting in rising sea levels, dramatic declines in sea ice thickness and extent, shrinking glaciers, melting permafrost, increasing ocean acidity, shifts in animal and plant distributions, and community displacement.

Katie Huffling, Executive Director of Alliance of Nurses for Healthy Environments notes: “Climate change is profoundly impacting the health of the public and the environments in which we live, from exposures to toxic air pollution that threatens cardiac and respiratory health to threats to our food and water supplies. Across the country, we are already seeing increases in the frequency and severity of droughts, threats of vector-borne disease outbreaks, and mental health impacts from community displacement and social disruption.”

There are less visible but insidious effects of climate change of particular concern to the health of Alaskans. The Arctic has become a hemispheric sink for persistent industrial chemicals that are transported on atmospheric and oceanic currents from distant sources and accumulate in the bodies of fish, wildlife, and people. Climate warming is exacerbating the mobilization and transport of chemical contaminants in our northern environments. Scientists observe that accelerated melting of polar snow, ice, and permafrost mobilizes sequestered contaminants and enhances air-to-sea exchange, rendering our food security and health. The preamble of the United Nations Stockholm Convention on Persistent Pollutants states, “Arctic ecosystems and indigenous communities are particularly at risk because of the biomagnification of persistent organic pollutants” and “contamination of their traditional foods is a public health issue.” The Arctic contains some of the most highly contaminated animals and people in the world.

Arctic sea ice is also a major global sink for microplastic particles. A recent study found that the Arctic Ocean contains more plastic waste than any other ocean. “Thousands of particles of microplastic were in nearly every sample from the Arctic; a single liter of snow contained 14,000 grains of the stuff.” We are all too familiar with the images of fish, marine mammals and seabirds choked, tangled and mangled by the vast quantities of plastics in our oceans, however the less visible effects also pose profound threats to the health of marine organisms and people. We release about 8 million metric tons of plastics into our oceans each year.

The plastics disintegrate into tiny particles called microplastics that can be ingested by fish and other marine animals. All plastics contain highly toxic additives that are endocrine disrupting, such as phthalates and bisphenols; and these plastics also absorb persistent and toxic chemicals at sea such as PCBs and PBDEs (flame retardant chemicals). Plastics leach toxic additives as well as concentrate chemicals that are already in the environment, making them a source of human exposure and harm to health. Endocrine disrupting chemicals affect reproduction, learning and behavior, and can cause cancers.

A recent report published by the Center for International Environmental Law highlights that “plastic is polluting oceans, freshwater lakes and rivers, food and us—but it is also a major contributor to global climate change. Each step in the life of a piece of plastic—production, transportation and managing waste—uses fossil fuels and emits greenhouse gases and, as petrochemical and plastic production continues to ramp up, these impacts must be considered.”

The report found that in 2019, the production and incineration of plastic will emit an estimated 850 million metric tons of greenhouse gases, the equivalent of 189 coal-fired power plants and by 2050, the annual greenhouse gas emissions from plastics will reach an estimated 2.8 gigatons per year—the equivalent of about 614 coal-fired power plants. The report also presents evidence that plastics may emit greenhouse gases throughout their lifecycle and could inhibit the capacity of the oceans to sequester carbon dioxide. Research presented in the report also suggests that the toxicity of microplastics can interfere with the ability of phytoplankton to harness carbon dioxide from the atmosphere, transform it into the food that is the basis for our food web, and produce oxygen.

Plastics are ultimately based on petrochemicals—90% of plastics come from fossil fuels. From 2010 to 2050, global plastics production is expected to increase by 500%. “Contrary to common belief, a small fraction of plastic waste is economically or technically viable to recycle. Between 1950 and 2015, approximately 4,900 million tons or 60 percent of all plastic ever produced had been discarded and was accumulating in landfills or in the natural environment. Of that waste, 60 percent entered the environment (either via landfill or marine and terrestrial litter) 12 percent was incinerated, and only 9 percent was recovered for recycling.”

Although the interconnected problems of climate, chemicals, and plastics are complex, there are solutions and steps that each of us can take individually and collectively. As Katie Huffling of Alliance of Nurses for Healthy Environment states: “The health impacts of climate change demand bold and immediate action. As trusted health professionals, nurses are urgently needed to act and advocate for solutions. In fact, nurses have a moral and professional responsibility to ensure that health concerns, such as climate change, are addressed to prevent harm.”

