

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND EDUCATION**

**Seventy-fifth Session
March 2, 2009**

The Senate Committee on Health and Education was called to order by Chair Valerie Wiener at 3:20 p.m. on Monday, March 2, 2009, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412, 555 East Washington Avenue, Las Vegas, 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 Valerie Wiener, Chair
Senator Joyce Woodhouse, Vice Chair
Senator Steven A. Horsford
Senator Shirley A. Breeden
Senator Maurice E. Washington
Senator Barbara K. Cegavske
Senator Dennis Nolan

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Committee Policy Analyst
Mindy Martini, Committee Policy Analyst
Sara Partida, Committee Counsel
Betty Ihfe, Committee Secretary

OTHERS PRESENT:

Victoria Lounsbery, 11th Grade Student, Palo Verde High School, Las Vegas
Monica Lounsbery, Ph.D., Chair and Associate Professor, Department of Sports
Education Leadership, University of Nevada, Las Vegas
Keith W. Rheault, Ph.D., Superintendent of Public Instruction, Department of
Education
Paula Berkley, Food Bank of Northern Nevada
Hayden Ross, President, Nevada Association for Health, Physical Education,
Recreation and Dance

Erin Been, President-elect, Nevada Association for Health, Physical Education, Recreation and Dance; Physical Education Teacher, Carson High School
Gordon McGregor, Physical Education Teacher, Sparks Middle School; Member, Nevada Association for Health, Physical Education, Recreation and Dance
Ben Schmauss, Physical Education Teacher, Nutrition and Wellness Consultant
Nora Constantino, Ph.D., Associate Professor, School of Community Health Sciences, University of Nevada, Reno
Christopher Roller, Director of Advocacy and State Health Alliances, American Heart Association
Barbara Paulsen, R.D., Part-time Instructor, Department of Kinesiology and Nutrition Sciences, University of Nevada, Las Vegas; Community Nutrition Preceptor, University of Nevada, Las Vegas Dietetic Internship Program; Program Coordinator, LIFESTEPS Behavioral Weight Management Program
Nicole W. Bungum, M.S. CHES, Supervisor, Office of Chronic Disease Prevention and Health Promotion, Division of Community Health, Southern Nevada Health District; Partners for a Healthy Nevada, Southern Nevada Health District
Maria D. Canfield, M.S., CHP, Chief, Bureau of Child, Family and Community Wellness, Health Division, Department of Health and Human Services
Nicole Smith, Vice Chair, Advisory Council for the State Program for Fitness and Wellness
John Yacenda, Ph.D., Campus College Chair, Health and Human Services, Academic Affairs, Northern Nevada Campus, University of Phoenix

CHAIR WIENER:

Earlier today, Senate Concurrent Resolution (S.C.R.) 12 was passed in the Senate and in the Assembly. The resolution has two purposes. The first is to address the need for fitness and wellness programs in our schools which can create healthier populations among the young. The second purpose is to “urge and encourage” the Department of Education (NDE) to consider acquiring a physical education coordinator to work with the new standards we expect to have developed in the next year and a half. The physical education coordinator would determine how we can maximize physical education and physical activity opportunities in our K-12 program and perhaps even in pre-K and beyond.

In our meeting today, presenters will express their views on S.C.R. 12 and will speak about the fitness and wellness needs of our State, especially as it relates

to the children in our schools. After their presentations, the Committee will consider Senate Bill (S.B.) 7.

SENATE CONCURRENT RESOLUTION 12: Urges the promotion of physical fitness in the schools. (BDR R-697)

VICTORIA LOUNSBERY (11th Grade Student, Palo Verde High School, Las Vegas): In my remarks ([Exhibit C](#)), I will tell you why I support S.C.R. 12. Most people might not understand why physical education in school is so important for Nevada students. Our built environments and our public policies perpetuate inactivity among our citizens. Our schools are no exception. Sedentary living is a major public health problem facing all citizens especially our youth.

As students, we are in school a significant portion of the waking day, and with the exception of walking from class to class, we are completely sedentary. While my parents have encouraged and modeled an active lifestyle for me, and I am very active physically, many of my friends are not so fortunate. They sit all day at school, and after school most of them continue a completely sedentary lifestyle. Most students do not know how important physical activity is to their long-term health.

