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C SG 75th Anniversary— Spring Meeting
The Council of State Governments’ 75th Anniversary—Spring Meeting will be filled with informative sessions. Visit Capitol Comments, the CSG blog, to get a preview of the sessions before the meeting, and check back later to find out what state legislators and other state officials discussed during the sessions.

Funding for Syringe Exchange
Check out the CSG blog for the latest information on the federal funding ban for syringe exchange programs. Since 1988, the use of federal dollars for state syringe exchange programs that distribute clean needles to mostly intravenous drug users in the hopes of preventing the spread of disease has been prohibited. Read how some groups are fighting that ban and how repeal might open doors for the states to provide syringe access programs. “If the federal ban is lifted,” said Robert Childs, of New York City’s Positive Health Project’s syringe exchange program, “it’ll bring the issue to the forefront of public health.” Read more about syringe exchange programs in the states on page 9.

Mental Health In Schools
May is Mental Health Awareness Month and State News is featuring how some states are focusing on mental health in schools on page 32. Visit Capitol Comments for advice from some of those programs on how to incorporate mental health programs in schools, colleges and universities, as well as some of the challenges they face.

Water Woes
Lingering droughts and decreasing water supplies have created problems for many states. An upcoming State News article will focus on some of those problems, and look at ways states are handling the situation. Visit the CSG blog to share your thoughts.

Question:
What bird has been designated the state bird by the most states?

To find the answer, log onto CSG’s Web site at www.csg.org!
Guide Offers Strategies, Policies to Advance Solar Markets


Based on the experience of leading state solar programs, the guide highlights strategies and policies states can use to advance local solar markets. The Council of State Governments is partnering with Clean Energy Group in its outreach efforts to state policymakers and legislative leaders for the Solar America Initiative’s State Technical Outreach project.

States across the country are recognizing the environmental and economic benefits of solar energy and are moving to adopt policies to support this energy use. States are moving aggressively to address the high initial costs and market challenges facing solar technology. The report describes the key policies and program strategies that have emerged as effective tools for states to advance widespread solar deployment. The report’s recommendations are based on input from the Clean Energy States Alliance, a coalition of state clean energy funds working together to support renewable energy technologies. The report was written by the Clean Energy Group and the Peregrine Energy Group.

The report recommends that states serious about increasing the local solar energy market focus on the following interventions:

- Provide predictable, long-term financial incentives for solar projects
- Establish photovoltaic-friendly laws such as expanded net metering, simplified interconnection standards, streamlined local permitting and renewable portfolio standards with solar targets
- Ensure sensible incentive program design to reduce customer transaction costs
- Stimulate favorable solar financing programs
- Commit to use of solar energy in public buildings
- Support local workforce training and development
- Educate consumers on the merits of solar energy

The report also provides specific examples of state program features and policies that Clean Energy Group believes to represent best in class approaches. The report is offered as a blueprint for state actions to effectively mainstream solar electricity.


Officials Share Vision for Homeland Security

As the U.S. Department of Homeland Security marks its fifth anniversary, 14 national organizations representing several hundred thousand members have a clear vision for how the nation should address homeland security in the 21st century. The Council of State Governments and the National Emergency Management Association are among the national organizations that share that clear vision with their involvement in the National Homeland Security Consortium.

The consortium believes the nation is at a crossroads in its efforts to secure the homeland. In its white paper released April 8, “Protecting Americans in the 21st Century: Imperatives for the Homeland,” the consortium calls for acknowledgement that homeland security is a shared responsibility between all levels of government, the private sector and citizens. The consortium also believes those groups should be equal partners with the federal government in setting national goals and their supporting policies and procedures. Aggressive steps taken over the last seven years to protect people, infrastructure, the economy and society continue to evolve and much progress has been made. This progress underscores the consortium’s desire for better and truly comprehensive solutions for advancing preparedness and protecting America in the 21st century.

The white paper includes recommendations in the areas of:

- Communication and collaboration;
- Intelligence and information-sharing;
- Use of the military;
- Health and medical;
- Interoperability;
- Critical infrastructure;
- Surge capacity and a unified national capabilities approach;
- Sustained resources and capabilities; and
- Immigration and border security.

The National Homeland Security Consortium consists of 21 national organizations representing local, state and private professionals that provide daily services vital to the safety and security of the United States. NEMA leads the consortium and CSG is a member.

Protecting Americans in the 21st Century: Imperatives for the Homeland is available on the NEMA Web site at www.nemaweb.org. For more information about the National Homeland Security Consortium, contact Trina Sheets at (859) 244-8233 or tsheets@csg.org.

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AIDS Epidemic Still a Problem for States

New HIV and AIDS statistics from the Centers for Disease Control and Prevention reveal an AIDS epidemic that is still a serious public health issue for the states more than 25 years after it began.

The new numbers show a more than 48 percent increase in the number of reported new HIV infections—most likely due to the addition of seven new states to the data. In 2005, 35,537 people acquired HIV infections, according to the CDC’s reports from 38 states and five U.S. territories. But in 2006, that number jumped to nearly 53,000 new HIV infection cases, when additional states—the largest being California—began reporting names of infected individuals to the CDC. The latest number reflects reported new HIV infections for 45 states and five U.S. territories, including Puerto Rico and the U.S. Virgin Islands.

Key conclusions of the CDC’s latest HIV/AIDS report, released in March, include:

- African-Americans and gay and bisexual men of all races are the most severely affected.
- From 2002 to 2006, the estimated number of newly diagnosed AIDS cases (not HIV infections) nationwide and in Washington, D.C., remained stable, while the estimated number of deaths from AIDS decreased.

The CDC also releases estimates for the number of new HIV infections nationwide each year, although that number was delayed for release and was not included in the latest CDC report on HIV and AIDS.

Nikki Kay, a CDC spokeswoman, could not say when that information would be released but did say the CDC is working on a new incidence surveillance system.

“The hope is that that kind of estimate will offer a clear picture of HIV infections in the U.S.,” she said.

AIDS advocates believe that number will show there are more new HIV cases every year than what the CDC had previously estimated. According to the CDC’s last estimate, approximately 40,000 people nationwide are newly infected with HIV every year. Many expect that figure to be up to 50 percent or more higher when the new estimate comes out.

Whitney Engeran, director of public health for the AIDS Healthcare Foundation, is one of those people. His organization, based in Los Angeles, is the nation’s largest provider of HIV/AIDS medical care, offering cutting-edge medicine and advocacy to more than 27,000 people in the U.S., Africa, Central America and Asia.

Engeran said the CDC for years has been stuck on the same estimate of new HIV infections, but “we’re not sure that the 40,000 figure is accurate.” Anecdotally, he believes there are at least—if not more than—60,000 new HIV infections every year, and he expects the CDC’s new estimate will be around 60,000.

His organization called on the CDC to release the new estimate without further delay.

“We know that this thing is not quite as calm as some would have you believe from the CDC,” Engeran said, speaking of the AIDS epidemic.

An increase in new HIV infections would put a heavier burden on the states, he said.

“It’s a real impact on states,” Engeran said. Some states, he said, spend a lot of money on HIV care, considering that lifetime medical costs for an individual with HIV is more than $600,000, he said. “Let’s not sit on our laurels.”

The AIDS Healthcare Foundation estimates the country collectively faces $36 billion in costs associated with care and treatment for infected individuals. States like California—with 6,581 reported new HIV infections in 2006, according to the CDC—could be shouldering one of the highest cost burdens, with the most new HIV infections in any state that year, according to the most recent CDC data.

“We continue to face serious challenges in the prevention of HIV in the U.S. Far too many people with HIV are not diagnosed until many years after infection, when it may be too late to fully benefit from treatment,” said Jennifer Ruth, a CDC spokeswoman.

The CDC is advocating increased HIV testing as well as effective risk reduction programs to slow the AIDS epidemic.

“Despite successes, CDC recognizes that unmet prevention needs remain,” Ruth said. “The epidemic cannot be changed overnight, or by government alone. We must mobilize additional partners and resources, including state and local health departments, community-based organizations, other government agencies and community leaders alike.”

For more information on what some states are doing to stop the spread of HIV among injection drug users, sex workers and other high-risk populations, see page 9.

# The Spread of HIV

## Reported New HIV Infections by State, 2006

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Source: The Centers for Disease Control and Prevention, includes data from 45 states and five U.S. territories that report HIV infections using confidential name-based reporting.
States Fight an Epidemic with Clean Syringes

Some states are turning to controversial syringe exchange programs that target mostly intravenous drug users to prevent the spread of deadly disease such as HIV/AIDS and hepatitis C. While some states fund the programs using tax dollars, some states are simply passing legislation to allow them. In other states, the programs are illegal.

By Mikel Chavers
In Paterson, N.J., a young man in his 20s walked in the door of the Well of Hope Drop In Center for the first time. You could sense his nervousness. He wasn't quite sure what to expect. But he did know one thing—he needed new needles.

The center hosts a syringe exchange program where people—mostly injection drug users addicted to heroin—can get clean needles. Access to new needles can decrease the risk of contracting a deadly disease like HIV.

“How can I help you today?” an attendant at the center’s door asked.

“I’m here for the needle exchange,” the young man said quietly.

“How can I help you today?” the attendant asked.

“No, this is my first time,” came the man’s quiet response.

But Jerome King, executive director of the center, is happy to see a new client.

“For me, when individuals come to the program, I get giddy. I actually smile. I’m laughing—I’m happy,” King said. “Because I know that (the syringe exchange) is working and I know people are now benefitting from a service that is valuable to reduce the spread of diseases—not just HIV, but also hepatitis and other blood-borne pathogens.”