What We Can Do:

- Increase the awareness of peers and policymakers (including Senators Murkowski and Sullivan, Congressmen Don Young, and state legislators) about how climate change harms health. Nurses have a significant leadership role in bringing health-focused discussion to national climate change policy, regulations and initiatives.
- Advocate for health-protective climate, chemicals, and energy policies.
- Support climate-friendly practices in healthcare and academic institutions.
- Stop the use of single use plastics and eliminate unnecessary uses of plastics in our homes and in healthcare.
- Move our healthcare facilities and communities to zero waste.
- Demand ambitious greenhouse gas reduction that takes plastics into account.
- Force plastics producers to accept responsibility for environmental and health impacts.
- Prevent the development of new and harmful oil, gas and petrochemical infrastructure.
TAKE ACTION
YOUR VOICE AS A TRUSTED HEALTHCARE PROFESSIONAL MAKES A DIFFERENCE!

Please call or write Senators Lisa Murkowski and Dan Sullivan and Representative Don Young today. Healthcare professionals know from personal experience that these issues are urgent. Please insist that your elected officials speak boldly about the public health consequences of climate change, including the immediate harm to the health of Alaskans from toxic and microplastics contamination exacerbated by climate change.

Research indicates that a wide range of persistent chemicals are being remobilized into the Arctic atmosphere over the past two decades as a result of climate change, confirming that Arctic warming could undermine global efforts to reduce environmental and human exposure to these toxic chemicals. You have a pivotal role in environmental and health justice. Alaska and the Arctic are warming twice as fast as the rest of the world. We are the canaries in the coal mine. We need action now and your voice matters. Let our elected officials know that Alaska nurses should have a seat at the table to find solutions to address climate change and protect public health.

Senator Lisa Murkowski
Email address: email@murkowski.senate.gov
Washington DC Phone: (202)-224-6665
Alaska office phone numbers available at www.murkowski.senate.gov

Senator Dan Sullivan
Email address: senator_sullivan@sullivan.senate.gov
Washington D.C. Phone: (202) 224-3004
Alaska office phone numbers available at www.sullivan.senate.gov

Rep. Don Young
Send a letter: donyoung.house.gov/forms/writeyourrep/
Washington D.C. Phone: (202) 225-5765
Alaska office phone numbers available at www.donyoung.house.gov

Resources:
- Alliance of Nurses for Healthy Environments: https://envirn.org/climate-change/
- Center for International Environmental Law reports:
- Alaska Community Action on Toxics: www.akaction.org

References available in online edition

License Renewal 2020
WHAT’S THE SAME: 30 CONTINUING EDUCATION HOURS
WHAT’S DIFFERENT: 60 VOLUNTEER HOURS

By Beth Farnstrom, RN, AANA Professional Practice Chair
At-Large Director, AANA Board of Directors

The Board of Nursing and the Alaska Nurses Association have been receiving many calls from RNs and LPNs inquiring as to the number of continuing education hours and the number of volunteering hours needed to renew in 2020. The 30 contact hours for continuing education remains the same as in the past.

What has changed is the increase from 30 to 60 hours for the professional activities volunteering requirement. Regulation 12 AAC 44.620 has the details as to how to document the professional activity to fulfill this option. Please be aware of the regulation 44.620(c) pertaining to taking care of immediate family members; it does not count toward the professional activity requirement. When in doubt, it is always best to contact the Alaska Board of Nursing to obtain written approval for your volunteer activity prior to engaging in the activity.

Please remember that there are three methods available to meet the renewal requirements for continuing competency, and you must complete at least two of the three methods: (1) 30 contact hours of continuing education, (2) 60 hours of participation in uncompensated professional activities, and (3) 320 hours of nursing employment.

The Alaska Nurses Association would like to assist our members who are looking for volunteer opportunities. Anyone who has a need for nurses to volunteer for an upcoming health fair, school health activity, or any other volunteer opportunity that meets the regulation requirement, please share your volunteer opportunities with me. If you’re an AANA member looking for a volunteer opportunity, I’d love to assist you as well. Get in touch with me at beth@aknurse.org.

The Alaska Board of Nursing would like to invite all nurses to join the free email list to receive notifications of upcoming Board of Nursing meetings as well as position statements and notices of regulation changes. Here’s where you can sign up: http://list.state.ak.us/mailman/listinfo/commerce-nur
The teacher at the Ant Hill School wants her students to make active shooter drills more age-appropriate for churches, businesses, and hospitals. In an attempt to provide widely-used active shooter trainings to schools, spread throughout all parts of the country, and the effects We now know that this is not the case,” Paul Gionfriddo, Virginia Tech. Umpqua Community College.

American schools today can be anxious places for students who are well aware of past school tragedies. Thorough from a statistical standpoint school shootings remain rare, accounting for a small proportion of the gun violence epidemic, the mass tragedies have become more and more frequent during recent years and create waves of fear experienced by students across the country.

