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NEVADASTATE PROFILE

At the heart of the Action for Healthy Kids Initiative are state teams composed of individuals who are committed to improving the nutrition and fitness of our nation's children. To help these state teams understand the challenges they face, State Profiles providing important background information and data on nutrition and fitness have been developed for every state, the District of Columbia, and the nation.

While there are numerous activities happening in local school districts and cities, the Profiles were limited to national and state-level data.

Each Profile contains the following:

- 1. School Demographics: Numbers of students, ethnic breakdown of the students, number of school buildings, teachers, districts, and building and district staff.
- 2. Health Behaviors and Risks: If available for the state, this section will contain overweight/obesity rates, nutrition/dietary and physical activity behaviors and risks.
- 3. Oral Health Data: Because oral health data are not collected regularly across all states and the District of Columbia, national data are provided in both the National and State Profiles.
- 4. School Food Programs & Hunger: Percentages of food insecurity and participation levels in the school breakfast and lunch programs.
- 5. National 2000 Income Demographics: Per capita income and unemployment and poverty rates.
- 6. Legislation: Links and information about statutes pertaining to nutrition and fitness.
- 7. Policies: Information about policies on food and physical education/activity in the schools.
- 8. Standards and Assessment National/state-specific standards and graduation requirements. This section also describes types of assessment projects with which states are currently involved.
- 9. State Priorities: In preparation for the Healthy Schools Summit (2002), the Council of Chief State School Officers administered a brief questionnaire that was sent to state representatives (i.e., coordinated school health directors/coordinators, physical education coordinators, nutrition coordinators, etc.) during the 2002 summer period. This section has their responses.
- 10. Resources: Contains all data sources and notes for information shared in profiles.

National and State profiles are available for public view and use at www.ActionForHealthyKids.org.

EXHIBIT C Committee on Human Resources/Fac

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1) NV SCHOOL STATISTICS

	PUBLIC		
DATA CATEGORY	ELEMENTARY	SECONDARY	UNGRADED
a) Total Students	187,712 ⁵	135,145 ⁵	710 ^s
American Indian/Alaskan Native students	3,3325	2,4785	135
2. Asian/Pacific Islander students	9,6815	7,656	315
3. Hispanic students	49,529	27,796°	1445
4. Black, Non-Hispanic students	19,536°	12,901 ⁵	134 ^s
5. White, Non-Hispanic students	105,6345	84,314 ⁵	3885
b) School Buildings	350 ⁶	90 ⁶	
c) Teachers	8,621 ⁵	6,448 ^s 2,060 ^s	

d) Total Number of Students in Public Schools: 323,567⁵

e) Number of Public School Districts: 176

f) Number of Public School Building^H Staff: 11,911⁵

g) Number of Public School Districtⁱ Staff: 956⁵

PRIVATE				
DATA CATEGORY	ELEMENTARY	SECONDARY	COMBINED	
h) Total Students	6,345 ⁴	1,935⁴	5,6464	
American Indian/Alaskan Native students	46 ⁴	6⁴	57 ⁴	
2. Asian/Pacific Islander students	488 ⁴	134'	276*	
3. Hispanic students	656 ⁴	1981	535 ⁴	
4. Black, Non-Hispanic students	628 ⁴	56	4444	
5. White, Non-Hispanic students	4,527 ⁴	1,5404	4,335	
i) School Buildings	42 ⁴	5 ⁴	34⁴	
j) Teachers	3874	1234	463 ⁴	

k) Total Number of Students in Private Schools: 13,9264

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2) NV HEALTH BEHAVIORS AND RISKS^{M, N}

Data Category	Nevada	National
a) Percentage of students in grades 9-12 who are overweight	Data not available ¹²	10.5% (weighted data) ¹²
b) Percentage of students who in grades 9-12 described themselves as slightly or very overweight	29.5% (weighted data) ¹²	29.3% (weighted data) ^{t2}
c) Percentage of adults who are obese	17.9% (weighted data) ¹³	20.1% (weighted data) ¹³
d) Percentage of students in grades 9-12 who ate five or more servings of fruit and vegetables per day during the past seven days	Data not available ¹²	21.5% (weighted data) ¹²
e) Percentage of students in grades 9-12 who drank three or more glasses or milk per day during the past seven days	16.5% (weighted data) ¹²	16.4% (weighted data) ¹²
f) Percentage of students in grades 9-12 who attended physical education class daily	Data not available ¹²	32.2% (weighted data) ¹²
g) Percentage of students in grades 9-12 who attended physical education class one or more days during an average school week	Data not available ¹²	51.7% (weighted data) ¹²
h) Percentage of students in grades 9-12 who participated in no vigorous or moderate physical activity during the past seven days	7.8% (weighted data) ¹²	9.5% (weighted data) ¹²
i) Percentage of students in grades 9-12 who did not participate in at least 20 minutes of vigorous physical activity on three or more of the past seven days and did not do at least 30 minutes of moderate physical activity on five or more of the past seven days	29.0% (weighted data) ¹²	31.2% (weighted data) ¹²



3) ORAL HEALTH DATA

Note: State-by-state oral health surveillance data for children are not available.

