

**MINUTES OF THE  
SENATE COMMITTEE ON HUMAN RESOURCES AND EDUCATION**

**Seventy-fourth Session  
February 28, 2007**

The Senate Committee on Human Resources and Education was called to order by Chair Maurice E. Washington at 1:36 p.m. on Wednesday, February 28, 2007, in Room 2135 of the Legislative Building, Carson City, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

**COMMITTEE MEMBERS PRESENT:**

Senator Maurice E. Washington, Chair  
Senator Barbara K. Cegavske, Vice Chair  
Senator Dennis Nolan  
Senator Joseph J. Heck  
Senator Valerie Wiener  
Senator Joyce Woodhouse

**COMMITTEE MEMBERS ABSENT:**

Senator Steven A. Horsford (Excused)

**STAFF MEMBERS PRESENT:**

Marsheilah D. Lyons, Committee Policy Analyst  
Joe McCoy, Committee Policy Analyst  
Sara Partida, Committee Counsel  
Patricia Vardakis, Committee Secretary

**OTHERS PRESENT:**

Philip M. Ringle, Ph.D., President, Truckee Meadows Community College  
Richard Carpenter, Ph.D., President, Community College of Southern Nevada  
Paul T. Killpatrick, Ph.D., President, Great Basin College  
Carol A. Lucey, Ph.D., President, Western Nevada Community College  
Carol Lange, Dean of Instruction, Western Nevada Community College  
Jim Rogers, Chancellor, Nevada System of Higher Education  
R. Keith Schwer, Ph.D., Director, Center for Business and Economic Research,  
University of Nevada, Las Vegas

CHAIR WASHINGTON:

We have a Bill Draft Request (BDR) 40-492.

**BILL DRAFT REQUEST 40-492**: Enacts provisions governing the operation and use of a recreation area. (Later introduced as [Senate Bill 195](#).)

The Chair will entertain a motion for introduction.

SENATOR CEGAVSKE MOVED TO INTRODUCE BDR 40-492.

SENATOR WOODHOUSE SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS NOLAN AND HORSFORD WERE ABSENT FOR THE VOTE.)

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PHILIP M. RINGLE, Ph.D. (President, Truckee Meadows Community College):  
Community colleges are committed to serving our local communities and assisting Nevadans in reaching postsecondary educational goals. Among the many critical roles that community colleges play in this area, two are vital. Most important to the continued health and vitality of our health care system is our provision of allied-health technicians and a technical-level workforce. We all have a vested interest in addressing this problem. *The New England Journal of Medicine* reported that patients in hospitals with low numbers of registered nurses are more likely to suffer complications, have longer hospital stays and die from untreated conditions. The American Public Health Association has labeled the shortage of trained staff the most critical manpower problem facing hospitals across America.

Community colleges have seen these shortages as an opportunity to continue to assist in meeting the needs of our local communities. Nationwide, 60 percent of registered nurses hold associate degrees. We provide the technician-level workforce that drives the direct-patient care and support services in our hospitals, clinics, medical laboratories and doctors' offices. A second role we play is the significant contribution we make to preventative programs that foster healthy practices in our communities. We will share some of the challenges we face in extending our programs. The health care shortage is most acute for nurses, and so there is a need for employees and opportunities

for students in other allied health areas. Collectively, community colleges offer almost 50 training and education programs in every medical specialty. You can see the variety of those programs in the handout ([Exhibit C](#)). Looking at the list of programs does not tell the story. If you have been hospitalized, undergone any diagnostic test or have gone to the dentist recently, chances are you have been treated by a community college graduate in radiological technology, nursing, dental assisting, dental hygiene, surgical technology or many of our other programs.

If you have had the need for a first responder, paramedic, emergency medical technician, fireman or policeman, nationally 80 percent of those individuals are trained in community colleges. Without the technicians we train and educate, hospitals, nursing homes, clinics and medical offices would be in dire straits. This fall there were 6,133 students enrolled in these specialties in community colleges across the State. We are committed to their success.