“When the Columbine shootings occurred twenty years ago, we understood it to be an uncommon tragedy. We now know that this is not the case,” Paul Gionfriddo, President and CEO of Mental Health America relates. “As these shootings have multiplied, tragedy and trauma have spread throughout all parts of the country, and the effects are lasting.”

What to do if a ‘Dangerous Someone’ is in your School

“You can teach children about school security without scaring them,” claims the ALICE Training Institute, which provides widely-used active shooter trainings to schools, churches, businesses, and hospitals. In an attempt to make active shooter drills more age-appropriate for elementary school students, the company created an illustrated children’s book: “I’m Not Scared... I’m Prepared!”

“The teacher at the Ant Hill School wants her students to be prepared – for everything! One day, she teaches her students what to do if a ‘dangerous someone’ is in their school,” the book description reads on ALICE’s website.

Starting in kindergarten, students across the country, including in Alaska, must pretend that their school has become the latest mass casualty site while they practice surviving an imaginary gunman. For many years, schools mainly practiced what they called lockdown drills, during which classroom doors are locked, lights are turned off, and children are still and silent. This type of procedure has been criticized by some, who fear that lockdowns merely turn students into sitting ducks and don’t do enough to protect educators and children when the unthinkable happens. Now, many school administrators are preparing more aggressively for active shooter scenarios.

Run, Hide, Fight

There are three basic options: run, hide, or fight.

This comes from the latest edition of the federal government’s Guide for Developing High-Quality School Emergency Operations Plans, which expands guidance for active shooter response to include multiple options that go beyond lockdowns. “You can run away from the shooter, seek a secure place where you can hide and/or deny the shooter access, or incapacitate the shooter to survive and protect others from harm.”

Active resistance is fighting back with any objects of opportunity, such as chairs, desk, and books.” - Guide for Preventing and Responding to School Violence

“Staff and students should utilize methods to distract the shooter’s ability to accurately shoot or cause harm, such as loud noises or aiming and throwing objects at the shooter’s face or person.”

- Ohio School Safety Task Force Report

Run. Hide. Fight. Many of us are familiar with the “hide” objective – that’s in-line with a traditional lockdown strategy. “To run” means to evacuate to a safe place, which is more familiar tactic as well, as students frequently participate in fire drills and practice other emergency response protocols. What is most novel and controversial in today’s active shooter response trainings is the directive to “fight.”

Proponents of these more active, “multi-option” drills believe that they increase the odds that students and staff will survive an attack at school. Some call the trainings empowering, while others say they feel a little less vulnerable. “We’re so desperate to feel like we can do something... in the face of something so terrifying and so tragic, and given that gun-reform legislation feels so out of reach, these trainings are maybe stepping into that role a little bit,” Missouri teacher Linda Gilbert told Education Week. Still, the trainings have their share of critics. Some have called them security theater, pointing out that teachers and students armed with books and binders are no match for someone with a automatic weapon and nothing to lose. Others, like school safety expert Ken Trump, say the methods are reckless, unproven, and have the potential to make a horrific situation even more dangerous. Reports of physical and psychological injury resulting from these training exercises are not uncommon, with insurance payouts and lawsuits happening across the country.

A Traumatized Generation

School shootings have a significant negative impact on the mental health of surviving students. Survivors of school shootings frequently develop post-traumatic stress disorder in the aftermath, and research indicates that experiencing a mass shooting is associated with several more mental health difficulties. As the number of school shootings grows, so does the number of survivors – along with all of them younger Americans, who have sometimes been referred to as “the post-Columbine generation,” “the mass shooting generation,” or “generation lockdown.” A 2018 study by The Washington Post found that more than 187,000 students have experienced a school shooting during the past twenty years. But the trauma of school shootings extends far beyond just those who directly experience these massacres. “The threat of mass shootings throughout schools is also damaging to mental health; safety and security are always paramount to a child’s healthy psychological development, and this constant anxiety and sense of danger will disrupt that sense of security, and put all children at risk of developing anxiety and mood disorders,” explains Jean Kim, MD, a clinical assistant professor of psychiatry at George Washington University and medical officer at the FDA.

Mental health professionals across the country echo Dr. Kim’s concerns. According to the National Association of School Psychologists, high profile school shootings can indirectly affect children and teens, who may feel in danger and worry that their loved-ones are at risk. This fear commonly manifests with changed behaviors and emotional symptoms such as resistance to attending school, difficulty sleeping, changed eating habits, nightmares, intrusive thoughts, and a decline in academic performance. For younger children, behaviors like bed-wetting and a fear of sleeping alone can intensify or reappear, according to Mental Health America. Teens may put on a brave face outwardly, but often become argumentative and withdrawn. Hyper-vigilance, uneasiness, feelings of helplessness, depression, and grief can also manifest.