Programs like the one in Paterson and the other nearly 190 syringe exchanges around the country, according to the North American Syringe Exchange Network, are all aimed at reducing the spread of deadly and costly diseases like HIV/AIDS and hepatitis C.

In targeting drug users, sex workers and transgender people, as well as other high-risk groups, some states are focusing prevention and harm reduction efforts on the populations engaged in the riskiest behavior.

Most clients for syringe exchange programs are injection drug users.

“What we’ve seen over the years is not only does (syringe exchange) work, but it’s probably the most effective way to prevent HIV,” said Allan Clear, executive director of the Harm Reduction Coalition, an advocacy organization tackling health issues that affect those impacted by drug use. “But because we’re working with drug users—it’s still in the margins.”

And that sums up much of the controversy surrounding syringe exchange programs.

Some states such as New York and California fund needle swap programs using taxpayer dollars to pay for syringes. Other states’ programs rely solely on private donations—such as the Well of Hope Drop In Center’s syringe exchange program and the other three exchanges in New Jersey.

Still other states do not allow syringe exchange programs to exist under state law.

Advocates Say Politics Stand in the Way

“The controversy is solely political,” said David Purchase, executive director of the North American Syringe Exchange Network, an organization that tracks the programs. “It’s all political and it’s about who the services are targeted to. For at least 30 years, it’s been political dogma that drug use in and of itself is evil and (drug users) should all go to jail or treatment.”
Christine Todd Whitman, former governor of New Jersey, publicly opposed syringe exchange programs during her time as governor from 1994 to 2001. In a 1998 letter to her Advisory Council on AIDS, she said, “I believe needle exchange programs send the wrong message to our children because they seem to condone illegal drug use and contradict our efforts to reduce illegal drug use.”

Other politicians feel the same way, calling syringe exchanges immoral. But some contend that needle exchange programs are a more effective way to prevent the spread of HIV/AIDS. They site studies showing that syringe exchange programs reduce the spread of HIV, don’t increase substance abuse and actually increase enrollment in drug treatment.

And yes, some views against syringe exchange are changing. Purchase said. But “at glacial speeds perhaps.”

Meanwhile, thousands of people are infected with HIV/AIDS by sharing or using dirty needles. According to the latest data from the Centers for Disease Control and Prevention, injection drug use was the number three reason adults and adolescents get HIV, behind male-to-male sexual contact and high-risk heterosexual contact.

States Fight an Epidemic

Of the top five states for AIDS cases from the beginning of the epidemic through 2006—New York, California, Florida, Texas and New Jersey—the reported cases of HIV infections increased in only New Jersey and Florida.

(For more on the CDC’s new HIV/AIDS statistics please see the State Source on page 7.)

In fact, in Passaic County where Paterson, N.J., is located, 43 percent of men got HIV/AIDS from injection drug use as of Dec. 31, according to the latest statistics from the New Jersey Department of Health and Senior Services. That’s the top reason for the spread of the disease among men, according to those statistics. Injection drug use is also the culprit for the majority of female HIV/AIDS cases, causing 41 percent of the cases, according to the department.

New Jersey’s Blood-Borne Pathogen Harm Reduction Act, signed by Gov. Jon Corzine in December 2006, allows up to six cities in the state to establish pilot syringe exchange programs. So far there are four programs, the newest of which is in Newark.

The syringe exchange program in Paterson opened Jan. 30. Since then, Paterson’s program has grown from 20 participants to 90 today, King said.

And although Paterson’s client numbers are growing, some like King and Pam Lynch, quality assurance coordinator for the agency that runs the New Jersey syringe exchange, argue that New Jersey could do a better job of fighting the epidemic with more funding for the exchange programs. Because the state doesn’t fund them, King’s program is running on $75,000—that’s for “as long as it lasts,” King said.

States’ syringe exchange programs also cannot use federal funding. The federal ban on CDC funding for needle exchange has been in place since 1988.

Instead, New Jersey is providing funding to the University of Medicine and Dentistry in Newark to evaluate the state’s pilot syringe exchange programs. Those funds equipped the state’s pilot syringe exchanges with tablet computers to gather data on clients and to track the needles.

But Lynch and King expressed their frustration with the absence of state funding to the syringe exchange programs themselves.

“Though we already know that this is working in every other place that has it—but they have to see it in New Jersey work,” King said. “So once they see it, they can’t ignore it—hopefully they’ll support it and fund it.”

Case managers like Dawn Rankl give clients special identification cards allowing them to legally carry syringes; in New Jersey it’s illegal to have syringes without a prescription. If participants are stopped by the police and do not have the card, they could be arrested.

And Rankl understands the importance of syringe access even for drug users. Not only does it help prevent the spread of disease, she said, it can help reduce the problem of damaged veins. After a needle is used multiple times, its point barbs like a fishing lure. Infections and abscesses can be caused by the bent needles, resulting in costly emergency room visits.

The Case for Syringe Exchange

“Most of these people, they don’t really feel good about what they’re doing anyway,” Lynch said. “When you’re an injection drug user, you’re already doing enough of a number on yourself in your head—because there’s nothing out there telling you that this behavior is socially acceptable.”

What these people don’t need is someone telling them when to quit and constantly reminding them what they’re doing is not good, she said. “All the providers that these people typically encounter—whether it’s the emergency room, whether it’s different medical settings or whatever—they’re constantly getting messages about their drug use and questions about when they’re going to stop.”

For most, the feeling of judgment is all too common. They are stigmatized, King said.

Getting clean needles leads to other things, King said. “They think we’re going to stigmatize them and treat them poorly—and we don’t do that because we’re not here to pass judgment.”

Clients ask for referrals to drug rehab and other services. “They credit that on how they’re treated when they come in here,” King said. “You’re instilling something in someone who has been ignored, mistreated, and now you’re showing some concern and care—and that builds esteem.”

Funding Syringe Exchange in New York

And some states that use state funding for syringe exchange, such as California, New York and New Mexico, also offer a wide variety of complimentary harm reduction services—the term used to describe programs and other services that seek to reduce harm to individuals and to society.

“Injection drug use is one part of it, but there are a lot of things that go along with injection drug use,” said Dan O’Connell, deputy director for HIV Prevention and Program Evaluation for the New York State Department of Health. That’s why New York’s syringe exchange programs...
are more like one-stop shops for drug users, steroid and hormone injectors, offering a wide variety of educational programs, outreach, case management, therapy, counseling and referrals.

“Our regulations surrounding needle exchange programs look for a comprehensive model,” O’Connell said. “State funding is the difference between distributing thousands of syringes and millions of syringes.”

New York provides $5.6 million a year for syringe exchange and related services—a total of 17 programs in the state. The programs are credited with a 50 percent to 70 percent reduction in HIV transmissions among intravenous drug users, according to the New York State Health Department.

O’Connell said state funding can make a syringe exchange program more successful. “These programs can be pretty controversial,” he said. “But you don’t want them running without adequate oversight. Without the money, you can technically do syringe exchange with someone standing there handing them out, but the needs of people are so much more than that.”

And New York City’s Positive Health Project, just steps away from Times Square, Penn Station and the Port Authority bus terminal, is more than just a needle swap. The place not only offers syringe exchange to more than 6,000 clients, it also provides services ranging from AIDS testing to acupuncture to help manage drug cravings, and from support groups to mental health services.

The main level houses the syringe exchange for injection drug users. The room is bare with almost no furniture, and the stainless steel cart in the corner includes a shiny tray for dirty needles and big metal tongs. Behind the cart, there’s all kinds of supplies—including new syringes, small bottle cap-sized basins called cookers for mixing drugs, sterile water, condoms, alcohol pads, biohazard containers for dirty needles and more.

Robert Childs, a public health operations manager at the center, believes Positive Health Project gets to the root of the problem with its comprehensive list of services—helping clients stay safe and disease-free as well as to break the chains of an addiction that may rule their lives.

The center offers mental health counseling and therapy with a psychologist on site, treating the underlying problems to drug abuse and addiction. For example, one client turned to drugs because she was being physically abused at home, Childs said. The center was able to treat her domestic violence issue as well.

“We only see people when they’re in their worst phases in life normally,” Childs said. “Most of the people who come here—they kind of graduate from the services and move on.”

Positive Health Project also does peer-delivered syringe exchange where drug users who have recently quit, sex workers who leave the business or drug users who only use drugs occasionally and not during working hours, help deliver clean syringes to hard-to-reach populations who would never come into a syringe exchange program for help.

“We give them syringes because they have social networks that we don’t touch because amazingly some drug users still consider us ‘the man’ because we’re linked to the government,” Childs said.

And despite New York’s long list of services associated with syringe exchange programs, challenges still exist.

“I could argue public health until I’m blue in the face—most people don’t care,” Childs said. “They’re like, ‘it’s a drug user, why should I help that person? Why should I care?’”

And Childs said when talking to politicians, it has to be about cost-savings. One syringe costs around 5 cents—treating a person with HIV costs hundreds of thousands of dollars.

In addition to political challenges, Childs said most people object to syringe exchange programs because they think the programs will increase crime, drug use and the number of dirty needles on the streets.

New York provides safe disposal kiosks at pharmacies and other public sites so people can toss used needles safely.

In New Jersey, King had an individual come in and return 65 dirty needles and most clients bring anywhere from 10 to 40 used syringes back.

Connecting with Law Enforcement

But because clients often bring back their dirty syringes in red sharps containers provided by the centers, police still harass program participants—sometimes ignoring the special identification card the clients carry allowing them to have syringes.

Even as recently as March, King had to call the police department about a client who had been arrested for carrying needles, even after showing his card.