RICHARD CARPENTER, Ph.D. (President, Community College of Southern Nevada): We are a vital component of the University of Nevada Health Sciences System (UNHSS). We have a critical shortage of floor nurses across the country and in Nevada. We also have shortages in master-degree and doctoral-level nurses. These are the individuals from whom we draw our faculty.

Community colleges in the State of Nevada are your bargain for producing health care workers. Half of the registered nurses in the State are products of a community college. Every one of our programs has a 90-percent-plus pass rate which exceeds the national average.

A registered nurse who finishes a two-year degree program and a registered nurse who finishes a four-year degree program apply for the same job and they are paid the same rate. The major difference is the graduate of a four-year program will be supervising the floor. There is a slight majority of registered nurses produced from community colleges. This is at the least cost to the taxpayer and student and the shortest time frame to completion.

Across the nation, community college students who sit for state boards typically outperform the test scores of the university graduate. The state boards are geared toward the practical part of nursing. Our programs are intense and concentrated on actual nursing practices.

Since the last Legislative Session, we have opened our new health sciences center. The Legislature funded the \$25 million facility. It is a state-of-the-art facility. It serves the State's largest nursing program. We have 536 students in the registered nursing program. The facility serves surgical technicians, practical nursing, nursing assistants and medical stenographers.

Community colleges are actively involved in securing funding, partnerships and support outside of the Legislature. We have a list of 300 partnerships. We work with hospitals and health care providers in the area. We use some of their space. We share classroom and laboratory space at Sunrise Hospital and Medical Center. We have scholarship programs provided through Valley Health System and Saint Rose Dominican Hospital where nursing scholarships are provided in return for a two-year employment commitment.

PAUL T. KILLPATRICK, Ph.D. (President, Great Basin College):

I will talk about partnerships and outreach. Community colleges are all about partnerships. Any program offered by a community college that has an advisory board has a partnership with the community. This includes industrial education, teacher education and health education.

Starting with A.B. No. 378 of the 71st Session there was a plan to double the nursing programs in the system. Community colleges have to work in tandem with local hospitals and others to make this possible. In order to double the amount of nurses we need to secure more clinical sites in rural as well as urban areas, which is not always possible because of limited resources. According to data supplied by American Association of Community Colleges, associate degree registered nurses tend to have local ties and seek employment where they were educated. This tendency is critical for areas concerned with population retention and regional development or for rural areas where it is difficult to import professional staff.

An example of a successful partnership involves Great Basin College (GBC) and the old Elko Clinic, which is a 40-year-old building. This is a collaborative effort started 3 years ago when the hospital made the 30,000 square-foot building available to GBC on a 10-year, no-cost lease. This started in a collaborative partnership with the University of Nevada, Las Vegas School of Dental Medicine; the University of Nevada, School of Medicine, Elko; GBC and Nevada Health Centers. The mission of the old Elko Clinic is to establish a health

profession interdisciplinary training unit and clinic in Elko to serve the needs of those with financial barriers to access health care.

As a result of the clinic, admissions to the emergency room have been reduced, because generally, people without insurance or primary-care doctors would go to the emergency room for care. The clinic will ultimately support the academic development of an interdisciplinary rural training track program for medical and other health professions, students and an accredited rural training track for family residents focused on a two-year training program for students and an accredited rural training track for family medicine residents focused on a two-year, on-site training experience.

In addition, we are seeking to establish a federally qualified health center and possible veterans' admissions clinic because the lack of care for the veterans in rural areas is appalling. The nearest Veterans Administration (VA) service area is in Salt Lake City, Utah.

Community colleges seek support from their local hospitals with regard to clinical sites and funding. Great Basin College recently received a grant of \$50,000 from the Northeastern Nevada Regional Hospital to hire additional nursing staff. We view the agreement as a microcosm of what the Board of Regents and the Chancellor have done with regard to their UNHSS and working together with different colleges for the benefit of the community.

CAROL A. LUCEY, Ph.D. (President, Western Nevada Community College):

I will talk to the Committee about Western Nevada Community College's (WNCC) partnerships. In the context of those partnerships, I will describe some of the issues we have that impinge on some BDRs that will be forthcoming. I will tell you about a situation that was a crisis, an acute health care problem and a chronic problem.