Students Call for Change

The bottom line: Many students no longer feel safe at school. “My greatest worry at school isn’t getting picked on or failing a math test. It’s whether I’ll make it out alive if an attacker comes into my school with an AR-15,” East Anchorage High School student Ariana O’Harra wrote in the Anchorage Daily News last year where she described the quarterly active shooter drills at her school, during which police officers fire blank rounds in school hallways so that students get used to the sound of gunfire.

Like many Americans, O’Harra also lamented officials’ lack of action in response to escalating gun violence, saying that while she supports people having the right to own weapons to hunt or protect their families, she doesn’t support the ease with which firearms are obtained. “That’s the reality American children are faced with: a world where we, the students, must mitigate the tragedies, when they should have been stopped long before they ever reached our doors.”

References available in online edition.
UNIONS HIT NEW HIGH IN APPROVAL RATINGS

A new Gallup Poll shows approval of labor unions has reached a 16-year high, with 64 percent of Americans indicating that they approve of unions. That’s a strong majority, up 16 percentage points since the beginning of the recession. And the approval rating is higher than it’s been in nearly 50 years. The upward trend is a testament to the AFT’s efforts in building membership and the crucial work our members do in schools, hospitals, other public workplaces and communities throughout the country.

Here’s something to celebrate: https://news.gallup.com/poll/265916/labor-day-turns-125-union-approval-out-the-country.

NURSES’ CONTRACT PUSHES HOSPITAL TO RAISE THE BAR

Long before the registered nurses at Ohio State University’s Wexner Medical Center in Columbus began negotiating for a new contract, members laid the groundwork for their plan to achieve a landmark agreement. On July 11, the nearly 4,000-member Ohio State University Nurses Organization/Ohio Nurses Association ratified a three-year agreement that includes wage increases between 15 and 18 percent for most members, safe minimum nurse-to-patient ratios, and a phase-out of mandatory overtime. “Our nurses pushed the medical center to join us in raising the bar for our patients, and through months of collective action among our members, we were able to secure a monumental contract that benefits everyone,” says OSUNO President Rick Lucas.

Learn why this contract is special for OSU’s nurses: www.aft.org/news/newly-ratified-contract-raises-bar-nurses-osa

WELCOME TO THE UNION! UNIITY CENTER NURSES VOTE TO UNIONIZE

Registered nurses at the Unity Center for Behavioral Health in Portland, Ore., voted overwhelmingly on June 19 to join the Oregon Nurses Association. Here’s why the nurses decided to unionize: www.aft.org/news/unity-center-nurses-vote-unionize

AFT DEFENDS PUBLIC SERVICE LOAN FORGIVENESS

The AFT filed a lawsuit July 11 against Education Secretary Betsy DeVos and the Department of Education for gross mismanagement and out-and-out sabotage of the federal Public Service Loan Forgiveness program. PSLF, designed to help teachers and other public employees who live with the crushing burden of student debt, is so broken that just 1 percent of applicants have had their loans forgiven. The suit blames DeVos and her department for failing to monitor loan servicers, allowing them to mislead and abuse borrowers who then wind up with higher interest, rather than debt relief. Tell Betsy Devos to Keep the Promise of Public Service Loan Forgiveness: www.actionnetwork.org/petitions/keep-the-promise-of-public-service-loan-forgiveness/

AFT VOLUNTEERS RETURN TO U.S. VIRGIN ISLANDS A YEAR AND A HALF AFTER DEVASTATING HURRICANES

It’s been more than a year since volunteers from AFT Nurses and Health Professionals traveled to the U.S. Virgin Islands of St. Croix and St. Thomas to conduct needed hearing and vision screenings for all public school students there. In May, 40 nurses and other healthcare workers—including respiratory therapists, radiology techs, and speech and language pathologists—returned to the islands and completed more than 8,000 student screenings.

See what members have to say about their recent visit: www.aft.org/news/aft-volunteers-return-us-virgin-islands-year-and-half-after-devastating-hurricanes

TOGETHER, WE FIGHT FOR A BETTER LIFE

Americans want a better future for our families and communities and a better life for ourselves, writes AFT President Randi Weingarten in AFT Voices. To be specific, she says: good jobs, high-quality and affordable healthcare, a secure retirement, affordable college, great public schools, a healthy democracy and justice for all. These are the bedrock values of the American dream, and now is a good time to reflect on our progress toward that future.

Read President Weingarten’s Labor Day message: www.aftvoices.org/its-our-movement-the-labor-movement-that-fights-for-the-better-life-4fbc21ba7200

A New Gallup Poll Shows Approval of Labor Unions Has Reached a 16-Year High

64% of Americans Approve of Labor Unions—That’s Up 16 Percentage Points Since the Beginning of the Recession, and the Highest Approval Rating in Nearly 50 Years.