That same type of harassment by police occurs in New York City, even though the syringe exchange programs have been operating legally since the early 1990s, Childs said.

Involving local police departments with syringe exchange programs is vital. “That will either make or break a program,” said Sonny Leeper of Albuquerque, N.M., a retired police captain.

When Leeper was a police officer years ago working the narcotics beat, officers would stop an individual and would always ask if the person had needles or drugs on them. But before the syringe exchange programs came along, people weren’t honest because they were afraid of going to jail for carrying needles.

“They’d lie to us about diseases and needles,” Leeper said. “They would jeopardize our health by doing that.” Because officers would search a person, the potential for an accidental needle stick was always looming, he said.

“When the (syringe exchange) program came on board, they are more honest with the officers,” Leeper said.

New Mexico’s syringe exchange programs were authorized by the 1998 New Mexico Harm Reduction Act, which created and funded the programs. The programs were started to keep HIV from exploding in the injection drug community and to quell the spread of hepatitis C—which was the primary issue in New Mexico, said Bernie Lieving, director of New Mexico’s Harm Reduction Program.
Today there are 45 public health offices and 13 community-based organizations or individuals providing harm reduction services—which includes syringe exchange, according to Lieving.

“We have a public health law that acknowledges implicitly that we’re never going to stop legal or illegal drug use and the important thing to do is take care of our community members who use illegal drugs—but seeing them as community members whose health is important to us,” Lieving said.

The 2008 fiscal year budget included $1.4 million for harm reduction services, which is synonymous with syringe exchange, and that may be increased to $1.5 million next year, Lieving said.

So far, New Mexico’s programs have exchanged more than 8 million syringes, Lieving said. And the programs are a part of the nomenclature in the state—even for local law enforcement.

Building on his experience in New Mexico syringe exchange programs, Leeper travels the country training officers in conjunction with local syringe exchange programs through his company, Law Enforcement Training. Although it might seem like a hard sell to an officer who is charged with keeping the law, Leeper said it really isn’t.

“When the sites are put in, there are less dirty needles on the street,” Leeper said. “When you start informing officers and giving them that kind of information, it’s not about allowing someone carrying a needle to shoot up, this is more about public health, what you might be subjected to and what your family might be subjected to.”

—Mikel Chavers is associate editor of State News magazine.

Syringe Exchange in the U.S.

There are an estimated 186 syringe exchange programs in 36 states, the Indian Nations, Puerto Rico and Washington, D.C., as of November 2007, according to the North American Syringe Exchange Network, a Tacoma, Wash.-based organization that tracks the programs. That count is based on the number of programs that run syringe exchanges—not cities or exchange sites, according to David Purchase, director of the network. For example, while the 19 programs in Washington are considered separate entities, the multiple exchanges run by the health department in New Mexico are counted as one syringe exchange program.

Of the 186 syringe exchange programs, approximately half operate legally, Purchase said.

Early syringe exchange programs in the U.S. began as underground operations in the 1980s. In New York City, for example, syringe exchange workers would walk the streets with buckets containing clean needles and other supplies shouting, “Free Works!” to attract drug users, according to Alan Clear of the Harm Reduction Coalition.

Texas became the most recent state to legalize syringe exchange programs. A provision allowing one pilot program in Bexar County passed in Senate Bill 10, the Medicaid omnibus bill in June 2007.

For more about the ban on federal funding for syringe exchange, check out the CSG blog, Capitol Comments. Go to www.csg.org and click on the blog link.

Starting a Needle Swap

Top advice from Robert Childs, public health operations manager, New York City’s Positive Health Project:

#1 Have patience.

#2 “Understanding the public health arguments won’t work—you have to go to financial arguments,” Childs said. “If I’m talking to a politician, it has to be about the money.” One syringe costs around 5 cents—it costs $600,000 to treat a new HIV infection, he said.

#3 Go to other programs and observe. “Go where your population lives,” Childs said. “Hold focus groups.”
Plan now to join us this summer in Rapid City, where you can visit the Mount Rushmore and Crazy Horse memorials, hear from a renowned New York Times columnist, and enjoy the insights of a Pulitzer Prize-winning author—all at one conference!

Learn more about the history of the Black Hills from Gerard Baker, superintendent of Mount Rushmore National Memorial. Then join us for an evening social event that will bring history to life at the Mount Rushmore and Crazy Horse memorials.

This year’s meeting will also feature sessions covering a variety of policy topics of interest to Midwestern legislators. Attendees will have the opportunity to hear presentations from New York Times columnist David Brooks and Pulitzer Prize-winning author Edmund Morris, among many other distinguished speakers.

The family-friendly conference will offer daytime activities for spouses, guests and youth, including a trip to Custer National Park.

For more information or to register, call the Midwestern Office at 630/925-1922 or visit www.csgmidwest.org.

Visit the home of Mt. Rushmore and Crazy Horse! Register now—it’s not too late!

Registration deadline is June 6th!

Register online at www.csgmidwest.org.

Remember to register your spouse, guests and kids! For more information, call 630/925.1922.
The Council of State Governments held a conference in March to help legislators figure out what questions they should be asking about their state’s preparedness plans for pandemic outbreaks.

By Jennifer Ginn
A third of your staff is absent because they or their family members are sick. Essential services like water and garbage pickup are falling by the wayside due to sick workers. Hospitals are filled past capacity and essential medical supplies, such as ventilators, are in short supply.

What do you do?

Those were just some of the questions facing a group of about 30 legislators in March during the Policy Forum on Pandemic Readiness and Emergency Preparedness, conducted by The Council of State Governments through educational support from Roche Laboratories.

What Is Pan Flu?

The forum took legislators through a simulation of situations they might encounter in the event of a pandemic caused by the H5N1 virus, also known as bird or avian flu. Pandemics are global epidemics that can spread across a country and around the world in a short period of time. The last severe pandemic was caused by the Spanish flu in 1918 and killed 20 million to 40 million people worldwide, including 675,000 people in the United States.

Bird flu has become a concern for health officials because of its possibility to spark the next pandemic. Since 2003, nearly 400 human cases of bird flu have been confirmed worldwide, primarily in Asia. More than 60 percent of those cases were fatal. People are mainly infected with the virus through close contact with infected birds. The only thing that has kept it from becoming a pandemic is that, so far, it is not spread easily from one human to another.

Whether it’s caused by the bird flu or by something else, a pandemic in the near future is inevitable, said Dr. Stuart Weiss, founding partner and CEO of MedPrep Consulting Group LLC, who ran the simulation at the conference.

“The biggest problem with a pandemic is you lose 30 to 40 percent of your people due to sickness. How do you maintain business? How do you maintain the functioning of government? … In some states, you have to be physically in the chamber to vote. If you’re in a pandemic, you’re not going to want to do that. If you don’t start planning how to run a virtual government now, when a pandemic comes, you’re really going to be in trouble.”

Questions Policymakers Should Be Asking

The problem with planning for a pandemic, Weiss said, is that it affects so many segments of society. The wide-ranging effects raise many questions covering topics such as when to close schools or share information with the public, how to distribute limited medical resources and who will get antiviral medication to prevent infection.

There’s also a host of other questions government should answer before a pandemic starts, Weiss said, including those involving how to keep government going, how to protect constituents and issues with crafting emergency health powers acts.

“All disaster plans need to be tweaked over time. It’s never OK to write a plan, let it sit on the shelf and collect dust,” Weiss said. “Consider in this we will have 20, 30, 40 percent absenteeism. It’s going to take out a lot of people, make them sick and take them out of work. You’re going to have a shortage of people in essential positions to keep things going.”

Even legislators who have been deeply involved in planning for an emergency have discovered holes in their state’s plans. Assemblywoman Joan Quigley has been a member of the New Jersey Legislature for 15 years. As a hospital administrator at Hoboken University.

For more information about bird flu and pandemic preparedness, visit:

- Centers for Disease Control and Prevention: http://www.cdc.gov/flu/avian/
- The Center for Law & The Public’s Health model state public health laws: http://www.publichealthlaw.net/Resources/Medellaws.htm
- Trust for America’s Health: http://www.pandemicfluandyou.org/
- PandemicFlu.gov: http://www.pandemicflu.gov/

Sen. Kevin Coughlin of Ohio attended CSG’s conference on preparing for pandemic outbreaks.
Is Your State Ready for a Pandemic?

Here are just a few of the questions legislators and other policymakers may want to consider when developing an emergency preparedness plan.

- Does your state allow the legislature to hold votes if legislators are not at the capitol? During a pandemic, policymakers may need to conduct sessions using a telephone or computer connection.
- How will antiviral medication be distributed in the event of an outbreak?
- Will some key personnel receive antiviral medication to keep them from being infected? If so, who are the key personnel?
- How will your state handle the shortage of bed space at hospitals? Dr. Stuart Weiss, founding partner and CEO of MedPrep Consulting Group LLC, estimates the country will need four times as many regular hospital beds and twice as many intensive care beds than currently available during a pandemic.
- How will your state deal with the likely shortage of doctors, nurses and other hospital staff?
- How will information be shared with the public? Will it come from a central agency within the government or will legislators take part in sharing the information with their districts?

More questions:

- How will your state deal with the shortage of medical equipment and manpower to meet the worst-case scenario? What’s your plan for getting information to the public?
- Your plans aren’t completed yet. May be it’s just one of those things that is always in progress.”

Growing Tired of Being Afraid

Weiss said even though the threat of a pandemic is still high, people are tired of hearing about it. Five years ago, newspapers were filled with stories about how states and people should be prepared for a pandemic. Now, Americans are paying attention to other things.

“People are just getting tired of hearing about disasters,” Weiss said. “There’s some psychological (studies) out there that looked at how many things people can be afraid of at the same time. For most people, there are a limited number of things you can be afraid of at one time.