In February 2006, there was a series of articles in the newspaper on the emergency first responder problem. Someone could have an accident on a rural western Nevada road and the person could die before reaching a trauma unit because there was not sufficiently prepared fire units to provide care. Four rural fire departments came to our allied health division and asked us to assist in solving the problem. On September 9, 2006, we started an emergency first responder paramedical services course and there are 20 firefighters from the

4 fire departments that we are using. The program will continue as long as there is a need. This is a classic example of a community college partnership.

The second partnership involves many people and agencies. When the 72nd Legislature asked us to double nursing capacity, the smaller colleges struggled with how this would be accomplished. We know there is a serious problem keeping trained medical personnel in the rural parts of our service area. Hospitals would offer a bounty to a nurse or practitioner to work in rural areas and in a year or two lose that individual. The hospitals wanted to train their own personnel. The college in collaboration with the Nevada Hospital Association, Rural Hospital Association Partnership, Banner Churchill Community Hospital and some philanthropists started a rural nursing program. It is headquartered at our Fallon campus. The laboratory space is Churchill County office space. We are halfway through a four-year commitment. In two years, we will no longer have that space and then we will have a facility problem. The laboratory was outfitted by the philanthropy of Banner Churchill Community Hospital, Carson Tahoe Regional Medical Center and the Rural Hospital Association Partnership.

The rural nurse who oversees the program is available to us due to a \$400,000 grant from Banner Churchill Community Hospital. We are midway in that funding. Before the next Legislative Session, we will be running into problems with the funding for that rural nursing program.

CHAIR WASHINGTON:  
What was that figure?

DR. LACEY:  
It is \$400,000 over 4 years for salary and fringe benefits.

CHAIR WASHINGTON:  
Is that for one full-time equivalent (FTE)?

DR. LACEY:  
Yes, one FTE faculty member. When nursing doubled, it created a problem with funding nursing faculty. We cannot hire a nurse faculty member for less than \$60,000 a year. I can hire an English Ph.D. or mathematics Ph.D. for \$43,000. The funding formula, which is based on average salaries, does not help in staffing our nursing program. The State of Nevada requires that in a clinical situation they must have a practitioner and nurse with no more than

eight students in a hospital or in a long-term health facility. When our nurses go to their clinicals with their students, we need to send a FTE faculty member with every eight students. We are funded on a 12-to-1 basis. These are serious issues for all the community colleges and we urge the Committee to look favorably on our request and fund us at 8 to 1 for our nursing clinicals.

There is no way the State or the country can train enough doctors and nurses to solve the future medical and health care issues in this country. We need to focus on health maintenance. This is an area where the community colleges are strong. The home health care worker, nutritionist, the exercise therapist and occupational therapy assistants must be a part of this situation. In the future, we will be discussing how to solve the continuing health care problems in this nation. This is not just a personnel-shortage problem, but the population needs to be educated on the importance of preventive medicine. We all have projects in health and wellness, community service projects and other programs we would like to bring onboard. To do this would require facilities and additional planning funds. We encourage the Committee to look at the community education projects as well as developing expertise in health education related to nursing and medicine.

DR. RINGLE:

We are looking seriously at starting a home health care program. We recognize the needs of the elderly as a problem. I will give you an example, in the area of prevention. At Truckee Meadows Community College (TMCC), our dental hygiene and dental assistant students in the past went into the community and gave oral hygiene information assessments to 1,100 at-risk children in the elementary schools and found an alarming number of children had never been to a dentist. We gave free screenings and x-rays to the National Guard members that were deployed.

At TMCC, we have many of the same partnerships. We could not run our programs without those partnerships. The philanthropic community has given over \$2 million to redo the nursing curriculum to put nursing laboratories at our shared facility with University of Nevada, Reno and the Redfield Campus. We have a partnership with the school district. We identify students in the 11th grade who are interested in nursing and enroll them at TMCC during their senior year. They will earn some of the prerequisite courses they will need in nursing. We have a fast-track program that puts them in the field in 16 months instead of 3 years. We cannot do the work without our facility's partners. We have over

50 private health offices where externs are placed. We work with the public-health clinics in the Indian colonies, the VA, the National Guard, every hospital in the area and others.