Dental decay is one of the most common chronic infectious diseases among U.S. children. This preventable health problem begins early: 17% of children aged 2-4 years have already had decay. By the age of 8, approximately 52% of children have experienced decay, and by the age of 17, dental decay affects 78% of children. Among low-income children, almost 50% of tooth decay remains untreated, and may result in pain, dysfunction, underweight, and poor appearance – problems that can greatly reduce a child's capacity to succeed in the educational environment.¹⁵

For more information, please visit http://www.cdc.gov/OralHealth/ for general information and a link to the National Oral Health Surveillance System and http://sgreports.nlm.nih.gov/NN/B/B/J/T/segments.html to review the Surgeon General's Report on Oral Health in America (2000).

4) NV SCHOOL FOOD PROGRAMS & HUNGER⁷

- a) 8.6% of all households in NV are food insecure with or without hunger (National: 9.2%)
- b) 3.4% of all households in NV are food insecure with hunger (National: 3.1%)

	BREAKFAST		LUNCH		
DATA CATEGORY	Nevada	National	Nevada	National	
c) Students participating daily in the free and reduced-price program	30,346	6, 519,793	75,488	15,249,652	
d) Students participating in the paid program	7,100	1,363,809	48,013	11,873,767	
e) Total number of students participating (free and reduced + paid)	37,447	7,883,602	123,501	27,123,419	
f) Of the students participating In the meal program, what is the percentage who are enrolled in the free and reduced-price program?	81.0%	82.7%	61.1%	56.2%	

g) Ratio of students receiving free or reduced-price breakfast per 100 who receive free or reduced-price lunch during the 2000-2001 school year: 40.2 (National: 42.8)







5) NV STATE INCOME DEMOGRAPHICS⁷

DATA CATEGORY	Nevada	National
a) What is the per capita income?	\$29,551	\$29,451
b) Unemployment Rate (Number of persons who are unemployed)	4.1% (40,000 people)	4.0% (5,653,000 people)
c) Poverty ^k Rate (Number of persons living in poverty)	10.1% (194,000 people)	11.3% (32,592,000 people)
d) Poverty Rate for children under 18 (Number of children under 18 living in poverty)	14.2% (81,000 children)	17.1% (12,169,000 children)

6) NV LEGISLATION

- a) To access your state's most recent statutes regarding Nutrition, Physical Activity, Physical Education, please visit: http://www.leg.state.nv.us/11
- b) Existing state law(s) on nutrition/dietary behavior and physical activity/education:

Nev. Rev. Stat. § 233H.010 creates the Nevada Commission on Sports to promote physical fitness. Some duties of the commission may include promoting physical fitness through participation in sports, developing, fostering and coordinating physical fitness services and programs, sponsoring workshops, clinics and conferences for amateurs in sports and promoting amateur sports and programs for physical fitness in schools and local communities. (1989)¹⁰

7) NV POLICIES

Note: This section contains data that come from information reported by State Education Agencies in 2000 as a part of the Centers for Disease Control State-Level School Health Policies and Programs Study 2000. Policies can change rapidly.

Policies on Food in Schools¹

- a) Has your state adopted a policy stating that districts will have someone to oversee or coordinate food service in the district (e.g., a district food service coordinator)? Yes
- b) Does your state offer certification, licensure, or endorsement for district food service coordinators? No



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- c) Has your state adopted a policy requiring district food service coordinators to earn continuing education credits on nutrition or school food service to maintain state certification, licensure, or endorsement? State does not offer certification. licensure, or endorsement to district food service coordinators.
- d) Has your state adopted a policy stating that schools will teach nutrition and dietary behavior
 - ...in senior high schools? Yes
 - ...in middle/junior high schools? Yes
 - ...in elementary schools? Yes
- e) Has your state adopted a policy prohibiting schools from using food or food coupons as a reward for good behavior or academic performance? Data not available
- f) Does your state education agency require or recommend that schools include fruits or vegetables among foods offered
 - ...in vending machines? Neither requires nor recommends
 - ...in after-school programs? Neither requires nor recommends
 - ...a la carte during breakfast or lunch periods? Neither requires nor recommends
- g) Does your state education agency require or recommend that schools be prohibited from offering junk foods^A
 - ...in vending machine? Neither requires nor recommends
 - ...in after-school programs? Neither requires nor recommends
 - ...a la carte during breakfast or lunch periods? Neither requires not recommends