Source: Gallup Poll Social Series: Labor and Education (conducted Aug. 1-14, 2019)

Americans want a better future for our families and communities and a better life for ourselves, writes AFT President Randi Weingarten in AFT Voices. To be specific, she says: good jobs, high-quality and affordable healthcare, a secure retirement, affordable college, great public schools, a healthy democracy and justice for all. These are the bedrock values of the American dream, and now is a good time to reflect on our progress toward that future.

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#RaiseTheBar

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that’s up 16 percentage points since the beginning of the recession, and the highest approval rating in nearly 50 years.

Source: Gallup Poll Social Series: Labor and Education (conducted Aug. 1-14, 2019)
The United States has made incredible progress in reducing teen pregnancy over the past three decades, with teen pregnancy, childbearing, and abortion rates now at a record low (Boonstra, 2014). In 2017, there were 18.8 births for every 1,000 females aged 15-19 (Centers for Disease Control and Prevention, 2019). This is down 70 percent from 1991’s record high teen birth rate of 61.8 (U.S. Department of Health & Human Services, 2019).

The decline can be attributed almost entirely to one factor: teens today have better contraceptive use (Boonstra, 2014). Teens’ usage of barrier methods (such as condoms), oral contraceptives, dual methods, and long-acting reversible contraceptives (such as IUDs and implants) have all continued to increase in recent years. Additionally, the proportion of teens not using any contraceptive method has decreased during the same time period. By offering low-cost contraceptive services to all who want and need them, publicly funded family planning services help to prevent 400,000 unintended teen pregnancies each year (Healthy People 2020, 2019). For every $1 spent on these services, nearly $4 in Medicaid expenditures for pregnancy-related care is saved.

However, for all the progress made in reducing teen pregnancy as a whole, substantial disparities exist in teen birth rates across racial groups (Centers for Disease Control and Prevention, 2019). The childbearing rates of black teens (27.5) and Hispanic teens (23.9) in 2017 were more than twice as high as the rate for white teens (13.2). Alaska Native and American Indian teens (32.9) have the highest birth rate among all races and ethnicities. Asian teens (3.3) have the lowest. Socioeconomic factors in communities and families have been shown to influence teen birth rates (Centers for Disease Control and Prevention, 2019). Income inequality, racial segregation, deteriorated neighborhoods, and low family educational attainment and income levels have all been linked to high teen birth rates. Teens of color are more likely to experience these less favorable socioeconomic conditions and other social determinants negatively affecting health.

Another population vulnerable to teen pregnancy is young women living in foster care, who are more than twice as likely to become pregnant than those not in foster care (Brooks, 2019). Even worse, repeat pregnancies are frequent: 46 percent of foster youth who had ever been pregnant had experienced more than one pregnancy by age 19 (Courtney, et al., 2009). A number of factors contribute to the high rates of pregnancy seen among teens in foster care. The circumstances that cause them to be part of the child welfare system are often also risk factors for teenage pregnancy: physical or sexual abuse, living in poverty, mental or behavioral health problems, substance abuse, having been born to a teen mother themselves, and a lack of a parent-adolescent bond and close family connections. Foster teens also experience frequent life interruptions – new caseworkers, new schools, new living arrangements, new foster parents, etc. These life interruptions reduce foster teens’ access to school-based sex education programs and primary care and reproductive healthcare services, as well as inhibit the formation of trusting relationships with stable adults who can assist the teens in accessing the sexual health information and care that they need (Brooks, 2019).

*The picture painted by these numbers shows that teens in some communities have access to the tools, opportunities, and support of delay pregnancy, while [others] are markedly limited in their ability to do so,” explains Maggie Jo Buchanan with Center for American Progress. 

Teenage pregnancy continues to be on a downward trend. That’s a good thing, and we should sustain our evidence-based efforts that already work to reduce pregnancy among all teens. But we must also face the troubling truth highlighted by recent reports – that significant racial and socioeconomic health disparities affect pregnant teens and teens at-risk of pregnancy – and our public health investments should be targeted for new and proven pregnancy prevention efforts for teens of color, teens living in poverty, and teens in the child welfare system. That is where we can do the most good. 

References available in online edition
This past session of the Alaska Legislature has been one filled with much drama and many twists and turns. With unprecedented public engagement, nurses attended rallies, testified at legislative town halls, and called their legislators to demand that the state continue to provide essential healthcare services.

On a fundamental level the state is engaged in an existential debate about the role of government in the lives of Alaskans and what qualifies as essential state services. Is the state government simply a structure through which oil revenue gets handed out to Alaskans in the form of annual dividend checks and provides few services beyond minimum road maintenance, or does the state have a responsibility to provide essential services such as healthcare and education and – if so – to what extent?