Physical inactivity has been found to be associated with a variety of chronic diseases. Their human and economic cost exceeds \$1 trillion. The Centers for Disease Control and Prevention (CDC) estimates that by age 12, 60 percent of American children will have at least 1 risk factor for coronary heart disease. Due to lifestyle choices, such as physical inactivity and dietary behavior, the CDC has predicted that my generation will be the first generation to precede their parents in death.

Even though school administrators recognize this serious health-risk trend, especially among young people, I do not think the schools will change their requirements until our lawmakers change the policies. Requiring physical education in schools and providing a physical education coordinator for the State are important steps to improving the lifestyles and long-term health of my friends.

MONICA LOUNSBERY, PH.D. (Chair and Associate Professor, Department of Sports Education Leadership, University of Nevada, Las Vegas):

In 2005 at the University of Nevada, Las Vegas, we conducted a survey of physical activity in Nevada's K-12 public schools. That research is documented in an article, "Physical Activity Opportunity in K-12 Public School Settings: Nevada" ([Exhibit D](#)), which was published in the *Journal of Physical Activity and Health*, 2007, Volume 4, pages 1-25. The article provides an accurate portrayal of where Nevada was before the Statewide School Wellness Policy (Wellness Policy) was passed. Next year, as a function of the passage of the Wellness Policy, we will learn more about the effect that policy had or did not have on physical activity opportunities. We should take no comfort that the trends regarding the status of physical education are not unique to Nevada.

In my testimony, I will present an overview of the 2005 study and highlight the conclusions drawn from the study ([Exhibit E](#)). All Nevada K-12 schools were invited to participate in the study. Of the 17 school districts, all but 3 participated. Of the 511 schools eligible for participation, 244, or nearly 48 percent of the schools, completed a 1-page survey designed to assess aspects of physical education and their before-, during- and after-school physical activity program offerings. The results indicated the physical education requirements in the State are minimal at best. In 91.4 percent of the high schools, the "norm" is to allow alternative experiences to be substituted for physical education credit. In 16 elementary schools, no access to physical education was provided. In over 23 percent of schools, physical education was offered less than twice a week, and in 17.5 percent of the schools, physical education is not taught by a certified physical education teacher. Just less than 50 percent of Nevada's schools reported having physical activity programs before, during or after school. Of existing programs, 69 percent were organized sport or intramurals, and only 13.6 percent were lifetime-activity oriented.

CHAIR WIENER:

Is the Wellness Policy you are referring to the federally mandated directive that requires every school district that has even one school receiving funding for school breakfasts or lunches to provide physical activity in all the schools in the district?

DR. LOUNSBERY:

That is correct. The Wellness Policy was mandated through the Child Nutrition and WIC Reauthorization Act of 2004.

CHAIR WIENER:

Can you tell us the start date of the Wellness Policy?

DR. LOUNSBERY:

The local wellness policies were to begin by the start of the 2006-2007 school year.

CHAIR WIENER:

What has the compliance been on the local Wellness Policy?

DR. LOUNSBERY:

There were provisions for nutrition in terms of vending and school lunch programs. There were also provisions for 30 minutes of physical activity each day; however, the interpretation of that physical activity is being counted as the time spent passing between classes.

CHAIR WIENER:

You mean the three to five minutes of walking from first period to second period is considered as physical activity?

DR. LOUNSBERY:

That is correct. We are not sure what implications the Wellness Policy will have for changing the profile of Nevada students, but we do know that students do not have adequate access to physical activity over the course of the school day.

The results in the studies lead us to conclude that all students in the State do not have enough access to physical education over the course of the school year either; therefore, physical education cannot adequately provide physical activity opportunities or teach the skills that shape a disposition that will lead to lifelong engagement in physical activity. Sedentary living is a major public health problem. The study data shows that existing programming is too narrow in its focus to capture the interest and compel the participation of nonathletic students in physical activity. The data also shows that the lack of access to physical education raises serious concerns relative to the health risks associated with physical inactivity.