... When I tell my friends I’m working on pandemics, they say, ‘God, that’s still around? We thought that was fixed already.’ For the average person and the average constituent, they aren’t hearing about it and it’s off their radar. The problem is the virus doesn’t read the paper.”

Coughlin said he agrees the public isn’t that interested in pandemic preparedness anymore. But that still doesn’t change his responsibilities as a legislator, he said.

“People tell me this is never going to happen,” Coughlin said. “The second thing people tell me is that this is the kind of thing that happens in Asia. Where did the 1918 flu start? Kansas”

—Jennifer Ginn is an education policy analyst at The Council of State Governments.
48th Annual Meeting & Regional Policy Forum

Sheraton Hotel
Atlantic City • New Jersey • August 10-13, 2008
A PLAN FOR HARD WORK

Toll Envisioned CSG as Key Information Source for States

By Mary Branham Dusenberry
In 1933, Colorado Sen. Henry Toll proposed expanding the American Legislators Association, which he founded in 1925, to include officials from all branches of state government. The new organization was to be called the League of State Governments, later changed to The Council of State Governments. Toll served as director of CSG until 1938.

To commemorate the 75th anniversary of CSG, State News is conducting a “Q&A” with Toll based on his writings and previous interviews.

What was the purpose of the American Legislators’ Association?

This organization is not a matter of sentiment; this is a hard-working organization, a wood-sawing undertaking. There will be little if anything which is spectacular or conspicuous in what is done; it is simply a plan for hard work.

According to my picture, the most important function of this organization is to help the various legislators to secure accurate data and to secure good technical advice. When we start with limited finances it will be impossible to maintain a large organization for conducting researches, preparing opinions, drafting bills and doing a great amount of clerical and administrative work.

But there is one thing which we can do with limited resources and on which we can start promptly; that is, to have this man to whom I may refer as the director preparing himself continually to give information as to what organizations and what institutions in this country are making a particular study of subjects of legislative concern, so that if a bill is introduced say in the house of representatives in Arizona and information is desired as to what has been done elsewhere, or if technical advice is desired, then that legislator may “plug in” to this central office. My picture of the idea is little different from a large telephone switchboard. The legislator plugs in and asks to be connected with the best information and the most trustworthy advice on his questions. The director immediately connects him with the proper agency, and you have your line of communication established, and without delay the legislator has before him the best information that is available in the United States.

My picture of the other principal function of our organization is this, that there should be a central deliberative body of the highest possible type of men who come as genuine representatives of each branch of each legislature; this meeting here being the first tangible attempt to build up such an organization. We all believe, I think, that a large legislative assembly becomes unwieldy, that it is desirable to keep such a group as small as is reasonably practicable, and for that reason it seems to me that such an assembly should not contain more than one man from each branch of each legislature when the organization is functioning to the full.

How does cooperation help state legislators perform their jobs more effectively?

The different legislatures are working in essentially the same field, but surely their work cannot be the less effective by the comparison of notes. A simile which I have sometimes used is that every case of experimental legislation is a case of social vivisection, and if any one of these 48 laboratories passes an act in order to find by experiment the truth or falsity of a principle as to which a conclusive experiment has already been conducted in another one of these laboratories, then that social vivisection is unnecessary is wicked. Surely by the comparison of notes, by the compiling of information as to experiences, much experimental work may be avoided.

More than that, while many objectionable laws may be avoided, the bulk of the laws passed would certainly tend to be greatly reduced for this reason, that when what we might call a clumsy law is passed in one state without the securing of proper information, without working on a scientific basis, the result is that at the next session that law must be amended, and probably at the next session you have to reamend, and perhaps after four sessions you repeal, and by the fifth you are ready to pass a good, scientific law. In other words, the touch of knowledge in the first instance will certainly reduce the amendments and repeals and the experiments in legislation.

Legislative conditions are universally unsatisfactory. But by no amount of effort can these conditions be improved without a concerted effort in which the lawmakers themselves cooperate.

Our program is designed to use every means for welding a closer feeling of cooperation between the states, to the end that there may be a general legislative improvement and a reduction in the bulk of statutes which have already been enacted by each Commonwealth.

What could be the consequences of states failing to work together?

The laws of the states conflict, their practices diverge, their policies are antagonistic. In the face of a universal demand for harmony, the states are functioning as 48 sovereign nations, each go-
CSG’s headquarters moved from Chicago to Lexington, Ky., pictured, in 1969. CSG founder Henry Toll spoke at the dedication of the new building in Lexington, Ky., pictured in 1969. (pictured on page 19)
Why was it important to expand the American Legislators Association to include executive and judicial branch officials thereby creating The Council of State Governments?

As the American Legislators’ Association gained momentum, it became increasingly apparent that the organization was engaged in two very distinct undertakings:

First: A service for legislators: Supplying of information, developing personal contacts, studying legislative techniques;

Second: An attempt for harmony in state activities: Between state and state, and between state and nation.

By the time that the Interstate Assembly (the first meeting of state officials in 1933) was organized, it had become clear that in the performance of the second function, it is not only proper to have executive and administrative state officials participate with the legislators—it is absolutely necessary.

Accordingly, the Board of Managers transferred the conduct of the Interstate Assembly to a separate organization, and thus our Board is simultaneously directing two organizations. The Board instructed the Director to prepare the Articles of the new organization, and to provide for executive and administrative officials to participate in it.

It has become apparent that we must organize something more than an annual meeting. What is needed is a league of state governments, and the first major task of the enlarged Board will be to develop ways and means for securing harmony among the states.

All the members of our staff are in accord in believing that the Interstate Assembly is simply one manifestation of a more comprehensive and significant agency of co-operation, which is in process of evolution.

—Letter from Toll in 1933, explanation concerning attached Articles of Organization, prepared for the Board of Managers

What were the policies and purposes of CSG when you started the organization?

One of the reasons why I am glad to have such a meeting as this (a 1933 CSG meeting), and one its great values, is that it tends to correct the all too prevalent impression that members of state legislatures are men of inferior character—that they are either rascals or numbskulls; and that they are indifferent to their public trust. No one could meet the men who are gathered here and not have that belief dispelled. We know we are being misunderstood. We also know that a very high percentage of legislators throughout the states are men of a type with whom it is a privilege to be associated.

When a group of public officials join together in order to cooperate, it is necessary for their colleagues to approach their enterprise with caution. But as to the idea of antagonism or criticism regarding the work of this Association, I can say that it simply does not exist. In the eight years since the Association was founded there has been only one case of newspaper comment which was antagonistic. This, in face of the fact that there have been hundreds of favorable comments. The question that is always raised when the purpose of the Association is explained is ‘why was not this done before?’ The answer to that question is that it was a long, painful process to build up the momentum necessary to develop cooperation between 96 separate legislative bodies.

—Press release on CSG meeting, Jan. 19, 1933

How important is the continuing work of The Council of State Governments?

Nobody on our board would be interested in this project if it were not for the possibility of doing something of lasting national significance. The obvious inadequacy of the lawmaking machinery of the 48 states is a national menace. This association is not a sewing circle: We want to smash into this situation and do something. We do not want to deal with petty questions, nor do we want to mark time. … We must make this organization into a national power. Certainly the American public craves just such a project as we are trying to launch, and if we can only go at the thing in the right way, we should be able to harness a force of 20 million manpower to accomplish what we are trying to do.

—Toll’s notes for the Board of Managers’ meeting of March 19-21, 1932

You spent many years developing and growing first the American Legislators Association and then The Council of State Governments. Reflecting on that tenure, what did you take away from the experience?

Of course there is satisfaction in feeling that one’s work has been successful and that aspirations have been gratified, but the genuine human reward is measured in terms of friendship. And it has been the relationship with you, the many associates and friends with whom I have been working in this undertaking, that has made my self-imposed task of organizing the American Legislators’ Association and The Council of State Governments tolerable and enjoyable.

—A Letter to the Friends of the Council (from Henry Toll) in the November 1938 State Government

—Mary Branham Dusenberry is managing editor of State News magazine
Dear Colleagues,

As vice chair of The Council of State Governments, it’s my great pleasure to invite you to the Commonwealth of Kentucky to join my Kentucky colleagues and me on the very significant occasion of The Council of State Governments 75th Anniversary Celebration Spring Conference.

This year’s conference promises to be truly spectacular as past presidents and chairs; current leaders; international partners; affiliate members, including Lieutenant Governors, State Treasurers, Secretaries of State, and National Emergency Management officials; and CSG Associate members come together for engaging, informative and inspiring plenary sessions and workshops in the true spirit and vision of CSG’s founder, former Colorado Sen. Henry Toll.

We’ve been planning extensively for your arrival to make sure your visit to Kentucky is enjoyable and memorable. Kentucky is bursting with excitement as we gear up to host the Alltech FEI World Equestrian Games in 2010, and you’ll have the opportunity to experience the commonwealth at its best through our rich culture, beautiful scenery and world-class hospitality.

We know you’ll share our excitement to be a part of this milestone celebration in the heart of the Bluegrass and CSG’s home ... the beautiful Commonwealth of Kentucky!

I look forward to seeing you soon!

Warmest regards,

David L. Williams
Vice Chair, The Council of State Governments
President of the Senate, The Commonwealth of Kentucky
KEYNOTE SPEAKERS

Newt Gingrich
Friday, May 30, 2008 2:30-4:30 p.m.

The Art of Transformation
The Washington Times has called Gingrich “the indispensable leader” and Time magazine, in naming him Man of the Year for 1995, said, “Leaders make things possible. Exceptional leaders make them inevitable. Newt Gingrich belongs in the category of the exceptional.”