DR. LUCEY:

There is a unique partnership that reflects the UNHSS, which is a project at the University of Nevada's Department of Human Development and Family Studies the cooperative extension and our rural Fallon campus and the community services program which are doing a senior college focused on health and wellness. This project is a life-enhancing and-saving project that community colleges do in their community services program. Carson City has offered to collaborate with WNCC with an equal match on a facility focused on health and wellness. Community colleges often lack those types of facilities that address this type of activity.

DR. CARPENTER:

The Nevada State Nursing Board does require a clinical ratio of eight to one. We have never been funded. In the last Legislative Session there was an infusion of \$2.7 million, but we are \$4 million short of being funded at that rate. We need to operate at that rate because when we are not funded at that level it necessitates going to other programs and extracting funds to support this program. We do have an enhancement request for eight-to-one funding of the mandate. We would like your favorable consideration of our request.

CHAIR WASHINGTON:

Is the request in the Regents' budget?

DR. CARPENTER:

Yes. It is requested as an enhancement.

SENATOR CEGAVSKE:

The Health Science Building at the Community College of Southern Nevada (CCSN) cost \$25 million. I have a problem putting a nursing program any place other than at the community colleges. To put the program at the Nevada State College (NSC) will cost \$100 million and the college is not accredited. The community colleges are accredited. This would be at a lesser cost for my constituents or the people in Nevada. Do we have a State nursing plan? Are all the campuses accredited? Are we looking for the successes, the efficiencies,



cost-effectiveness and the passing rates? These are of concern to me. I see that the community colleges have those qualities, so why would we look elsewhere?

DR. LUCEY:

The plan is a system plan.

CHAIR WASHINGTON:

We received the plan at a previous meeting and will have more information at our March 7 meeting.

SENATOR CEGAVSKE:

We will look at the funds being requested, their utilization, efficiency and expected results.

In 2003, the minority report showed that the community colleges were attracting more minorities and had a larger number of minorities who were going to the various schools, getting the two-year degrees and then advancing. The results were incredible. The students reported they felt comfortable at the community college level.

The Education Commission of the States has said that community colleges are our future. If we do not put our funds into the community colleges, we are losing out for those students who are not graduating with degrees. We should have a partnership with Bonanza High School and the CCSN. Dr. Carpenter, would you work with us? Bonanza High School needs help with chemistry and biology laboratories. We need a partnership between the two entities that would allow the students who want to enter the medical fields to start their studies early and also have space for the community college from 3 p.m. to 9 p.m.

DR. CARPENTER:

Yes. We have been aggressive in building closer ties and partnerships with the CCSN. The community colleges have a career coach in some of the high schools. It is our intention to have them in all the high schools to promote all the partners in southern Nevada. We are beginning to test for remediation. We have a 40-percent remediation rate for those students going into colleges. The national average is 36 percent. We are going into the school district during the junior year, assessing and identifying the students who will need remediation. In partnership with the school district, we will be providing remedial courses at the school and during the school day. When they finish high school, there will be

fewer students needing remediation. We are also offering college freshman-level courses for the students who are eligible.

SENATOR CEGAVSKE:

We have talked about building an overpass at Torrey Pines Drive because of the traffic. The utilization of space is most important. We have not done enough in offering college freshman-level courses to seniors in high school who are eligible. I believe it is important that the students have this opportunity and not have wasted time in high school.

After a student completes their remediation courses, is an assessment done?

Dr. Lucey:

We are starting to collect data on that issue.

SENATOR CEGAVSKE:

Do you test them?

DR. LUCEY:

Yes. It is not mandatory to test all incoming freshman at WNCC.

SENATOR CEGAVSKE:

I am asking about when they have completed their remediation courses.

DR. LUCEY:

An assessment is done only in the context of that course. Once the student has taken the course, we collect data on how the student did on their incoming placement test versus how they do on their college-level courses. We want to be able to say to a student, "If you do not take a remedial course before you take this college-level course, we guarantee you will not pass." The only way we can do this is by having our institutional research office collect the data that correlates the scores on incoming placement tests to scores on outgoing college work of the next semester.