Numerous barriers such as limited curriculum time allocations, low subject status and inadequate resources hinder physical education from playing a major role in providing and promoting physical activity. Thomas L. McKenzie, Ph.D., and I recently published an article in the *American Journal of Lifestyle Medicine*, February 17, 2009, pages 1-7 entitled "School Physical Education: The Pill Not Taken" ([Exhibit F](#)). The article profiles what is going on across the country in physical education. We identified problems and offered policy suggestions for addressing the problems. We are looking for a paradigm shift in Nevada with the passage of the Wellness Policy.

CHAIR WIENER:

Miss Lounsbery, while your response to my question will be anecdotal, what have you found with your friends in their lives if they are not physically active? How are they doing in school? Are there things they cannot do because they are not physically fit, or things they do not have the energy to do?

MISS LOUNSBERY:

Yes, I would say they are lazier. I have a friend who comes home from school, takes a nap, wakes up at seven, goes to bed at nine and does the same routine every day.

CHAIR WIENER:

Dr. Lounsbery, from my research in this area, I know that healthy kids are healthy learners. In your studies, have you found any evidence that this observation is an accurate one? There must be some chemistry and some science behind the statement. Is there such evidence?

DR. LOUNSBERY:

There is a good substantiation that there are multiple associated factors that contribute to a child's achievement in school. Certainly health is one of them. Just how much of a variance contributes to this is not well understood, but we do have enough data to suggest that there is a close relationship between a child's fitness and his or her achievement in school. There are many studies looking at this relationship. I was just asked to review a paper that was commissioned by Active Living Research, a national program of the Robert Wood Johnson Foundation, to look at the literature relative to this issue.

We might want to rethink the No Child Left Behind Act of 2001 (NCLB), because things that appeared not to make much difference in a child's achievement may have enormous benefits to them. We know that when physical education and physical activity are provided in schools, it does not hurt achievement. We also know that when a child does not have the opportunity to be physically active, it is very detrimental to them. I think we ought to encourage our education policy makers to look at the literature. They will find out how important the body-mind connection is. From my professional perspective and the perspective of the research, I support S.C.R. 12 because it will assist us in improving the health of Nevada's children.

CHAIR WIENER:

As I stated in the Senate Chamber this morning, whether it is diabetes, cancer or cardiovascular disease, we know that inactivity can lead to serious health problems. These connections are well-studied and well-documented. At a minimum, these illnesses will lead to absentee days and will deny children access to the classroom for academic purposes. By being healthy, students have greater access to the teaching and learning environment.

KEITH W. RHEULT, PH.D. (Superintendent of Public Instruction, Department of Education):

The lack of physical education and physical activity in schools is a national problem, and Nevada is right in there with the rest of the states. Physical education has not been helped by NCLB. When schools started showing up as "need for improvement," we added before-, during- and after-school remediation programs. Consequently, that took away the time a student might have been physically active. I know NCLB has also put pressure on recess time as we tried to emphasize reading, writing and mathematics (math) more. We did so much of this that we forgot the other electives and physical education in the process.

As far as my support for S.C.R. 12, if I had had the funding, I would have hired a physical education coordinator last year. Right now, I do not have anyone on staff who even has a minor in physical education who would be knowledgeable enough about the program. We have a health coordinator who is paid with federal human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) funding that assists to some extent, but that is not like having someone trained and working directly with the physical education program. We

still have a lot of work to do, and we do need to have a physical education coordinator in the State.

The S.C.R. 12 is timely though. The Council to Establish Academic Standards for Public Schools (Standards Council) has reviewed the time standards for physical education. These standards are to start in the next school year which begins July 1, 2009. The Standards Council brings members from high school, college, business and parents together to develop standards. I think we will see some big changes from the original set of standards. The standards are on a seven-year rotation review, so it has been seven years since we adopted the first set. At that time, health and physical education were together. This year, we have adopted new health standards, so we are going to look at physical education separately. Unfortunately, physical education is almost a lost art with the invention of television, cable channels, Game Boys and computers. We will get a more detailed look at physical education this time around.