The backdrop to much of the legislative session was the size of the Permanent Fund Dividend checks. Governor Dunleavy ran on a campaign promise of $6,700 dividends (this year’s “full” dividend, and the amount by which dividends were reduced from their traditional formula in the preceding two years), and since taking office has been adamant that each Alaskan receive a check of $3,000 in 2019. Given the state’s declining oil revenues, a $3,000 PFD would have to be financed by historic cuts to Medicaid, education, and countless other services.

The majority of the state’s population and the Legislature have rejected that proposal and instead have coalesced around a roughly $1,600 PFD in exchange for maintaining a basic, albeit, reduced level of essential services. Is the state government simply a structure through which oil revenue gets handed out to Alaskans for maintaining a basic, albeit, reduced level of essential services? Is the state government simply a structure through which oil revenue gets handed out to Alaskans in exchange for keeping the Board of Nursing operating. This is a routine process for all state boards and commissions.

The final result? $130 million was cut from Medicaid services this year. In addition, Medicaid dental coverage was entirely eliminated for adults. Many healthcare providers have spoken out and noted that they are already seeing the effects of this funding decline, and that the huge cuts hurt their ability to care for low-income families and disabled Alaskans who rely on Medicaid, which currently covers half of all children in our state and nearly one-third of Alaskans overall.

Other healthcare-related bills that passed during the legislative session included:

- SB 36: “An Act extending the termination date of the Board of Nursing.” The Alaska Board of Nursing provides essential support and regulatory infrastructure for Alaska’s CNAs, LPNs, RNs, and APRNs. The bill continues the operation of the Board of Nursing for six more years, at which point the Board will undergo another “sunset audit” to make sure its existence is still necessary and another bill will be passed to keep the Board of Nursing operating. This is a routine process for all state boards and commissions.

- SB 37: “An Act relating to the statewide immunization program.” This bill leverages the state’s purchasing power by using fees collected from healthcare payers to buy vaccines in bulk. The state is then able to distribute vaccines to providers who administer them at no charge. By doing so, the state improves health and wellbeing while lowering overall vaccine cost by 20-30%. Quite simply, it’s a sensible, cost-effective program.

- SB 93: “An Act relating to a workforce engagement program for healthcare professionals employed in the state.” This bill creates the SHARP II program, a loan repayment and direct monetary incentive program that helps reduce shortages by filling vacant healthcare provider positions in some of the most underserved areas of the state. SHARP II does not require any state general funds because user fees cover the cost of program administration.

Want to get involved with AaNA’s Legislative Committee? Email andrea@aknurse.org.
“Providing culturally relevant healthcare is not a matter of political correctness; it is often a matter of life and death. When cultural competency is missing from healthcare, important information is not communicated, symptoms of illness are overlooked or misinterpreted, and patient outcomes suffer.” (Tina DeLapp, founder of Native Student Recruitment Program at UAA).

Alaska Native Registered Nurses are asked to share their stories of becoming and practicing as nurses in a study by nurses associated with the UAA School of Nursing. Tina DeLapp and Kathy Stephenson, both of the UAA School of Nursing, and Sandra Haldane, former Chief Nurse of the U.S. Indian Health Service and former President of the National Association of the Alaska Native American Indian Nurses Association (NANAINA), are gathering stories from Alaska Natives who have become Registered Nurses – either in Alaska or elsewhere. They believe having Alaska Native nurses can lead to better health outcomes for Alaska Natives. They also believe Alaska Native RNs can provide information that nursing programs can use to improve recruitment and student retention efforts.

If you want more information, you can contact the investigators directly by sending an e-mail message to ANRNstudy@gmail.com. Interested persons may also contact the AaNA office (907-274-0827) which will forward your interest and contact information to the researchers.
Every year on September 9 we recognize International Fetal Alcohol Spectrum Disorders Awareness Day. As I consider Alaska’s history of work in this field, we have made many efforts over the past 30-40 years but have much more to do to address the ‘three legs’ of the FASD stool: Prevention, Diagnosis, and Services.

Current U.S. estimates are that 1 in 20 school age children has an FASD. In contrast, current estimates for Autism are 1 in 59. We do not have FASD prevalence data for Alaska. Alaska’s most recent (2007-2013) prevalence of Fetal Alcohol Syndrome (FAS) is 1.7/1,000. Given that we have about 10,000 births/year in Alaska, this means that we have ~170 children/year born with this preventable disability. We know that FAS is an infradigent along the spectrum (4-5% of those seen by state funded FASD diagnostic teams) so most of the individuals who have FASD fall in the ‘hidden disability’ group. These individuals can present with delayed developmental milestones and/or attention, behavior, learning, social, and independent living skills deficits. Misdiagnosis is common (they are often given behavioral health diagnoses) but if the underlying etiology is a brain-based disorder, typical interventions may not be effective (i.e. Cognitive Behavioral Therapy assumes certain brain function skills that individuals with an FASD may not have).