Policies on Physical Education & Activity in Schools¹

- h) Does someone in your state oversee or coordinate physical education? Yes
- i) Has your state adopted a policy stating that newly-hired staff who teach physical education be certified, licensed, or endorsed by the state to teach physical education
 - ...at the senior high school level? Yes
 - ...at the middle/junior high school level? Yes
 - ...at the elementary school level? No
- j) Has your state adopted a policy stating that teachers will earn continuing education credits on physical education topics to maintain certification, licensure, or endorsement to teach physical education? Yes
- k) Does your state education agency require or recommend that elementary schools provide students with regularly scheduled recess? Neither requires nor recommends
- I) Has your state adopted a policy stating that schools will teach physical education
 - ...in senior high schools? Yes
 - ...in middle/junior high schools? Yes
 - ...in elementary schools? Yes



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- m) Based on policies adopted by your state, what is the required student-to-teacher ratio for physical education
 - ...in senior high schools? No state policy on required ratio
 - ...in middle/junior high schools? No state policy on required ratio
 - ...in elementary schools? No state policy on required ratio
- n) Has your state adopted a policy that prohibits schools from using physical activity (e.g., laps or push-ups) to punish students for bad behavior in physical education? No
- o) Has your state adopted a policy that prohibits schools from excluding students from all or part of physical education as punishment for bad behavior in another class? No
- p) Has your state adopted a policy stating that physical activity and fitness will be taught as a part of classroom instruction
 - ...in senior high schools? Yes
 - ...in middle/junior high schools? Yes
 - ...in elementary schools? Yes

8) NV STATE STANDARDS AND ASSESSMENT

Note: Many states base their health education and physical education standards on national standards. Nutrition education is a component of health education and most states do not have separate nutrition education standards.

- a) Physical Education Standards: There are standards based on the National Standards for Physical Education. However, there is no statewide assessment of them or of physical fitness.9
- b) Has your state adopted a policy stating that districts or schools will follow any national or state physical education standards or guidelines? Yes1 (if answered yes, please skip to question 8d)

- c) Has your state adopted a policy encouraging (e.g., in memoranda or guidelines) districts or schools to follow any national or state physical education standards or quidelines?
- d) Are these health standards or guidelines based on the National Standards for Physical Education? Yes1
- e) What are your state's physical education student requirements? Physical education is not mandated by the state, except for high school. No time requirements are specified for grades K-8. For grades 9-12 two credits (equivalent to 4 semesters) are required for graduation. Grades are given and are usually included in the grade point average. Substitution of other activities is allowed. No data is available to ascertain the extent that physical education programs are offered.9



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f) Has your state adopted a policy stating that districts or schools will follow any national or state health education standards or guidelines? Yes¹ (if answered yes, please skip to question 8h)

OR

- g) Has your state adopted a policy encouraging (e.g., in memoranda or guidelines) districts or schools to follow any national or state health education standards or guidelines?
- h) Are these health standards or guidelines based on the National Health Education Standards? Yes¹
- i) Has your state adopted a policy stating that students will be tested on health education topics
 - ... in senior high schools? No
 - ...in middle/junior high schools? No1
 - ...in elementary schools? No
- j) Is your state involved in the CCSSO-SCASS Health Education Assessment Project? No¹⁴
- 9) NV STATE PRIORITIES SURVEY RESPONSE3

In preparation for the Healthy Schools Summit (2002), the Council of Chief State School Officers administered a brief questionnaire that was sent to state representatives (i.e., coordinated school health directors/coordinators, physical education coordinators, nutrition coordinators, etc.) during the 2002 summer period.

- a) Has there been a current focus on physical fitness/physical education? If so, could you describe the activities linked to this focus? "Walk A Child to School Day" observance is an example of one such activity. This event was created out of a partnership with: local school district Food Service Directors; Parent Teacher Associations/Organizations (PTAs and PTOs); USDA; Nevada Office of Pedestrian and Traffic Safety; and staff from the Department of Education's Office of Child Nutrition and School Health. The event provided breakfast reimbursement to participating schools for each parent/guardian and student who walked to school. Centers for Disease Control's Division of Adolescent and School Health Cooperative Agreement "Youth Media Campaign" supplemental funding provided \$2,000 per school reimbursement for the breakfasts served.
- b) Has there been a current focus on nutrition? If so, could you describe the activities linked to this focus? Additional grants obtained include: the "Team Nutrition Grant" and the "Vitamin Settlement Grant". These grants support a "Breakfast in the Classroom" piloted project that enables nutrition staff to work collaboratively with the Food Bank of Northern Nevada in order to increase school breakfast and summer food and child care "supper"/"snack" programs.
- c) If physical fitness and nutrition has not been a priority, can you discuss why these two areas have not received attention? There is no current legislative support or state funding available. All programs are dependent upon federal funds and supplemental grant writing by existing State Education Agency (SEA) staff to support/expand existing programs.