CHAIR WIENER:

Just prior to the last Legislative Session, the Clark County School District made the decision, because of NCLB, to take the one semester of physical education out of the seventh grade curriculum and make science instruction a full year instead. I wrote a strong challenge to that because a study from Michigan State University had come out just prior to their decision. In that study of hundreds of sixth grade students, the results indicated those who were engaged in vigorous physical activity for at least three days a week improved their performance in core subjects and their test scores in science and math. I was dumbfounded knowing that this study was a substantial evidentiary support for keeping physical education in the lives of young people; that the very subject in which there was improvement was the one for which they removed physical education and replaced it with a full year of more "chair time" in science.

PAULA BERKLEY (Food Bank of Northern Nevada):

We view fitness as the flip side of the coin of good nutrition. Any time we have an opportunity to support the fitness side, we feel we are helping the nutrition side. The Food Bank has been struggling for a long time to inspire more physical activity and healthy lunches in the schools. Later this Session, we may be presenting a composite of where we stand as far as the federal nutrition program's implementation is concerned. We, at the Food Bank, certainly support your efforts.

HAYDEN ROSS (President, Nevada Association for Health, Physical Education, Recreation and Dance):

In my testimony, I want to state our organization's support for [S.C.R. 12](#) and especially for the proposed physical education coordinator position at the NDE ([Exhibit G](#)). According to the CDC, the percentage of overweight youth has more than doubled over the past 30 years. The CDC estimated that nationally the cost of treating diseases linked to obesity grew by \$23 billion between 1995 and 2003.

The rise in obesity-related diseases comes with dire financial consequences for our State. The funding required to provide a full-time advocate for quality physical education and physical activity before, during and after school at the NDE will cost far less than what our State will continue to pay in obesity-related medical treatment.

The majority of states have a full-time physical education coordinator. In Nevada, that person would provide leadership in setting State standards for physical education, implement a physical education curriculum framework and provide technical assistance and research for a variety of physical education issues. The physical education coordinator would ensure the provision of adequate and safe equipment and space for physical education programs, provide parent education programs, build partnerships, consult with constituency groups, provide leadership in implementing the priority health issues and develop and deliver presentations related to national and State initiatives.

Schools cannot fight the obesity epidemic by themselves, but with a sustained commitment, we can make tremendous differences in the health and well-being of our Nevada children. Clearly there are many factors to consider, but the health of our students should always guide our decisions. I urge you to not forget the "whole child" when making your decisions.

ERIN BEEN (President-elect, Nevada Association for Health, Physical Education, Recreation and Dance; Physical Education Teacher, Carson High School):

My testimony will express that in today's fast-paced society, we are driven by fast food, computers and video games ([Exhibit H](#)). Because of this, obesity has become an epidemic. For some children, a physical education class may be the only physical activity they experience.

A State-level physical education coordinator position is a pivotal factor in establishing a quality physical education program statewide for all our students. Even though we are facing tough economic decisions, it is imperative for you to establish the physical education coordinator position proposed in S.C.R. 12. In supporting this, you are taking a stand on investing in the health and wellness of the future generation.

GORDON MCGREGOR (Physical Education Teacher, Sparks Middle School):

I am a physical education specialist. I have taught for 30 years—5 of them in Sparks and 15 of them in North Dakota. I am a member of the Nevada Association for Health, Physical Education, Recreation and Dance (NAHPERD). In my testimony, I will extend my support for S.C.R. 12 ([Exhibit I](#)). A physical education coordinator would be a full-time advocate at the NDE for physical education and physical activity before, during and after school. This position would be of great benefit to our students and teachers.

Recently, a body mass index study of random 4th, 7th and 10th grade students was conducted statewide. The Washoe County School District (WCSD) is the only district, so far, to analyze their data. According to their measurements, 37.5 percent of their students are considered overweight or obese, while the national average is 31.9 percent. The WCSD is one of the few school districts in our State that does not offer elementary physical education taught by a specialist. Requiring that physical education be taught by a specialist in all our schools would be a positive step forward to fight our obesity or overweight problem. A physical education coordinator at the State level would ensure that our students would receive consistent standards-based instruction and teachers would receive relevant professional development.