Gingrich is founder of the Gingrich Group, a communications and consulting firm focused on transformational change, and the Center for Health Transformation, a collaboration of public and private sector leaders dedicated to the creation of a 21st Century Intelligent Health System that saves lives and saves money.

A prolific author, Gingrich’s nonfiction books include Winning the Future: A 21st Century Contract with America; Contract with America; To Renew America; Lessons Learned the Hard Way; Saving Lives & Saving Money; Window of Opportunity; The Art of Transformation; and Rediscovering God in America, which was made into a documentary-style movie; and his latest, A Contract with the Earth, published in October 2007.

Michael Beschloss
Saturday, May 31, 2008 12:30-2 p.m.

Presidential Courage: Brave Leaders and How They Changed America
Award-winning historian Michael Beschloss has been called “the nation’s leading presidential historian” by Newsweek.

His most recent book, Presidential Courage: Brave Leaders and How They Changed America, 1789–1989, has been called “engrossing … marvelous … and judicious,” and, “history written with subtlety, verve and an almost novelistic appreciation for the complexities of human nature and Presidential politics,” by Kirkus Reviews.

Join Beschloss as he gives his observation on leadership qualities through the years.

Larry Sabato
Saturday, May 31, 2008 2–3:30 p.m.

PLENARY SESSIONS & WORKSHOPS

The Balance of Power: Federalism in Flux

In an era where partnerships are increasingly essential to success in a wide range of business, governmental and societal endeavors, why is our state/federal partnership in such a state of disarray and disrepair? CSG invites its former governor presidents currently serving in the Bush Cabinet and on Capitol Hill to address the state of our federal system. Moderated by a nationally acclaimed journalist, former CSG leaders and strong state advocates discuss the state/federal partnership from their current national perspectives. Where are we in this critical balance issue, and what changes can/should we jointly seek moving forward?

Creative State Options for Transportation Finance

While states play a variety of roles in supporting different transportation types—rail, freight, river ports, mass transit—the states are increasingly focused on surface transportation—its crumbling infrastructure, long-term maintenance costs, and continued need for new roads, bridges and tunnels. While the need is clear, how we pay for it is not. With the looming insolvency of the Federal Highway Trust Fund and public demand for good roads increasing, state officials are being squeezed from both the top and bottom to craft short-term and long-term financing solutions to this crisis. Whether it’s an increased gas tax, new public/private financing partnerships, the implementation of toll roads, or new congestion pricing schemes, one thing is clear—states are not waiting on the feds for help. Join us as we explore innovative ways your state can cope with transportation finance.

Broadband—An Economic Change Driver for the Future

In order for the United States to compete in a global expansion of broadband to all our communities is essential. In the past, we have focused on the development of our transportation infrastructure to foster and develop economic opportunities abroad and at home. Today’s world requires a different kind of infrastructure. An infrastructure that moves information 24 hours a day, seven days a week, and 365 days a year. This high-speed infrastructure will help states enhance educational opportunities, create jobs, promote public safety, deliver essential services like health care and improve the standard of living.
Meetings—Bluegrass Style

Meetings—Bluegrass Style

GUEST PROGRAMS

Our Kentucky hosts have planned interesting and fun-filled guest programs for Friday and Saturday. Make plans now for:

Friday, May 30
Take a behind-the-scenes look at historic Keeneland Race Course, followed by a visit to beautiful Shaker Village of Pleasant Hill, a national historic landmark with 34 restored 19th century buildings. Guests will view Shaker furniture and artifacts, learn how Shaker crafts were made through live demonstrations, enjoy a variety of special music and dance performances, and have a Shaker-style lunch featuring Kentucky cuisine.

Saturday, May 31
Antique at the most well-known antique store in the Bluegrass, Irish Acres, in the tiny community of Nonesuch, followed by lunch at The Glitz. You have to see it to believe it!

Sunday, June 1
At the conference’s end, all guests and attendees are welcome to attend afternoon outings, including:

- Bridles and Billionaires—Enjoy an up-close tour of our beautiful horse farms and the amazing athletes who call the Bluegrass home
- Buffalo Trace Distillery Tour—Come see why Kentucky’s bourbon industry is world-renowned
- Golf Outing—Enjoy a round of golf at Griffin Gate Marriott Resort’s Rees Jones-designed course, sculpted from the surrounding rolling hills.

Register now at WWW.CSG.ORG
Cut-off date for regular registration rates is May 7!
Several U.S. cities, with assistance from state governments, are working to address the shortage of full-service supermarkets in low-income neighborhoods. The lack of grocery stores that sell fresh fruits and vegetables combined with limited access to transportation is impacting residents’ health. Add in an over-abundance of higher priced, junk food-laden convenience stores and fast food restaurants in these neighborhoods and it’s no surprise researchers have found poor eating habits and excess illness and death from chronic diseases in these areas.

By Sean Slone
In some communities, it’s like a desert. Only instead of a shortage of rainfall, there’s a shortage of fresh foods like fruits and vegetables.

Take Philadelphia, for instance. The city once ranked second to last among metropolitan areas in the number of supermarkets per capita, according to a 1995 study by the University of Connecticut.

By 2002, The Food Trust, a Philadelphia-based food access and education advocacy organization, found disproportionately high levels of diet-related diseases such as heart disease, diabetes and cancer in the city’s low-income neighborhoods. Using the Geographic Information Systems mapping technique, the organization showed that in the neighborhoods without places to buy healthy food, people were dying at greater rates from these diseases.

“I think visually when you saw this overlay of diet-related diseases and low access to supermarkets, it made the problem very clear,” recalled David Adler, communications director for The Food Trust.

The Food Trust brought the maps to the attention of Rep. Dwight Evans, who represents a portion of Philadelphia County and chairs the House Appropriations Committee in the Pennsylvania state legislature.

“You kind of suspect it anecdotally that if people are living in an underserved area and they don’t have access to fresh fruits and vegetables and they’re not being educated about a healthy lifestyle … they’re probably unhealthy,” Evans said. “But when the mapping was done and it so clearly showed that the incidence of disease was greater in some of the worst poverty-stricken neighborhoods of Philadelphia, I think it hit home for a lot of people. So then you (begin to think about) the positive steps that we can take to start to make change happen.”

Philadelphia isn’t alone in trying to address the problems of “food deserts.” Supermarket chains left inner cities in the 1960s and 1970s because of declining populations and rising crime rates. And supermarket companies today face many obstacles to locating in these areas including high taxes, a shortage of affordable land and crime. Chicago, Detroit, New Orleans, Louisville, Ky., and Troy, N.Y., are among the communities finding solutions to the problem. Local efforts to identify and eliminate these food gaps have also inspired state legislation in Illinois, Michigan, Pennsylvania, California, New York, Connecticut and New Mexico.

**Bringing Supermarkets Back to Inner Cities**

In Pennsylvania, Evans, as appropriations chairman, was able to insert seed funding for a public-private policy solution called the Fresh Food Financing Initiative into the 2004 state budget. A community reinvestment group called The Reinvestment Fund leveraged $30 million in funding committed by Evans and the legislature, raising another $90 million from private sources as well as from the federal New Markets Tax Credits program. The initiative uses...
that money to provide financial incentives for supermarkets to operate in underserved communities.

To date, the initiative has supported 50 supermarket projects across the state and some of them are already open. The projects are expected to create more than 3,700 new jobs and nearly 1.2 million square feet of retail space in underserved areas.

Whether increased access to supermarkets will get people to eat the healthier foods that are available, rather than the unhealthy products the stores also stock, remains to be seen.

Still, a number of studies show that grocery store access does have a positive effect, Adler said.

He pointed to a recent study in the American Journal of Preventive Medicine that showed increased availability of chain supermarkets was statistically associated with lower Body Mass Index, commonly called BMI, and fewer adolescents who are overweight. Greater availability of convenience stores was associated with higher BMI and overweight, according to the study.

“Certainly the evidence we have so far is that supermarkets do increase fruit and vegetable consumption (as well) and improve health, but the more research on the topic, the better,” Adler said.

To that end, The Food Trust is partnering with Penn State University to study the behavioral and health effects of new grocery stores going into underserved communities, including whether they influence fruit and vegetable consumption. Associate professor Stephen Matthews is leading the study with a grant from the National Institutes of Health. So far, he is surveying residents of a Philadelphia community north of the downtown area that’s expected to get a new 40,000 square foot supermarket later this year. He’s also surveying residents of another area of the city without a comparable supermarket.

These surveys will provide the baseline data for the study. After the store opens for business, Matthews and his team will re-interview residents using the same set of questions.

“Once we get data on the follow-up, we should be able to look at things like changes in respondents’ perceptions of food access. We should be able to look at whether or not the intervention really did have a positive effect on the consumption of fresh fruit and vegetables,” Matthews said. “Ultimately if we can track these families (over time, with additional grant funding) … we can begin to look at not just short-term effects such as change in diet but also the long-term effects of change in diet such as obesity status.”

As Matthews waits for the new supermarket to open, he and his team are also surveying existing stores in the community. After the store opens, Matthews’ team will conduct another survey of grocery stores in the community.

“We’ll see the degree to which stores change their practice with respect to things like the product range that they carry and the prices that they charge in relation to the new grocery store that’s opened up,” he said. “We’ll pick up things like whether some of these small stores have actually gone out of business and whether new ones have emerged.”

Making a Difference

While more definitive research on the long-term health impact of the new grocery stores may be years away, many are already convinced the Fresh Food Financing Initiative is making a difference in Pennsylvania.