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- d) Are students in your state regularly assessed in their knowledge gained in fitness and nutrition? The only surveillance survey instrument utilized is the Youth Risk Behavior Survey. This survey is administered to middle and high school students during the spring of odd numbered federal fiscal years.
- e) Additional Information shared about specific policies on competitive foods, nutrition and dietary behavior, physical activity/education, legislation, standards

No state policy is in place other than the USDA federal legislation. Team Nutrition Nevada grant activities identified in the present grant proposal that NV would develop one in 2003-2004.

f) Contact(s) from survey:

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Pat Cook, M.S.R.D. Consultant, NSLP Coordinator

Office of Child Nutrition and School Health

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10) RESOURCES

- 1. Centers for Disease Control and Prevention, State-Level School Health Policies and Practices: A State-by-State Summary from the School Health Policies and Programs Study 2000. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001. To order a copy, call 888-231-6405 or access http://www.cdc.gov/shops.
- 2. Centers for Disease Control and Prevention, Division of Adolescent and School Health, School Health Policies and Programs Study (SHPPS) 2000: A Summary Report. Journal of School Health, Volume 71, Number 7, September 2001.
- 3. In preparation for the Healthy Schools Summit (2002), the Council of Chief State School Officers administered a brief questionnaire that was sent to state representatives (i.e., coordinated school health directors/coordinators, physical education coordinators, nutrillon coordinators, etc.) during the 2002 summer
- 4. U.S. Department of Education, National Center for Education Statistics, Private School Universe Survey, 1999-2000, NCES 2001-330, by Stephen P. Broughman and Lenore A. Colaciello, Washington, DC: 2001. Retrieved from http://NCES.ed.gov
- 5. U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD). 1999-2009, NCES 2002-363, by Beth Young, Washington, DC: 2002. Retrieved from http://NCES.ed.gov
- 6. U.S. Department of Education, National Center for Education Statistics. Overview of Public Elementary and Secondary Schools and Districts: School Year 1999-2000, NCES 2001-339R, by Lee M. Hoffman, Washington, DC: 2001. Retrieved from http://NCES.ed.gov
- 7. Compiled by the Food Research and Action Center from Federal and State sources, State of the States: A Profile of Food and Nutrition Programs Across the Nation, 6th edition, by Doug Hess and Jim Weilt, Washington, DC: February 2002. Retrieved from http://www.frac.org.Not e: Date presented in this report are based on fiscal year 2000 figures with the exception of the food insecurity data (years 1997-1999, 3-year average). The Federal food program data was obtained from the U.S. Department of Agriculture, Food and



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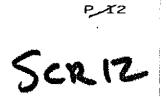
Nutrition Service. Most of these data can be found at http://www.tns/uscia/gov/pd. Because many numbers are monthly estimates, numbers may not add up due to rounding.

- 8. 2002-2003 Directory of Coordinated School Health Program Staff. This directory was completed with support provided by a cooperative agreement (Number U87/CCU/310210-09) with the Division of Adolescent and School Health, Center for Chronic Disease Prevention and Health Promotion. Centers for Disease Control and Prevention, Atlanta. Georgia 30341.
- 2001 The Shape of the Nation Report: Status of Physical Education in the USA, published by the National Association for Sport and Physical Education (NASPE), an association of the American Alliance for Health Physical Education, Recreation and Dance. To purchase a complete copy of the report, call 1-800-321-0789. For more information, please visit www.aahperd.org/naspe
 10. National Conference of State Legislatures, Prevention Projects Program and Health Policy Tracking Service.
- Prepared in August 2002. See http://www.ncsl.org/programs/health/phchronic.htm for current information.
- 11. www.nest.org/public/teglinks.cfm
- 12. Grunbaum JA, Kann L, Kinchen SA, Williams B, Ross JG, Lowry R, Kolbe L. Youth Risk Behavior Surveillance-United States, 2001, In: Surveillance Summaries, June 28, 2002. MMWR 2002;51(No.SS-4):1-64.
- 13. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001. Retrieved from www.cdc.oov/brfss.
- 14. http://www.ccsso.org/scass/p_heap/index.html
- 15. General oral health facts retrieved from http://www/coc/gov/Oral-health/focuss/child.htm