BEN SCHMAUSS (Physical Education Teacher; Nutrition and Wellness Consultant):

When I stand before an audience of 150 parents and tell them that 35 years ago in an elementary school of 850 students, only 4 out of 100 students would have been obese or overweight as compared to 16 out of 100 now, it is eye-opening for them. That means that when those obese and overweight students go into middle school, they will face some of the toughest years of their lives. They will not be able to go to the pool during the summer without feeling uncomfortable in a swimming suit. They will not have the self-confidence that goes along with taking care of their body. They will not feel a runner's high. They will not be able to go to the basketball court to relieve some of their frustrations. Having a State physical education coordinator will

help coordinate our efforts and provide direction to us as physical education teachers.

If you woke up this morning and were able to go for a walk, a swim or a bike ride, there was a chemical reaction happening in your brain. My master's degree work is in teaching and learning, specializing in brain research. When the human brain "sits" in a chair for six hours, it does not learn, but when the brain "gets up and moves," the frontal lobe is activated. We know that when the frontal lobe is active, it is better able to retain information, so our goal cannot be just to teach, but our goal must be to teach for retention. I know that students can learn better when they can get up and get active. If we can get the right person at a State level to be the champion for physical education and wellness, they will be able to make significant changes in our students' lives. That is what I want to see happen, and I support S.C.R. 12.

NORA CONSTANTINO, PH.D. (Associate Professor, School of Community Health Sciences, University of Nevada, Reno):

By training, I am an exercise physiologist and will respond to the question about the relationship between physical activity and performance in math and science. There is a model program in Naperville, Illinois, called "P.E. 4 Life." It is not skills-based physical education; it is effort-based physical education. In 1999, they had 97 percent of their 8th grade students participate in the "Trends in International Mathematics and Science Study." Their 8th grade students performed number 1 in science ahead of Singapore students. In their math section, they were 6th behind Singapore, Korea, Taiwan, Hong Kong and Japan. There were other schools in the United States that worked in "P.E. 4 Life" consortiums or districts, and none of them performed as well. There can be a significant decrease in disciplinary incidents when students participate in physical activity. In 1 school district in Kansas City, Missouri, they had a 51-percent decrease in incidents after 1 year of the "P.E. 4 Life" program. In discipline incidents involving violence, there was a 60-percent decrease in out-of-school suspensions.

There is an explosion of research lately about the mind-body connection. We know that when people exercise, their brain produces more "fertilizer" or "Miracle-Gro" in the frontal lobe. This not only leads to better learning but also to faster processing and better self-correction when there is a mistake.

The physical education coordinator would develop standards for highly qualified physical education specialists. We do not have that under NCLB, which I call “No Child Left Not on their Behind.” These standards are needed. We have great ways to do assessment in physical education. For example, can you walk a mile at the beginning of the year, and then can you do it a little faster by the end of the year? We could demonstrate the effectiveness of physical education if there were quality physical education and physical activity daily throughout the schools in the State.

CHRISTOPHER ROLLER (Director of Advocacy and State Health Alliances, American Heart Association):

My testimony will remind us all that since children spend over half their day in school, it is reasonable to suggest that physical education should be an important part of the school day ([Exhibit J](#)). Physical education teaches students how to integrate physical activity into their lives in order to establish a lifetime of healthy living. Regular physical activity is associated with a healthier, longer life and with a lower risk of heart disease, high blood pressure, diabetes, obesity and some cancers.

In the article entitled “FACTS, Learning For Life, Physical Education in Public Schools” ([Exhibit K](#)), there are some facts and a fitnessgram which support much of what previous testifiers have said. On page 2 of [Exhibit K](#), there are recommendations for the quantity and quality of physical education programs and strategies for their implementation.

A State-level physical education coordinator would be tasked with providing the leadership to work toward achieving the standards. All three national organizations—the American Cancer Society, the American Diabetes Association and the American Heart Association—support S.C.R. 12. We all agree that daily, quality physical education in school is an important part of a student’s comprehensive, well-rounded education program. Regular physical activity is a means of positively affecting lifelong health and well-being.