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THREE VAPING
WHAT YOU NEED TO KNOW

After seeing years of decline in smoking rates in the U.S. with young people increasingly making the choice to abstain from tobacco use, a troubling trend has emerged: e-cigarette use (“vaping”) is skyrocketing among teens.

WHAT IS VAPING?

Vaping (also commonly called JUULing) is the act of inhaling and exhaling the vapor produced by the heated liquid (often called “juice”) of an electronic cigarette (e-cigarette). The juice contains varying amounts of nicotine, flavorings, and other chemicals. In most e-cigarettes, puffing activates the battery-powered heating device, which vaporizes the liquid in the cartridge. The person then inhales the resulting aerosol or vapor.

Some common nicknames for e-cigarettes are e-cigs, JUULs (the most common brand of e-cigarettes), vapes, vape pens, personal vaporizers, tank systems or tanks, and mods (customizable, more powerful vaporizers). E-cigarettes can resemble traditional tobacco cigarettes, cigars, or pipes, or even everyday items like pens or USB memory sticks. Other devices, such as those with refillable tanks or those that use disposable pods, often have appealing sleek, colorful, and modern designs. Regardless of their design and appearance, these devices generally operate in a similar manner and are made of similar components. More than 460 different e-cigarette brands are currently on the market.

THE RISE OF E-CIGARETTES

E-cigarettes first began to emerge in the United States approximately 15 years ago, and their popularity has exploded in recent years as new types of vaping products have come into the market. These products were originally marketed toward smokers, touted as a smoking cessation aid and as a safer alternative to regular cigarettes, many nonsmokers have now started to use e-cigarettes—including, most notably, teens.

Part of the proliferative rise of e-cigarette use in the United States could be attributed to their historical lack of regulation—only in 2016 did the FDA win a decade-long battle with the e-cigarette industry to gain the authority to oversee the products. E-cigarettes are now subject to government regulation as tobacco products, including the requirement that both in-store and online purchasers be at least 18 years of age. But the FDA hasn’t enacted many rules so far—and critics like Sven Jordt, an e-cigarette researcher at Duke, say that “there’s basically no serious regulation.”

SOME VAPING PRODUCTS CONTAIN THC

Vaping devices are not just being used for nicotine—they are also being used to vaporize THC, the chemical responsible for most of marijuana’s mind-altering effects, often through cannabis-infused oils in place of e-liquids. There is limited research available on just how many young people are using vaping devices to ingest THC. One study of high school students in Connecticut found that 18 percent of e-cigarette users who took the study’s survey had vaped marijuana, as did more than one in four students who had used both e-cigarettes and marijuana in their lifetime. Students in this study were most likely to report vaporizing marijuana in its dried leaf form rather than as hash oil or THC-infused wax. A national survey of teens found that about 6 percent of those who had ever vaped reported vaping marijuana. Vaping THC does not produce the telltale smell that emerges when smoking marijuana through a joint, blunt, or pipe, so teens can use marijuana without being detected.

“PATENTLY YOUTH-ORIENTED” MARKETING METHODS

E-cigarettes are now the most commonly used form of tobacco among youth in the United States. The CDC estimates that one in five high school students now use e-cigarettes. Their easy availability, alluring advertisements, various e-liquid flavors (most of which are candy- and fruit-flavored), and the belief that they’re safer than cigarettes have helped make them appealing to this age group.

In fact, some e-cigarette companies have recently come under fire for marketing practices specifically geared toward teens. E-cigarettes are marketed by promoting flavors and using a wide variety of media channels. They don’t face the same advertising restrictions as conventional cigarettes. Some e-cigarettes are manufactured so that just one contains as much nicotine as an entire pack of regular cigarettes. Nicotine is highly addictive and can actually harm adolescent brain development. Youth and young adults are also uniquely at risk for long-term, long-lasting effects of exposing their developing brains to nicotine. These risks include nicotine addiction, mood disorders, and permanent lowering of impulse control. Nicotine also changes the way synapses are formed, which can harm the parts of the brain that control attention and learning. Earlier this year, the FDA began receiving reports of teen e-cigarette users who had experienced seizures due to nicotine toxicity.

Studies have also linked e-cigarettes to a host of illnesses including stroke, COPD, myocardial infarction, and acute lung injury. Additionally, there is continued interest in the relationship between THC-vaping and social language skills (and other FASD-related characteristics) and to varied communities and that can improve the lives of those we serve.