SENATOR CEGAVSKE:

Is that a no answer? We do not test them when they have completed their remedial course.

CAROL LANGE (Dean of Instruction, Western Nevada Community College):

We do not have an exit test. It is a course and the student accumulates grades during the course. At the end of the course, their grade would be assessed and if the student did not have satisfactory progress in that remedial course, they would not pass the course.

SENATOR CEGAVSKE:

If they did not pass the course, then they cannot go on to the next level. Is this happening?

MS. LANGE:

Yes.

SENATOR CEGAVSKE:

It would be helpful if the Committee could be provided with the information concerning how students are doing with their remedial courses. I am still concerned about what occurs if they do not pass.

MS. LANGE:

If the student does not pass the remedial course, then the student could not take the next regular course.

SENATOR CEGAVSKE:

How many times can a student take the same remedial course?

MS. LANGE:

We do not preclude a student from repeating a course.

SENATOR CEGAVSKE:

Is there a fee each time they repeat the course?

MS. LANGE:

Yes.

MS. LUCEY:

It is necessary to demonstrate to a student who completes a reading course that you can pass your social science 155 course having taken the remedial course. There needs to be a demonstration to the student that succeeding in the remedial program benefits them later.

DR. CARPENTER:

There is more than one level of remediation. There are students who take a remedial course and must succeed in that course before they can go to another remedial course. They do not gain admittance into a college-level course until they have successfully completed their remedial course. I do not have the success rate of students in the remedial courses. We can collect that data.

SENATOR CEGAVSKE:

The committee would like to see the results of the funds put into the remedial program. Another concern I have is that there is a great need for persons to provide sign language at the various schools and meetings.

DR. RINGLE:

The high school partnerships apply not only to allied health but to all of the career technical education programs. At TMCC, there will be a busing program from a variety of high schools to one of our campuses to take welding and some other heavy-equipment programs because it is costly to duplicate. We discovered it was more cost-effective to move the students. We are using some of our laboratories at our Redfield campus with Galena High School to offer some higher-level science courses. There are also a number of technical preparatory programs to ensure that students can move seamlessly from the high school to the college.

We are reaching out to the high schools to avoid the need for remediation. It is not because the high schools are not doing their job; it is because we are going deeper into the high school population. Students recognize the need for postsecondary education to be successful. We are assessing students in the junior year and bringing remediation courses to them. We have two pilot programs at at-risk high schools in the county where 40 students were reported to be at risk of not completing high school. We have provided an intervention program to ensure the students finish high school and transition to the community college. We assess every student in those courses and they do not move beyond the course if they do not have the competency to do so. We track them in the college-level course to evaluate whether the remedial courses are being effective.

SENATOR CEGAVSKE:

The school districts have asked the college system to share what is not being taught in the high schools. Have we been able to bridge that gap and share information?

DR. KILLPATRICK:

Chancellor Rogers has instituted a series of meetings between the superintendents, the presidents and our education majors to make sure there is a seamless transition from high school. All the colleges are doing dual credits. There is much communication happening between the schools. Our intergrade system tracks students and we are discussing how this could be applied to high school students so that students and taxpayers will be better served.

JIM ROGERS (Chancellor, Nevada System of Higher Education):

We had a meeting between the presidents of the higher education system and the 17 superintendents of schools. It was the first time in the history of our education that the 17 superintendents of schools had met. They were interested in how we educate the teachers who teach their students. We asked them how often they met with our education departments. They said they had never met with the education departments. The various deans of the education colleges met with the 17 superintendents of schools.

I will be testifying on the full-day kindergarten issue. We have developed close relationships in Clark County and Washoe County. When the system did its state of the system address, the superintendents of schools in Las Vegas and Reno were added to the state of the system address. We have done everything we can to push forward toward closer relationships between the higher education system and kindergarten through Grade 12 (K-12).