BARBARA PAULSEN, R.D. (Part-time Instructor, Department of Kinesiology and Nutrition Sciences, University of Nevada, Las Vegas; Community Nutrition Preceptor, University of Nevada, Las Vegas Dietetic Internship Program; Program Coordinator, LIFESTEPS Behavioral Weight Management Program):

Nutrition is my primary area of expertise, but as we know, nutrition and physical activity work closely together. When we look at education for our children, we are preparing them with skills that will take them forward for the rest of their lives. Sometimes, we forget that physical education and nutrition education are also skills that are preparing them for the rest of their lives. Habits in these areas are established very early, and once established, are difficult to change. Any of us who have tried to change eating behaviors or initiate a physical activity regime find it is not easy to do. Starting healthy behaviors early can build an appreciation among children that healthy lifestyles are important. I strongly support S.C.R. 12.

NICOLE W. BUNGUM, M.S. CHES (Supervisor, Office of Chronic Disease Prevention and Health Promotion, Division of Community Health, Southern Nevada Health District; Partners for a Healthy Nevada, Southern Nevada Health District):

We understand that often the only time many of our youth get to be active in a safe and supportive environment is in a physical education or physical activity class. For all the reasons that have been stated previously, the Southern Nevada Health District (SNHD) adds its support for S.C.R. 12.

VICE CHAIR WOODHOUSE:

I open the hearing on S.B. 7.

SENATE BILL 7: Makes various changes to the Advisory Council on the State Program for Fitness and Wellness. (BDR 40-23)

SENATOR VALERIE WIENER (Clark County Senatorial District No. 3):

Since I introduced the original legislation in 2005 which established the Advisory Council for the State Program for Fitness and Wellness (the Council), the program has made great strides in setting and promoting statewide markers for fitness and wellness. Within that progress, the Council has identified some important revisions to the current law. During my testimony, I will be presenting those proposed revisions ([Exhibit L](#)).

In S.B. 7, page 2, lines 6 through 28, we propose changes in the Council membership. In subsection 2, line 7, the Council membership would be increased from 7 to 9. On lines 18 and 19, paragraph (h), 1 new member would represent a racial or ethnic minority group, and on lines 20 and 21, paragraph (i), another new member would be a human resource professional from the private sector. In subsection 3, lines 25 and 26, 1 member from the Senate and 1 member of the Assembly would be added as voting members. Subsection 4, lines 27 and 28 allows the Council to appoint nonvoting members to its membership.

To avoid any leadership gaps on the Council, on page 2, lines 32 through 34, the change would allow the selection of the Chairman and the Vice Chairman to come from the Council membership. In lines 37 and 38, the Council would have the authority to appoint committees and subcommittees to study fitness and wellness issues. As it is important to have the ability to remove a nonlegislative member for not making contributions to the Council's best interests, that provision is on page 2, lines 39 through 41.

On page 3, line 19, the Health Division of the Department of Health and Human Services would be allowed to award grants for projects or programs related to the work of the Council and the statewide program. In section 4, lines 23 through 42, the provision amends the appropriation from 2007, so the money would not revert at the end of the biennium to the General Fund. This provision would allow the funds to remain in the Council's account for ongoing operational costs.

The work of the Council has proven to be one of the State's premiere resources for preventative health care information. It has become the primary information clearinghouse for organizations, associations, companies and governmental agencies throughout the State. I encourage your support for S.B. 7.

MARIA D. CANFIELD, M.S., CHP (Chief, Bureau of Child, Family and Community Wellness, Health Division, Department of Health and Human Services):

I am here to provide testimony ([Exhibit M](#)) in support of S.B. 7. The proposed increase in the Council membership will make meeting quorum mandates easier, and, by adding ethnic minority representation, that will assist the Health Division to better address health disparities.

The bill relieves the State Health Officer of the legislative requirement of being the Chair and provides for the Council to nominate the Chair and Vice Chair from the membership. The bill authorizes the Council to create committees and subcommittees to study issues related to fitness and wellness. It also allows the Health Division to award contracts and subgrants. This change provides the ability for the Health Division staff to extend the work of the Council to community-based organizations and individuals.

The appropriation in this bill allows the Health Division to use the funds as a match for federal dollars. An example of that is a CDC application submitted three months ago based on past funding of the Council.

SENATOR HORSFORD:

Who would make the appointments of the Senate and Assembly members?

CHAIR WIENER:

Traditionally, it has been leadership; however, we could clarify that.