The Robert Wood Johnson Foundation, which funds research in childhood obesity, vulnerable populations and other areas of public health, recently highlighted the initiative in a video on its Web site. The video features the Island Avenue ShopRite grocery store in southwest Philadelphia’s Eastwick community, which received a $5 million loan for construction and renovation and $250,000 in grant funding from the initiative to assist in work force development.

“Prior to us being here, you couldn’t buy produce in this neighborhood or … buy seafood, fresh meat and poultry,” ShopRite owner Jeff Brown said on the video.

Now the 57,000 square foot store employs 258 people, provides community meeting space and sells fresh and affordable foods to area residents.

“ShopRite meets all of our needs,” said Eastwick shopper Alicia Burbage on the video. “Oftentimes, the urban communities are neglected. Fresh food is very important to us.”

Adler from The Food Trust is hearing the same thing.

“We’ve definitely heard from neighborhood groups just how important it’s been… to have some place that’s clean and reliable and feels like it’s fairly priced and that they’re really treated with respect,” he said. “We’ve definitely heard just how much better they feel about their community having a really good supermarket in the neighborhood.”

Rep. Evans, of Philadelphia County, agrees. “I think the biggest thing that we hear from people is really just a sense of gratitude that not only do they have access to fresh fruits and vegetables now, but that the stores themselves in many ways have become an anchor for the community,” Evans said. “I think the retailers that are participating in the program are providing more than just groceries in a community. They’re helping to stabilize the foundation of a community.”

Adler credits early involvement of the retail food industry and the vision of state leaders such as Evans for the program’s success.

“The state of Pennsylvania really looked at what the problem was and saw potential to address it,” he said. “And by bringing … a lot of the resources that were already available together, it created a very powerful combination.”

Evans said the Fresh Food Financing Initiative is an idea that could work in many states.

“It’s a pretty simple, easy concept,” he said. “You open up grocery stores in communities, you give people access to fresh fruits and vegetables, and all kinds of other good things will happen … I think one of the reasons this program has been so well-recognized is because it’s a win for everybody.”

Efforts in Other States

Other states with food deserts have paid close attention to what Pennsylvania is doing and are coming up with their own ideas.

California Assemblyman Mark Leno introduced successful legislation in 2006 to create a seven-county pilot program to fund refrigerated produce display cases in smaller convenience stores and bodegas and training for store operators on the purchase, storage, marketing and display of fresh produce. The program also incorporates strategies to increase the purchase of
The Council of State Governments (CSG), headquartered in Lexington, Ky., seeks a visionary manager to work closely with elected and appointed leaders in all three branches of state government and to successfully execute CSG’s unique state service mission and goals.

The Executive Director advises CSG Officers/Executive Committee on organizational governance, financial management, and policy initiatives; oversees the operations of 200 plus staff in six offices, which account for more than $25 million in financial assets; maintains communication with CSG regional offices, affiliated organizations; promotes stakeholder involvement in providing services to members; and serves as key CSG spokesperson with state constituents, private sector associates, federal and foundation entities, and other state service organizations. The executive director is also responsible for promoting CSG’s vision, values and image.

Experience: Candidates must demonstrate:

- a record of progressively challenging leadership positions in nonprofit, governmental or private sector settings
- a working knowledge of public policy and the states role in the federal system.
- a background in strategic planning, organizational development, fundraising and financial management
- outstanding leadership and communication skills
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Schools Focus on Mental Health Issues to Keep Students Engaged

Schools across the country are increasingly focusing on providing mental health services for their students. In recognition of Mental Health Awareness Month in May, State News highlights such programs.

By Mary Branham Dusenberry

Marley Prunty-Lara was tired of fighting.
She struggled with her school work, with being responsible and accountable. Her mind raced and she couldn’t focus. She had a lot of anxiety and her mood swung from depression to mania. Her South Dakota school system tried to make accommodations, but it hadn’t before dealt with a student diagnosed with bipolar disorder, and Prunty-Lara was diagnosed with it at age 15.

“The school system never really understood that I could be in AP (Advanced Placement) courses and special education at the same time,” Prunty-Lara, now 24, said.
Her life was a struggle. “Fighting to be well was tough enough,” she said. “I couldn’t fight with the system anymore.”

She dropped out of school and obtained her GED. “I don’t necessarily blame the school district. I think they were doing the best they could do,” Prunty-Lara said.

The problem, she said, is that many states haven’t adequately incorporated mental health into their schools, leaving a lot of misunderstanding and stigma for anyone facing a mental health crisis. That’s starting to change.

Jim Koller, a professor and director of the Department of Educational, Support and Counseling Psychology at the University of Missouri-Columbia, said the incidence of mental illness in youth, from preschoolers to adolescents, has increased. And, he said, there is a national movement to focus on early identification, prevention and intervention “rather than waiting to see where something is wrong.”

That’s why focusing on mental health—rather than mental illness—is important, Koller and others say.

“There is no health without mental health,” said Paddy Kutz, director of Mental Health America of Licking County, Ohio. Her nonprofit agency offers five different programs focused on mental health in K-12 schools as well as at the college and university level in the Newark, Ohio, area.

While many programs in school settings are offered through private agencies, some individual school districts, as well as states, are incorporating programs targeting mental health into the classroom.

A Model for Prevention

The Berkeley, Calif., Unified School District is just one of those districts.

The district developed a school mental health strategy plan last year and entered into an interagency agreement with the local mental health jurisdiction, which encompasses a wide range of programs, according to Lisa Warhuus, manager of Integrated Resources for the district.

Berkeley based its plan on the Adelman-Taylor model developed at the federal supported National Center for Mental Health in Schools at UCLA. The center is a policy and practical analysis center that provides technical assistance to school districts and states, as well as offering policy advice to state legislators.

Howard Adelman and Linda Taylor, co-directors of the center, recommend schools work with community agencies to address the mental health issues of students in an effort to remove those barriers to learning that can be created when a student is stressed, depressed or struggling with difficulties at home. Their model includes enhancing classroom strategies to improve instruction for students with mild to moderate learning and behavioral problems; providing support for transitions between grades and schools; strengthening families with home and school connections; providing crisis response and prevention; and involving the community in the efforts.

“Kids can’t learn if they’re not emotionally healthy. If there’s chaos around them or chaos in their lives, kids can’t learn,” said Warhuus. “Kids can’t learn if they’re not stable, if they’re scared or if they’re threatened. They just can’t.”

That’s why addressing the problem early and working on prevention is a key to success, Taylor said.

But Adelman said there is often a problem in getting officials to recognize that. Oftentimes, he said, schools address mental health issues because a problem arises. For instance, schools might develop a bullying prevention program when problems arise. The challenge is to develop a program that incorporates those needs before a problem begins—focusing on the prevention aspect.

Adelman said underlying problems students face may manifest in different ways, including mental health issues such as depression and suicide. While there are curriculum approaches to dealing with those underlying problems, Adelman and Taylor believe there are unique opportunities during the school day to address potential problems before they escalate. That can help to create a more positive school climate, which can help students stay connected and interested in school.

Staying Positive

Creating a positive school climate is the first step in Berkeley’s plan for better mental health in the school system. That began with reviewing data that suggest problem areas, such as referrals to the principal’s office. “If between 12 and 1 you have more referrals to the office, you probably have a problem on the playground,” Warhuus said.

Improving the school climate often begins with creating basic school rules and ensuring everyone in the school is on board. It also includes rewarding positive behavior. Warhuus said research has shown a dramatic decrease in office referrals when rules are set and everyone knows what those rules are. Warhuus said the district, working with the city services, will hire at least one positive behavior support coach, who’ll work with educators on efforts to reward positive behavior in schools.

She said schools that have implemented a system that supports positive behavior often see an improvement in academic achievement. “That’s the primary outcome you want, but you’re not focusing on reading, writing and arithmetic to get there,” Warhuus said.

Positive behavior support is good, said Cynthia Erickson, because it is systemic. “It not only involves those students with high needs for intervention and services, but also puts in a schoolwide piece to support all students,” said Erickson, a consultant for Safe and Drug Free Schools/Learning Supports in the Bureau of Student and Family Support Services for the Iowa Department of Education. That can help remove stigma from those students who need help, she said.

Like the Berkeley school district, Iowa used the UCLA model to create a system of learning supports, but Iowa is focused on a statewide plan. The state Department of Education is working with the Iowa Collaboration for Youth Development, a state-led interagency partnership working to align services from the state and community level for youth. Erickson said the state plan helps guide the work at the community level.
She said the state’s schools are served by area education agencies, which are familiar with the resources that can provide learning supports in a particular area of the state.

“We are trying to help schools look at academic data, but also some of the underlying causes that are barriers for students who aren’t succeeding,” she said.

Mental Health Screening

In addition to positive behavior support, which is funded by the state, Iowa also uses a program called Teen Screen, an early screening tool for depression designed for upper middle school and high school students. Part of being eligible for schools to participate in Teen Screen, Erickson said, is the ability to have follow-up available.

“If a student has a score that indicates they might be depressed or have mental health issues, you need to have someone at the time of the screening to talk to the student, do further assessment and referrals if necessary,” she said.

Screening is a part of many mental health efforts in schools—and outside schools. In fact, it’s a major part of the recommendations of the President’s New Freedom Commission on Mental Health. In establishing the commission, President George W. Bush cited three obstacles to universal quality mental health care: stigma that surrounds mental illness, treatment limitations in private health insurance, and the fragmented mental health delivery system.

The commission found there are unmet needs and that many barriers impede care for people with mental illnesses. To address those obstacles, the commission set six goals that include early mental health screening assessment and referral to services. The commission offered recommendations that include improvement and expansion of school mental health programs.