For years, we had institutions which did not communicate among themselves. There were seven nursing programs that did not communicate with each other. Our first order of business has been to make our system one in which all the institutions cooperate, then to expand our system into the K-12 system throughout the State. There has been a good response in solving the remediation problem. The high schools did not properly prepare the students for college and we had not communicated that fact to them. In Las Vegas, we found it was better to test the students at the end of the junior year than the school would know what the students would need in their senior year. Remediation was not anyone's fault, but the fault lies with the lack of

communication between the two education systems. As we go forward, the communication between our system and the K-12 will lead to one system.

CHAIR WASHINGTON:

In the process of trying to work with secondary education and higher education, we found there was a disconnection between the college of education, the deans and secondary education. Several Senators tried to bridge the gap and there was a remedial issue between secondary education and higher education. We established funds to bridge that gap by having remedial courses for the students. The intent was to eliminate those remedial courses in the future. It is rewarding to see progress being made between the institutions of learning.

MR. ROGERS:

This system has spent years and hundreds of thousands of dollars in turf building. This proved not to be productive. The north and south feud was destructive. We have a medical school that is 35 years behind compared to Arizona, New Mexico and Utah. We are trying to build a system where we are helping each other and are not in competition. There have been questions about the duplication of services.

CHAIR WASHINGTON:

The NSC has already testified before this Committee and articulated that collaboration has been made not only concerning the duplication issue but augmenting and enhancing ongoing efforts within the university system. All the taxpayers want is to know if their tax dollars are being spent efficiently and effectively to provide education for the children of this State.

SENATOR HECK:

I listened with interest to the testimony about the eight-to-one nurse faculty ratio. While you are asking to be fully funded on that ratio, I want to remind everyone that the ratio was a mandate issued by the Nevada State Board of Nursing and not an unfunded legislative mandate.

Everyone has talked about the community partnerships. Help me understand the rationale behind this movement to remove the word "community" from your titles.

DR. LUCEY:

We are involved in doing workforce education at a higher level. The WNCC has been approved by the Board to offer a construction-management-technology baccalaureate program. We then discussed what the diploma will look like. Around the country, community colleges that are adding these hybrid technology-based baccalaureate programs are opting for a different way to name their programs. Of the approximately 109 community colleges left in California there are 10 that still carry the name "community." The classic case is Miami Dade Community College which does an assortment of workforce-based technology baccalaureate degrees. They are now Miami Dade College which does not mean that anyone in Miami or Dade County would believe they are not a community college in the full sense of the word. We have shared with the Committee that we are community colleges despite a name change.

DR. CARPENTER:

I echo Dr. Lucey's statements. There is a host of reasons why the word "community" is being dropped in many states. One is the baccalaureate degree that an increasing number of community colleges across the nation are offering. It is worth noting that in our instance the push to change the name did not come from the administration or the faculty of the college. Our student government took the issue on as an initiative. They generated 10,000 signatures on a petition and held rallies on the campus. It is important that everyone recognize that, whatever happens, we are and always will be a community college.

SENATOR WIENER:

What are you doing on campus to inspire a healthier student and faculty population?

DR. LUCEY:

We have a "walk to someplace" campaign. Faculty and staff clock the miles we walk each week with pedometers and the goal is to walk the distance it would be to various destinations. We have attempted to have healthy on-campus food.

SENATOR WIENER:

At the Legislature, there is an eight-week fitness challenge. It encourages everyone to participate. This program may be one that could be integrated into your program.

DR. KILLPATRICK:

There are wellness programs on all our campuses. We will be concluding the "biggest loser" program with faculty and students of GBC.

SENATOR WIENER:

Are there ways to encourage the students to reach the next level of fitness?

DR. KILLPATRICK:

We have fitness follies on Friday and everyone participates.

SENATOR WOODHOUSE:

Dr. Carpenter, have you looked at the Medical Magnet Program at Rancho High School?

DR. CARPENTER:

We are directly partnering on those programs with Rancho High School.