Marjorie is a Family Nurse Practitioner and Certified Nurse Midwives who founded the Anchorage FASD Diagnostic and Treatment Center as the medical director of Anchorage FASD Services, a non-profit that provides diagnostic and treatment services. Nurses in Alaska can play a key role in moving the conversations forward toward better strategies that will work for our varied communities and that can improve the lives of those we serve.

Reference available in online edition

include: impulse control, emotional control, initiation, ability to shift/cognitive flexibility, poor working memory, self-monitoring, and poor planning/organizing skills. As a result of the poor executive functions, they are very likely to have poor adaptive living function (i.e., may not behave in a manner or have the skills of someone else their age).

Communication disorders are a common finding for those with an FASD (especially social language skill) and their ‘younger than their typically developing peers’ skills makes them vulnerable to those who might want to influence them.

The Substance Abuse and Mental Health Services Ad- ministration has downloadable documents that provide guidance to those in the behavioral health field related to FASD management. Find them at store.samhsa.gov. The DSM-V Appendix page 798 also outlines proposed criteria for the diagnosis of Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure.

In summary, FASD is an international public health problem, complicated by ongoing challenges related to prevention, diagnosis, and services. Nurses in Alaska can play a key role in moving the conversations forward toward better strategies that will work for our varied communities and that can improve the lives of those we serve.

**Relevant sources**

are over 8,000 liquid flavorings available on the market today – and many are known to be toxic and harmful to the body. “From the beginning, the e-cigarette industry has been trying to peddle that their products are safe, that they don’t contain the nasty chemicals that you find in cigarettes. The e-cigarette industry has not been truthful about the chemicals that their products do contain,” Erika Sward, a former Alaska Lung Association told Healthline News last year.

The flavoring ingredients, when heated by a vaping device, cause the formation of formaldehyde and other carcinogenic chemicals. The chemicals can begin to react and form unknown byproducts when the e-cigarette “juice” is mixed. A new study found that 50 to 80 percent of the byproducts formed do not break down when vaporized – which means they are making their way into the lungs and airways of e-cigarette users. One common e-cigarette ingredient, diacetyl, is linked to serious lung disease. The vapor from e-cigarettes also contain heavy metals such as nickel, tin, and lead. Additionally, e-cigarette liquid can cause poisoning when swallowed or absorbed through the skin and this is directly responsible for at least one death. Unfortunately, since there hasn’t yet been extensive research on e-cigarettes and their flavorings, we don’t know what is actually in many of them. Though ordered in 2016 to turn over ingredient lists to the FDA, many e-cigarette companies have failed to comply.

MYSTERY VAPING-ASSOCIATED LUNG INJURY AND DEATH
This fall, a rash of deaths and serious complications related to vaping have sharpened health concerns over e-cigarette use. As of September 25, there were at least 530 confirmed cases vaping-associated lung disease spanning 38 states. Seven patients have died so far. All 530 confirmed cases vaping-associated lung disease is likely caused by an unknown chemical exposure; no single product or substance is conclusively linked to the disease at this point. Public health officials are working around the clock to identify what’s behind the pneumonia-like symptoms, but the results so far are inconclusive.

QUITTING RESOURCES
Alaska’s Quit Line is free to Alaskans and offers access to phone, internet, and text based support for those 18 and older to quit e-cigarettes. A typical quit line intervention schedule will be completed within two to six months and includes supportive text messages, helpful emails, a quit guide, coaching calls, and a free starter kit with a two-week supply of patches, gum, or lozenges. However, quit coaches are available to help you establish your new tobacco-free lifestyle and provide you with ongoing support for up to 12 months after you enroll. Visit www.alaskaquitline.com or call 1-800-QUIT-NOW.

Truth Initiative, an anti-tobacco program, has expanded its quit-smoking resource to include a first-of-its-kind e-cigarette quit program. This innovative and free text message program was created with input from teens, college students and young adults who have attempted to, or successfully, quit e-cigarettes. The program is tailored by age group to give teens and young adults appropriate recommendations about quitting. The program will also serve as a resource for parents looking to help their children who now vape. Young and youth adults can access the new e-cigarette quit program by texting “DITCHJUUL” to 88709. Parents and other adults looking to help young people quit should text “QUIT” to (202) 899-7550.

TeenSmokeFree.gov (a federal program) has a section for teens who want to quit vaping. Teens can sign up for texts, download an app, chat with an expert online, and find all kinds of tools and suggestions for quitting vaping. References available in online edition
Install and test carbon monoxide (CO) alarms at least once a month.

CO is called the “invisible killer” because it's a colorless, odorless, poisonous gas. Breathing in CO at high levels can be fatal.