Funding and Other Obstacles

While there is a movement to address the problems, many school programs face the regular challenge of funding. The federal government offers some

grant funding for schools to develop mental health programs. But those are often for building infrastructure or gathering data.

Berkeley’s Warhuus said funding is always a challenge, and she’s started to look at integrated funding streams, including money from different state agencies for prevention and early intervention as well as state Medicaid dollars for treatment of children eligible for that program.

In Iowa, Erickson said the state uses federal dollars for a bullying prevention program, and some districts use Safe and Drug Free Schools grants as well as dropout prevention funding for mental health efforts in the schools. At the state level, Erickson said, it often takes collaboration between different departments—such as human services, public health and education—to provide the needed services.

“We are trying to do a better job of coordinating that,” she said.

Scott F. Barnett, an assistant professor of psychiatry at the University of South Florida and board member for Mental Health America, said mental health services, like all human services programs, often are on the chopping block when budgets are tight.

“There’s a lot of evidence that, as in all areas of medicine, prevention and early intervention in diagnosis saves money,” Barnett said. “By cutting programs that deal with prevention and early diagnosis and treatment … that’s being penny wise and pound foolish.”

But funding isn’t the only obstacle. Many times mental health services are fragmented, and different groups have different objectives.

“A historical problem has been the various groups concerned about mental health over the years all worked separately in trying to advance their own agendas,” said Barnett. “In the last couple of years, people have started coming together to have a common agenda to have a better chance of having things happen.”

Recognition of the Need

And there seems to be more interest from the public, especially after tragedies like the shootings on college campuses at Virginia Tech and Northern Illinois University, which left 32 dead in Virginia and five dead in Illinois.

Barnett said it’s critical to have services available on college and university campuses, as well as at the K-12 level. The rate of suicide has tripled since 1960, and it’s the third leading cause of death for 15- to 24-year-olds, he said. It’s the second leading cause of death among college age youth.

“Students are faced with a lot of stress,” he said. “There are all sorts of challenges students face when they’re in college. They are facing unique stresses that they’ve never had before.”

Those stressors can seem more acute for people who have not learned how to handle them, and that requires good mental health. Koller of Missouri said good mental health needs to be modeled and shaped from an early age. And, he said, it’s important for educators to know the signs that point to a potential mental health problem.

“A lot of times we’re so taken with putting out fires, figuratively, that if we paid a little more attention to being able to identify those signs and intervened, we could have prevented the problem,” he said.

Children spend a lot of time in school, and that’s often where their personal, social and emotional skills are developed. “That’s a prime opportunity for the development of the personality and the development of learning to occur,” Koller said.

And, said Warhuus, a focus on mental health in schools can help educators reach the goals of providing a quality education.

“It’s very clear that in schools you need to understand mental health is related to learning,” said Warhuus.

That lesson Prunty-Lara learned all too well. After dropping out of high school, she moved to Minnesota where she will graduate this month with a bachelor’s degree in communication studies. She hopes to get a master’s degree in public policy and focus on mental health issues, particularly as they relate to students.

—Mary Branham Dusenberg is managing editor for State News magazine.
62nd Annual Meeting of the Southern Legislative Conference

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Visit us at www.slcatlanta.org for schedule information and online registration.
North Dakotans Highlight Interbranch Cooperation

The office of lieutenant governor is unique in having powers and duties, in many cases, in both the legislative and executive branches. Half of the nation’s lieutenant governors preside over their state senates.

CSG Chairman Kim Koppelman, a state representative from North Dakota, joined around 30 lieutenant governors at the National Lieutenant Governors Association Winter Meeting to discuss and promote interbranch issues in state government.

North Dakota Lt. Gov. Jack Dalrymple, left, chairman of NLGA, and North Dakota Rep. Kim Koppelman, CSG chair, were among those discussing interbranch issues at the NLGA Winter meeting.

Another North Dakotan, Lt. Gov. Jack Dalrymple, currently serves as chair of NLGA, a CSG affiliate. The CSG Interbranch Summit is for all state officials and will focus on bridging the communication gaps that exist among various branches and agencies and will seek to identify opportunities to improve interbranch cooperation.

“Questions of interbranch powers recently surfaced in New York with the succession of Lt. Gov. David Paterson to governor,” said NLGA Director Julia Hurst. “The New York lieutenant governor presides over the senate and casts tie-breaking votes. The senate president now assumes the lieutenant governor’s powers, so some questioned if he would receive two senate votes in the event of a tie.”

Since 2000, 15 lieutenant governors across the country have succeeded to the governor’s office.

The CSG summit will cover the foundations of the separation of powers, obstacles to interbranch cooperation, the impact of administrative regulations and executive orders, and a case study of interbranch cooperation in Alabama.

Policy panels will cover subjects including judicial independence vs. sentencing guidelines, a topic discussed at the NLGA Winter Meeting.

N E M A Briefs Presidential Campaigns on Emergency Management Priorities

In 2007 alone, 63 major disasters were declared for events including hurricanes, tropical storms, floods, landslides and mudslides, bridge collapse, drought, tornadoes, severe winter storms and wildfires. And long-term recovery efforts continue in the Gulf Coast as a result of Hurricane Katrina in 2005.

The need for a national emergency management system that effectively integrates local, state, federal and private sector capabilities and resources has never been greater, according to the National Emergency Management Association.

NEMA delivered that message to the 2008 presidential campaigns in a meeting with campaign representatives March 9. The meeting was held in conjunction with the NEMA 2008 Mid-Year Conference in Washington, D.C. NEMA provided the campaigns with a list of the top five national emergency management issues and shared its vision for a 21st century emergency management system.

The top five national emergency management issues are:
1. All-hazards emergency preparedness must be the cornerstone of national planning efforts.
2. Emergency management, from mitigation through long-term recovery, must be supported by elected officials at all levels as a critical government service. Efforts and resources must be sustained so that long-term planning and implementation can be achieved.
3. The nation requires an emergency management system, which recognizes the requisite integration of local, tribal, state, regional and federal organizations capable of creating a single management structure in response to disasters.
4. Citizens and businesses must understand and act on their responsibilities to prepare for disasters and emergencies and lessen their reliance on government.
5. Emergency management continues to grow as a recognized profession. Adequate education and training resources are needed to meet the ongoing needs of emergency management personnel at all levels of government. A strategy is needed to recruit, train and develop future leaders.

NEMA is an affiliate organization of The Council of State Governments. For more information, visit www.nemaweb.org.
Kansas, Kentucky Adopt Education Compact

Kansas and Kentucky have enacted laws intending to ease the educational transition for military children as their parents move with different assignments to new locations. The laws establish the Interstate Compact on Educational Opportunity for Military Children, which was developed by The Council of State Governments and the U.S. Department of Defense and will become operational when it’s adopted in eight other states.

Twenty-one states are actively considering the measure, and 14 of those state legislatures have submitted bills in one or both chambers during this session. Kansas adopted the compact April 9, and Kentucky followed suit April 10. Adoption in 10 states makes the compact operational.

“We are thrilled that Kansas and Kentucky are leading the nation in seeking uniform standards for school transition for military children,” said Leslye A. Arsht, deputy undersecretary of defense for military community and family policy.

Work to develop the compact began in October 2006 when CSG convened an advisory group and formed a drafting team to identify the issues the compact will resolve upon enactment. By 2007, the groups completed the draft bill, which was presented to state legislators in December.

The compact addresses common problems that affect military students as a result of frequent moves and deployments. States that sign on to it agree to work collectively with other compact states to create uniform standards of practice, including the transfer of records, course placement, graduation requirements, redundant or missed testing, entrance-age variations and other transition issues.

About 1.5 million children of military families attend schools other than those sponsored by the Defense Department, and military families move about three times as often as their civilian counterparts, Arsht said.

Kentucky Sen. Tom Buford, who sponsored the legislation in the state’s Senate, said the compact is needed to provide a responsible education for children in military families.

“The United States can remain the world’s leading superpower and one of the world’s most influential nations only when we as individual states stand up for our military and their families,” he said.

Great Lakes Legislative Caucus Launches Web Site

The Great Lakes Legislative Caucus has launched its own Web site to better serve state lawmakers interested in issues related to Great Lakes protection and restoration.

Highlights of the site, available at www.greatlakeslegislators.org, include:

- maps of the Great Lakes basin’s state and federal legislative districts, as well as a list of legislators representing the basin;
- a page devoted to information on upcoming caucus events and activities;
- a recap of the latest news impacting the Great Lakes region and the legislators who represent it; and
- a forum for caucus members to exchange ideas with one another.

The Great Lakes Legislative Caucus is a nonpartisan group of legislators from eight U.S. states and two Canadian provinces. CSG’s Midwestern Office provides staff support for the caucus, which is funded by the Joyce Foundation.
This calendar lists meetings as designated by CSG’s Annual Meeting Committee. For details of a meeting, call the number listed. “CSG” denotes affiliate organizations of CSG. Visit www.csg.org for updates and more extensive listings.

May 2008

May 2-3 CSG/WEST Executive Committee—Napa Valley, CA—Napa Valley Marriott. Contact Lolita Urrutia or Cheryl Lee Duvauchelle at (916) 553-4423 or cswwest@csg.org.

May 18-21 National Association of State Technology Directors (NASTD) Midwestern Region Seminar—Duluth, MN—Radisson Hotel Duluth-Harborview. Contact Pamela Johnson at (859) 244-8184 or pjohnson@csg.org.

May 28-30 CSG/State-Regional Legislative Service Agency and Research Directors Meeting (LSA/RD)—Lexington, KY—Embassy Suites Lexington. Contact Ken Fern, SLC at (404) 633-1866 or kfem@csg.org; or Mary Lou Cooper, CSG/WEST (505) 424-3322 or mcooper@csg.org.