R. KEITH SCHWER, Ph.D. (Director, Center for Business and Economic Research, University of Nevada, Las Vegas):

I have given the Committee a one-page compendium of information ([Exhibit D](#)) concerning the Nevada KIDS COUNT. The *2007 Nevada KIDS COUNT Data Book* will be available later today. The Nevada KIDS COUNT is an effort to document the status of children in our State. It is an annual review of the full dimensions of a young person's life from education to juvenile justice. The effort is to provide the best available data on the status of where we are in our State. I will note the changes that we have seen in the status of children. We have seen improvement in five indicators, a decline in two and no change in one. Many of the changes are relatively small. The percent of children in poverty remains at approximately 15 percent and has increased since the year 2000.

The *Nevada KIDS COUNT Data Book* is a county-by-county book. This year's book is primarily a data compendium. In the odd years, it is a small data-oriented book and in the even years it includes a detailed account of literature and other areas of importance dealing with children's issues. Nevada participates with the other states in the *National KIDS COUNT Data Book*. This is an annual publication from the Annie E. Casey Foundation. From that data, we have identified that Nevada is below average in terms of ten national performance indicators that the Annie E. Casey Foundation follows. Historically, Nevada has shown poor results. The typical issues are the teen birthrate and the



high school-dropout rate. In looking at the assessment with the State data book and the national comparison of Nevada with other states, it is in the teen issues that we do poorly.

The document I have provided to the committee, [Exhibit D](#), explains why we should be investing in young children. One of the key points we need to know is a deteriorating environment and the percent of children in our State who are living in poverty. We have an increasing percentage of children living in single-parent households. Those parameters in terms of money and status are important. It is out of this environment we will be developing our future economy. This has led to significant research which shows the importance of education and opportunity, particularly in the workforce to maintain the position of our economy and be competitive in the world. As Nevadans, we should be concerned about the status of our children because they will inherit the future and the productivity of our economy depends on what we do in the present.

Another concern is the question of opportunity: young people should have an opportunity to participate in the benefits of a modern, growing economy. There has been examination detailing the benefits and costs associated with investing in children. The term used in economics is, the development of human capital. This work is being supported by conservative business organizations and research of the Federal Reserve. At the Minneapolis Federal Reserve, scholars are looking at this question to focus on policies for long-term growth.

The handout, [Exhibit D](#), includes some important key factors. One is the benefit-cost study of early childhood education which is number 6 on page 1 of [Exhibit D](#) and is the most detailed benefit-cost study of early childhood education. In the Perry Preschool, the benefits-cost ratio is estimated to be \$17 to \$1 and is considered the gold standard for research on the performance of early childhood education. This is what we should look for in evaluating any assessment of child education programs. There have been many studies with varying degrees of success, but they all point to the fundamental conclusion that benefits exceed cost by investing early.

KIDS COUNT continues to focus on current data to give us a benchmark to see our progress. One of the parameters is the dollar amounts invested in the various states for children as shown in number 8 on page 2 of [Exhibit D](#). These are childhood expenditures across a wide range of programs. The graph shows that Nevada is below average along with a large number of other states.

The evidence leads us to the conclusion that starting early pays in the long term. The benefits vary and the implementation and design of programs is important. A portion of our efforts should be "to measure what we value and value what we measure." These policies are important. They depend on the values we have in our State and these issues are properly addressed in our Legislature.

SENATOR CEGAVSKE:

Is this the group of children who need development in early childhood? Is that where you are focusing?

DR. SCHWER:

The available evidence shows the biggest payoffs are for investing funds for the most disadvantaged. We know the reason the benefit-cost ratios are so high is that if you are able to reduce the number of people in prison through better education, training and life experiences, the benefits are significant in the long term. The cost of imprisonment on a time basis is \$1.3 million to \$1.5 million and funds could be spent to reduce those amounts. The studies showed that early education, improvement in both cognitive and noncognitive skills and expenditures in parenting pay off in the end.

SENATOR CEGAVSKE:

Are you referring to the at-risk population?

DR. SCHWER:

The numbers in respect to the benefit-cost ratios are the at-risk population. People with funds already do this by paying for special events and enrichment of the lives of their children. We know this system works.

SENATOR CEGAVSKE:

The Nevada KIDS COUNT focuses on how we can benefit the at-risk population.