Notes

- "Junk Foods" defined as: Foods which provide calories primarily through fats or added sugars and have minimal amounts of vitamins and minerals.
- "Overweight" levels in children defined as: Students who >95th percentile for body mass Index, by age and sex, based on reference data (i.e., CDC Growth Charts).
- "Obesity" levels in adults defined as: All respondents 18 and older who report that their Body Mass Index (BMI) is 30.0 or more. BMI is defined as weight in kilograms divided by height in meters squared (w/h**2).
- Ungraded defined as: These are students who are assigned to programs of classes without standard D. grade designation. States are requested to report teachers of ungraded classes even if all students are assigned a grade level of record.
- "Combined" defined as: A combined school has one or more grades in K-6 and one or more grades 9-12.
- "Etementary" defined as: Original data sets had numbers broken up by each grade level. For these purposes, data was combined and "elementary" reflects the addition of Grades K-6 data. "Secondary" defined as: Original data sets had numbers broken up by each grade level. For these
- purposes, data was combined and "elementary" reflects the addition of Grades 7-12 data.
- H. "Building staff" defined as: instructional aids, instructional coordinators and supervisors, elementary and secondary quidance counselors/directors, librarians, library staff, school administrative support staff, student support services, all support services.
- 'District staff' defined as: LEA administrators and administrative support staff.
- J. "Fo od insecure" defined as: USDA measures food insecurity and hunger only related to financial constraints. Food secure households have access at all times to enough food for an active, healthy life. Food insecure households do not have access to enough food to fully meet basic needs at all time. Among food insecure households, same reach a level of severity grave enough that one or more household members are hungry. Hunger is defined as the uneasy or painful sensation caused by lack of food.
- K. "Poverty" threshold defined as: in 2000 for a family of four (two adults and two children) it was \$17,463; for a family of three (one adult and two children) it was \$13,874.
- Idaho did not provide any Information on ethnic categories for the NCES publication, Common Core of Data. 1999-2000. New Jersey only provided aggregate totals for each ethnic category in the same publication.
- M. Information in this section is from the YRBSS (footnote 12) and BRFSS (footnote 13) data sets. The Centers for Disease Control reports on these data sets when the data from a state are weighted or unweighted. Results from weighted data are representative of everyone in the population of interest. Results from unweighted data are not. National data are all weighted.
- N. Overweight and obesity status are calculated based on self-reported height and weight, which tends to underestimate the prevalence of overweight and obesity.





ACKNOWLEDGEMENTS

This publication was developed by the staff of the Council of Chief State School Officers (CCSSO) School Health Project with financial support from the National Dairy Council. The information in this publication was collected by CCSSO staff during the summer of 2002. Some Information may have changed subsequent to printing. Users are encouraged to consult the data sources listed in the profiles for updated information. Melissa Zack, an intern and graduate student in social service administration, provided the major staff support for this project. She was assisted by Stephanie Yun, School Health Project Assistant. Additional support was provided by Nancy Bauer and Karen Ellis of Media Management Services. CCSSO also wants to thank Steve Kinchen, Nancy Brener and Howell Wechsler of the Centers for Disease Control and Prevention for their assistance in obtaining and Interpreting the Youth Risk Behavior Survey and the School Health Policies and Programs Study. Finally, the many members of the Healthy Schools Summit Planning Committee provided critical support and links to information.

COUNCIL OF CHIEF STATE SCHOOL OFFICERS

The Council of Chief State School Officers (CCSSO) is a nationwide, nonprofit organization comprised of the public officials who head the departments of elementary and secondary education in the states, the District of Columbia, five U.S. extra-state jurisdictions, and the Department of Defense Education Activity. CCSSO provides leadership, advocacy, and technical assistance services to its members to fulfill the organization's vision that all school systems will ensure high standards of performance for every student and that each child is prepared to succeed as a productive member of a democratic society.

DIVISION OF STATE SERVICES AND TECHNICAL ASSISTANCE

The Division of State Services and Technical Assistance supports state education agencies in developing standards-based systems that enable all children to succeed. Initiatives of the division support improved methods for collecting, analyzing, and using information for decision making; development of assessment resources: creation of high-quality professional preparation and development programs; emphasis on instruction suited for diverse learners; and the removal of barriers to academic success.

SCHOOL HEALTH PROJECT

The School Health Project assists state education agencies in promoting and supporting a coordinated approach to school health. Current activities include producing and disseminating materials that chief state school officers, their staff, and partners can used to engage the public concerning the importance of school health programs in removing barriers to learning.

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