May 29-30 Interstate Commission for Adult Offender Supervision (ICAOS) Executive Committee Meeting—Lexington, KY—Marriott Hotel. Contact Barno Saturday at (859) 244-8235 or bsaturday@csg.org.

May 29-June 1 CSG 75th Anniversary Celebration—Spring Conference—Lexington, KY—Griffin Gate Marriott Resort and Spa. Contact registration at (800) 800-1910 or registration@csg.org.

May 31-June 3 National Association of State Technology Directors (NASTD) Western Region Seminar—Moran, WY—Jackson Lake Lodge at Grand Teton National Park. Contact Pamela Johnson at (859) 244-8184 or pjohnson@csg.org.

June 2008

June 7-11 National Association of State Chief Administrators (NASC A) & National Association of State Facilities Administrators (NASFA) National Conference & Resource Expo—Jackson, WY—Jackson Lake Lodge. Contact Marcia Stone at (859) 244-8181 or mstone@csg.org.

June 14-18 National Association of State Technology Directors (NASTD) Southern Region Summer Seminar—Little Rock, AR—Peabody Little Rock Hotel. Contact Pamela Johnson at (859) 244-8184 or pjohnson@csg.org.

June 22-24 CSG Interbranch Summit of the States—Bismarck, N.D. Contact registration at (800) 800-1910 or registration@csg.org.

July 2008

July 11-15 CSG/Southern Legislative Conference—62nd Annual Meeting—Oklahoma City, OK—Contact Elizabeth Lewis at (404) 633-1866 or visit www.slcatlanta.org for more information.

July 12-16 National Association of State Personnel Executives, Annual Meeting (NASPE)—Oklahoma City, OK—Skirvin Hilton Convention Center. Contact Leslie Scott at (859) 244-8182 or lscott@csg.org.

July 13-16 CSG/Midwestern Legislative Conference—63rd Annual Meeting—Rapid City, SD. Contact Cindy Andrews at (630) 925-1922 or candrews@csg.org, or visit www.csgmidwest.org for more information.

July 16-20 CSG/C-SGWEST Annual Meeting—Anchorage, AK—The Hotel Captain Cook. Contact Cheryl Duvauchelle or Lolita Urrutia at (916) 553-4423 or csgw@csg.org.

August 2008

Aug 3-6 CSG/American Probation and Parole Association—33rd Annual Training Institute—Las Vegas, NV—Rio All-Suite Hotel. Contact Kris Chappell at (859) 244-8204 or visit www.appa-net.org.

Aug 8-12 CSG/Midwestern Legislative Conference—14th Annual Bowhay Institute for Legislative Leadership Development (BILLD)—Madison, WI—Fluno Center of Executive Education. Contact Laura Tomaka at (630) 925-1922 or ltomaka@csg.org, or visit http://www.csgmidwest.org for more information.


Aug 10-13 CSG/ERC 48th Annual Meeting and Regional Policy Forum—Atlantic City, NJ—Sheraton Hotel. Contact Pamela Stanley at (212) 428-2320 or pstanley@csg.org.

Aug 18-21 National Association of State Treasurers (NAST) Annual Conference—Rockport, ME—Samoset on the Ocean Resort. Contact Adrie Hamilton at (859) 244-8174 or ahamilton@csg.org.

Aug 23-27 National Association of State Technology Directors (NASTD) 31st Annual Conference & Technology Showcase—Boston, MA—Seaport Hotel & World Trade Center. Contact Pamela Johnson at (859) 244-8184 or pjohnson@csg.org.

September 2008

Sept. 8-11 CSG/National Emergency Management Association—NEMA Annual Conference—Portland, OR—Contact Karen Cobuluis at (859) 244-8143 or kcobuluis@csg.org.

Sept. 11-13 Interstate Commission for Adult Offender Supervision (ICAOS) Annual Business Meeting—Palm Springs, CA—Wynn Palm Springs Hotel. Contact Barno Saturday at (859) 244-8235 or bsaturday@csg.org.

Sept. 20-24 CSG/Southern Legislative Conference—Center for the Advancement of Leadership Skills (CALS)—Norman, OK—University of Oklahoma and the Carl Albert Congressional Research and Studies Center. Contact Lori Jones-Rucker at (404) 633-1866 or jonesrucker@csg.org.

Sept. 27-Oct. 2 CSG—Henry Toll Fellowship Program—Lexington, KY—Hilton Suites at Lexington Green. Contact Krista Rinehart at (859) 244-8249 or krinehart@csg.org.

December 2008

Dec. 4-7 CSG 75th Anniversary Celebration—Annual Conference—Omahaha, NE. Contact registration at (800) 800-1910 or registration@csg.org.

Spring and Fall 2008

Spring 2009

May 16-19 CSG 2009 Spring Conference—Coeur d’Alene, ID. Contact registration at (800) 800-1910 or registration@csg.org.

August 2009

Aug. 9-12 CSG/Midwestern Legislative Conference—46th Annual Meeting—Verland Park, KS. Contact Cindy Andrews at (630) 925-1922 or candrews@csg.org, or visit www.csgmidwest.org for more information.


November 2008

Nov. 12-15 CSG 2009 Annual Conference—Palm Springs, CA. Contact Registration at 800-800-1910 or registration@csg.org.
Although the federal government tends to get more attention, state officials are often on the front lines of cutting-edge trends and issues. On the other hand, sometimes in the community of state governments, the more things change, the more they stay the same.

In print since 1958, *State News* (formerly *State Government News*) has chronicled many of the changes … and continuities.

Here’s what we reported on:

### 40 years ago—May 1968

**“Street Academies” in New Jersey**

The May 1968 issue of *State Government News* included an article about storefront “street academies” established by the New Jersey Department of Community Affairs. These small, informal schools offered a new route to a high school diploma for some high school dropouts.

The legislature approved a special $480,000 appropriation to fund the schools at the request of then-Gov. Richard J. Hughes as part of his urban aid program.

The program was modeled after one in New York City. Special “street workers” recruited students by visiting popular recreation centers and other gathering places. The primary function of the street academies was to train students in basic study methods which could be used later in more formal schooling. Emphasis was placed on increasing reading ability to the eighth grade level, along with remedial work in mathematics and English.

The storefront buildings were also used after school hours as study centers and headquarters for tutoring programs.

Officials at the Department of Community Affairs stressed that street academies were only a partial, temporary answer to the school dropout situation. But, said then-assistant commissioner Gregory Farrell, the academies “have shown that they offer a quality of vision … what they have is the power to motivate.”

### Update

Lowering school dropout rates is still a challenge for states. A 2006 report by the Washington, D.C.-based American Youth Policy Forum highlighted efforts by 12 school districts around the country to develop programs to keep kids in school. The report, titled “Whatever It Takes,” highlighted such efforts as charter schools for out-of-school youth to an education and job-readiness youth services and conservation corps. The report also discusses major national programs including Jobs Corps, Jobs for America’s Graduates and the National Guard Youth ChalleNGe.

### 25 years ago—May 1983

**Unemployment and the Recession**

A continuing recession and record unemployment in the 1980s forced several states to increase unemployment taxes or reduce benefits to keep their funds solvent, according to an article in the May 1983 *State Government News*.

At least 22 states had borrowed from the federal fund over a year’s time to pay unemployment benefits; the loans totaled more than $5 billion. Combined with the loans from the 1970s, states owed the federal government $12.5 billion. Governors called for relief from federal penalties and interest payments on the loans. Several states were working in 1983 to reform their unemployment systems to avoid those penalties and interest.

“The interest charged by the federal government amounts to a tax on states which are hardest hit by unemployment and forced to borrow from Washington,” then-Gov. James J. Blanchard of Michigan said. “It is essentially a tax on businesses in states with high unemployment.”

And Pennsylvania Gov. Dick Thornburgh said older industrial states were penalized by the unemployment compensation policies at the time. “How can these states, which are most in need of maintaining and promoting job opportunities, hope to successfully compete and survive in the future if this kind of burden continues unabated?” he asked.

At 10.8 percent, the unemployment rate at the end of 1982 was higher than at any time in post-World War II history.

### 10 years ago—May 1998

**Dealing With HIV**

An article in the May 1998 *State Government News* explored how state and federal prisons were dealing with HIV and AIDS. The article cited a Bureau of Justice Statistics report that found 23,404 inmates nationwide in state prisons were HIV positive and 822 in federal prisons were HIV positive in 1995. Of those cases, according to the report, 21 percent of state prison inmates and 16 percent of federal prison inmates were confirmed as having AIDS. Overall, AIDS cases in the nation’s prisons were six times that of the U.S. population, the magazine article said.

Prisons house a higher concentration of people than the average population who fall under the high risk factor categories of intravenous drug use and risky sexual behavior. States were working to develop strategies for health care of inmates identified as HIV positive, according to the article.

### Update

The number of inmates who were HIV infected or had confirmed AIDS has been dropping. By the end of 2005, there were 22,480 inmates across the country with such diagnoses, according to a 2007 press release from the Bureau of Justice Statistics. The 2005 decline was the sixth consecutive year the numbers had fallen. In 1999, 25,807 state and federal inmates were HIV infected or had confirmed AIDS, according to the release.

HIV and AIDS are still serious public health threats 25 years after the AIDS epidemic began. The Centers for Disease Control and Prevention recently released updated numbers of new HIV infections across the country. Read about the report in the State Source on page 7 and see where your state stands with regard to the new numbers in the Snapshot on page 8. Also, find out about how some states are trying to deal with the public health threat through syringe exchange programs in the story on page 9.
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