DR. SCHWER:

The Nevada KIDS COUNT is focusing on measuring our status. The presentation I have given you is an evaluation of what we know in the literature that relates to the statistics I am reporting.

SENATOR CEGAVSKE:  
Who are you measuring?

DR. SCHWER:  
The numbers and research presented are from various places and times. There have been a number of studies but not many studies of what we would call the "gold standard." The results I have given you are not Nevada's results.

SENATOR CEGAVSKE:  
Have you done measurements in Nevada?

DR. SCHWER:  
No. The Nevada KIDS COUNT does not receive funds from the State of Nevada. The funds we do get are small. We can only monitor the data. The issues you are referring to are complicated and need to be evaluated, which is costly to do. The Nevada KIDS COUNT is not engaged in primary research on children.

SENATOR CEGAVSKE:  
Are you bringing the Committee national data?

DR. SCHWER:  
The information I have given you in respect to the benefits of early childhood education are national in scope. The comments I made detailing Nevada is information we know from our own State. Nevada KIDS COUNT is not in the policy-building business. We are interested in documenting where we are so everyone will know the status of our children.

SENATOR CEGAVSKE:  
I am not clear.

DR. SCHWER:  
The data in the *Nevada KIDS COUNT Data Book* is Nevada data.

SENATOR CEGAVSKE:  
Do you analyze the information given to you by our state agencies and put it into this measurement?

DR. SCHWER:

Yes. There are specific pieces of information about our State that are gathered from the federal government and are included.

SENATOR CEGAVSKE:

Are you indicating the statistics and information you are gathering concerning the at-risk or poverty-level population?

DR. SCHWER:

There are ten indicators available from the National KIDS COUNT. There are eight indicators that we include in the Nevada KIDS COUNT. These are specific indicators that reflect our State.

SENATOR CEGAVSKE:

What is the correct terminology for teen pregnancy?

DR. SCHWER:

For statistical reasons, it is the teen birthrate; therefore, it would be birth-teen mothers.

SENATOR HECK:

The data presented to support early educational intervention is national data that is being utilized. What is the sample pool? Is that an analysis of at-risk youth who benefit from early educational interventions or is it a homogenized pool of children who have been evaluated?

DR. SCHWER:

In the case of the Perry Preschool study, it would be for disadvantaged children. Other studies have not been as narrowly defined. In the work from the Commission on Economic Development and others, it has been identified that the benefits exceed the cost. Clearly the results show the biggest benefit is for disadvantaged people.

SENATOR HECK:

When a statement is made that there are benefits, what is the benefit that is being measured? Is it a long-term benefit? Is it high school graduation rate? Is it matriculation in college rate? What is the goal that they are saying there is a proven benefit?

DR. SCHWER:

In looking at measuring the benefits, you look at the gain in income over the life of the individual. The participants in the Perry Preschool study are now over 40 years of age. We can see a long pattern. The study randomly selected people to go through the program and there was another group where the usual pattern of education was applied. The Perry Preschool study was careful in identifying and measuring over time what the increase in income was for the individuals who went through the program opposed to those who did not. The study looked at the incarceration rates and the cost to society.

SENATOR HECK:

It would be helpful if you could provide that study. It would be interesting to see how they attribute earnings over a lifetime and incarceration rates with going through education at four, five and six years of age. There are other variables that occur during a person's lifetime that might impact on their earning potential and likelihood to be incarcerated.

DR. SCHWER:

I will provide you with that information.

SENATOR WOODHOUSE:

What is the most recent *Nevada KIDS COUNT Data Book* and can the Committee get a copy?

DR. SCHWER:

The most recent is the 2007 *Nevada KIDS COUNT Data Book*. It is either in your office or will be there shortly.

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CHAIR WASHINGTON:

There being no further issues before us today, I will adjourn the meeting of the Senate Committee on Human Resources and Education at 3:15 p.m.

RESPECTFULLY SUBMITTED:

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Patricia Vardakis,  
Committee Secretary

APPROVED BY:

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Senator Maurice E. Washington, Chair

DATE: \_\_\_\_\_