SENATOR HORSFORD:

In regard to the representative from a racial or ethnic minority member, was there thought given to having someone from the Office of Minority Health (OMH) or the Nevada Commission on Minority Affairs nominated or appointed to the Council? Both those entities have advisory groups, and the OMH has focused on fitness, wellness and prevention within its mission.

CHAIR WIENER:

Perhaps the Vice Chair of the Council, Nicole Smith, can elaborate on that.

NICOLE SMITH (Vice Chair, Advisory Council for the State Program for Fitness and Wellness):

The Council feels we need to increase the representation from minority groups, and we are open to suggestions as to where to find those potential members.

CHAIR WIENER:

There had been substantial discussions that there would be whole committees dedicated to minority health issues and to other populations that might not have access to this process to establish statewide policies and programs. This will be possible now by having the ability to have committees and subcommittees in statute.

A major mission of the Council is to be the one essential clearinghouse and the first place where people can go and get all resources and information. The Council and the Health Division are both committed to this vision.

Ms. SMITH:

As Vice Chair of the Council, I am here in support of S.B. 7. You have before you a copy of the Council's most recent report entitled "Fitness and Wellness Council Annual Report, 2009 Legislative Session" ([Exhibit N](#)). I will present an overview of that document to you.

The role of the Council is to make recommendations to the Health Division. The Council is a clearinghouse, and we are focused on finding evidence-based programs that already exist statewide. Our populations are children, workers and seniors. The framework we are utilizing is consistent with the approach taken by the CDC. In addition to 4 key focus areas, the Council recommends 10 focal points which can be embedded within the framework as important concepts contributing to good health.

We are constructing a Website and developing a logo. We have adopted the name "Fit First Nevada" and expect the program to appear this spring. Since Nevada has such diverse populations, increasing the diversity and the representation statewide is important to the work of the Council. We want to make sure the clearinghouse represents all Nevadans. Presentations from stakeholders have been heard, and work groups have been formed including one to address "built environments." That phrase refers to the man-made surroundings that provide the setting for human activity; in this case, that means looking at physical activity and food choices within certain settings.

Dr. Rheault had to be elsewhere, but he expressed his support of S.B. 7 and asked me to share that with you at this time.

CHAIR WIENER:

In order to be an effective clearinghouse, the Council spent several meetings fine-tuning a "Best Practices and Proven Programs" form to be used when programs are submitted for review. It is important when the Website is accessed that there is a high level of confidence that the information and the links provided have been evaluated for their efficiency and effectiveness. The clearinghouse should be the one place where the data is accurate, the program effective and the outcomes follow in the same level of trust and integrity.

JOHN YACENDA, PH.D. (Campus College Chair, Health and Human Services, Academic Affairs, Northern Nevada Campus, University of Phoenix):
In my prepared remarks, I have listed some of my experiences in my 25 years in the field of health and wellness ([Exhibit O](#)). However, I do not want to talk about the field. I want to speak supportively about the Council and changes proposed in S.B. 7.

The intention to expand the membership of the Council is not only appropriate and insightful, but it is also essential for the Council to extend its reach into a frontline understanding of the delivery of the myriad health and wellness services and programs. The addition of a member to ensure minority representation is particularly important given the disproportionate levels of chronic diseases among ethnic minorities. The addition of a member representing private employers who has experience in matters relating to employment and human resources will offer a practical barometer for suggestions or recommendations to the Council that may impact private businesses. I support the other provisions to expand the Council as well, and I especially applaud the inclusion of official representation from each House of the Legislature.

Ms. BUNGUM:

My written testimony states that a recent report from the CDC found that young adults are less healthy today than they were in 1990, with obesity rates in this age-group tripling over the last three decades ([Exhibit P](#)). More young adults have been and are being diagnosed with chronic conditions. The report illustrates that unhealthy kids become unhealthy adults.

The Council provides a venue for discussion, collaboration and the opportunity to coordinate resources. While the Council has a community focus, it also supports specific efforts within the education system to ensure that our children are receiving quality physical education instruction. Obesity is a multifaceted issue that requires a multidisciplinary approach. If we are to be successful in our efforts to improve the health of our community, we must address the needs of both youth and adults.

The SNHD is supportive of efforts to improve fitness, wellness and physical education within our communities and our schools. We understand health and wellness issues are complex issues, and we understand a comprehensive approach is essential. We support the work of the Council, and

we will continue to work to have the message of the Council heard at multiple levels. We go on the record in support S.B. 7.

MS. PAULSEN:

In addition to my credentials listed on my testimony, I am a member of the Council and am testifying today in that capacity ([Exhibit Q](#)). Over the past three years, many health professional and stakeholder groups have presented information to the Council on existing programs and health and wellness issues in Nevada. Their testimony has provided valuable information that has enabled the Council to develop a better understanding of the strengths and weaknesses in fitness and wellness programming in Nevada and move forward on several of its objectives.

I have worked in the area of community nutrition for over 25 years. Most programs developed for children are directed either through the school or the family since these are the two entities that interact with children daily. Although we have been slow to recognize it, the worksite is a logical place to interact with adults on fitness and wellness issues. Adding a member to the Council with expertise in worksite programming can be of great value to the Council and its work. I am committed to the work of the Council and to improving the fitness and health of all Nevadans. I support S.B. 7.

MR. ROLLER:

One of the members on the Council is to be "one representative of an organization committed to the prevention of chronic diseases." I am that person representing the American Heart Association. The Council is an important State-level entity that is tasked with the creation of a statewide program for fitness and wellness in Nevada. The program is designed to be utilized in schools, workplaces, senior communities and other communities as identified by the Council. The Council works through collaboration with State and local agencies, private employers, independent organizations and coalitions to address proper nutrition, physical activity and lifestyle changes that will lead to improvements in the health and well-being of Nevada citizens.

During a time of increasing obesity rates, rising health care costs and expanding ranks of the uninsured and the underinsured, Nevada needs this Council, and the work it is tasked to accomplish. By identifying and collaborating with multiple coalitions, organizations and agencies that are working to improve the health and wellness of our citizens, and by developing a program and

accompanying Website to reach out to the public and employers in our State, the Council has been able and will be able to continue to accomplish its work.

The American Heart Association supports the passage of S.B. 7. We especially encourage the approval of the funding outlined in the bill and encourage that any future appropriations be designated to support the efforts of the Council. In my testimony, there is a list of the grants and awards already approved by the Council ([Exhibit R](#)). We support the ongoing efforts of the Council to lead us to improvements in the health and well-being of Nevadans.

Ms. Ross:

Our organization, NAHPERD, fully supports S.B. 7, and we support continued funding for the Council.

CHAIR WIENER:

Sara, do we have a clarification as to whether or not leadership appoints the Legislator from each House?

SARA PARTIDA (Committee Counsel):

On page 2, lines 23 and 24, the bill provides that these two appointments would be made by the Legislative Commission. If the Committee would like, we can write it another way.

CHAIR WIENER:

I will defer to Senator Horsford, the majority leader.

SENATOR HORSFORD:

The Legislative Commission is fine for those two appointments. On page 2, line 18, I suggest that a member be appointed from or recommended by the Advisory Committee of the OMH. This would help streamline that connection.

CHAIR WIENER:

For the mandatory language on page 2, line 18, it will read, "The person selected would be nominated or recommended by the Nevada Office of Minority Health," is that correct?

SENATOR HORSFORD:

It is important to designate the Advisory Committee of the OMH.

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CHAIR WIENER:

To restate, the proposed mandatory language is "The Advisory Committee of the Nevada Office of Minority Health would make the nomination or recommendation for the members from a racial or minority group."

SENATOR WOODHOUSE:

As a retired first grade teacher and school administrator, I well know what it is to not have someone, or a process in your school district for having the proper people, teaching physical education. The healthy child is the child who will learn. It is up to us to put all those things in place so our children can learn.

CHAIR WIENER:

I close the hearing on S.B. 7. There being no further business to come before the Senate Committee on Health and Education, the meeting is adjourned at 4:40 p.m.

RESPECTFULLY SUBMITTED:

Betty Ihfe,
Committee Secretary

APPROVED BY:

Senator Valerie Wiener, Chair

DATE: _____