

**NEVADA'S LEGISLATIVE
COMMITTEE ON HEALTH CARE
SUBCOMMITTEE TO STUDY MEDICAL AND SOCIETAL COSTS AND
IMPACTS OF OBESITY**

(Senate Concurrent Resolution No. 13, File No. 89, *Statutes of Nevada 2003*)

SUMMARY MINUTES AND ACTION REPORT

The second meeting of Nevada's Legislative Committee on Health Care Subcommittee to Study Medical and Societal Costs and Impacts of Obesity was held on Wednesday, January 14, 2004, at 8:30 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([EXHIBIT A](#)) and other substantive exhibits, is available on the Nevada Legislature's Web site at www.leg.state.nv.us/Session/72nd2003/Interim. In addition, copies of the audio record may be purchased through the Publications Office, Legislative Counsel Bureau (LCB) (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Dr. Keith Rheault

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Valerie Wiener, Chairwoman
Senator Barbara Cegavske
Assemblyman Kelvin Atkinson
Assemblyman Garn Mabey
Richard Whitley

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marla L. McDade Williams, Senior Research Analyst, Research Division, LCB
Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB
Kennedy, Senior Research Secretary, Research Division, LCB

OPENING REMARKS BY CHAIRWOMAN VALERIE WIENER

Chairwoman Valerie Wiener welcomed members and the public to the second meeting of the Subcommittee to Study Medical and Societal Costs and Impacts of Obesity. She said the meeting would focus on expert testimony from diverse interest areas for the purpose of creating or expanding coalitions, collaborations, and public-private partnerships to optimize the Subcommittee's efforts to determine how the catastrophic trend of obesity in Nevada can be reversed.

A complete copy of the Chairwoman's remarks is available as [EXHIBIT B](#).

APPROVAL OF MINUTES OF THE MEETING HELD ON NOVEMBER 3, 2003, IN LAS VEGAS

The Committee **APPROVED THE FOLLOWING ACTION:**

ASSEMBLYMAN HARDY MADE A MOTION TO APPROVE THE MINUTES OF
THE MEETING HELD ON NOVEMBER 3, 2003, IN LAS VEGAS. THE MOTION

PRESENTATION TITLED “PROMISING POLICY OPTIONS TO FIGHT OBESITY”

Margo G. Wootan, D.Sc., Director, Nutrition Policy, Center for Science in the Public Interest (CSPI), testified via telephone from Washington D.C. She gave a PowerPoint presentation ([EXHIBIT C](#)) that examined three factors contributing to obesity in the United States:

1. **Advertising:** Food manufacturers advertise healthy foods approximately 2 percent of the time. Food promotions account for \$26 billion of advertising expenditures, and this marketing undermines parents’ ability to feed children healthy food. Companies use cartoon characters, contests, and free toys to entice children to pressure parents into purchasing their products. The concept of “advergaming” has developed as a way for marketers to effectively advertise in a game format directly on their products. Fast food restaurants promote “super-sized” portions, 24-hour access, “kids eat free” deals, and savings on bulk purchases. School-based marketing promotes the sale of low nutrition foods such as those offered in campus vending machines. A report published in *General Dentistry 2003* shows that children drink more soda and less milk and the result is colossal tooth decay.
2. **Decreased Activity Levels:** The United States Department of Transportation conducted a survey on the percentage of students who walk to school. It shows that only 12 percent of school-aged populations walk to school. The percent of high school students who attend daily physical education classes has fallen dramatically.
3. **Television and Media:** Households spend an estimated three to four hours per day watching television.

Dr. Wootan listed the following potential solutions: (1) abolishing voluntary labeling at restaurants and legislate labeling of high-fat, high-calorie foods at chain restaurants; (2) limiting marketing of low-nutrition foods to children; (3) creating safe routes to school; (4) increasing after-school programs that promote physical education; and (5) leveraging federal monies from programs to promote physical activities in the State.

Concluding, Dr. Wootan listed two key resources at the federal level to promote healthy eating and physical activity: (1) the Centers for Disease Control and Prevention (CDC), Division of Nutrition and Physical Activity, which funds obesity programs in 20 states. (Nevada is not one of the funded states); and (2) the CDC has a new media education campaign called VERB, which uses paid advertising to promote physical activity to middle school youth. More information on CSPI’s affiliates and programs can be found at the Internet Web site: www.cspinet.org/nutritionpolicy.

The Subcommittee did not take any action on this agenda item.

DISCUSSION OF LEGISLATIVE EFFORTS IN OTHER STATES CONCERNING OBESITY PREVENTION, NUTRITION, PHYSICAL ACTIVITY, AND HEALTHY ENVIRONMENTS

Amy Winterfeld, Senior Policy Specialist, Prevention Projects Program, National Conference of State Legislatures (NCSL), Denver, Colorado, testified via telephone and began her presentation with the showing of an NCSL video titled “Initiatives for Healthy People – Addressing Obesity” ([EXHIBIT D](#)). Ms. Winterfeld gave a PowerPoint presentation ([EXHIBIT E](#)), which included the following highlights:

- A review of Congressional findings as a result of the *Improved Nutrition and Physical Activity Act 2003* (IMPACT).
- An overview of the federal legislative response to the IMPACT Act and a listing of training and community grants administered nationwide.
- A summary of reports generated by the IMPACT Act.
- An examination of action taken by other states to address obesity, including the formation of: (1) obesity task forces; (2) walkable communities; (3) physical education programs; (4) nutrition education programs; and (5)

nutrition standards.

- An explanation of the American Academy of Pediatrics policy statement and a related response from the National Soft Drink Association.
- Suggestions for Nevada include:
 1. Promoting active living environments and safe routes to school;
 2. Mandating physical education and nutrition education;
 3. Developing nutrition standards to establish rules to control the sale of competitive foods in schools;
 4. Banning vending machines in elementary schools; and
 5. Adopting local policies.

There was a discussion regarding curriculum development on how to read nutrition labels on food packages, the possibility of providing nutritional training for families enrolled in welfare, and the creation of an accurate “food pyramid.”

The Subcommittee did not take any action on this agenda item.

PRESENTATION TITLED “THE KRAFT FOODS OBESITY INITIATIVE”

Kathleen Spear, Vice President and Deputy General Counsel, Kraft Foods North America, Inc., Northfield, Illinois, reviewed the Kraft Foods Obesity Initiative for Subcommittee members. A copy of her remarks is available as [EXHIBIT F](#). Highlights of her testimony include the following points of discussion:

- The Kraft Foods Inc. Obesity Initiative was launched on July 1, 2003, with the formation of a Worldwide Health & Wellness Advisory Council.
- Kraft Foods Inc. is responding to industry trends driven by: (1) an aging population focused on health maintenance; (2) a population increasingly focused on weight reduction; and (3) an increasing demand by consumers for food products that help them meet their nutrition goals in the most convenient manner possible.
- Kraft Foods Inc. intends to apply a nutrition philosophy to product lines by reformulating existing products, acquiring new, healthy products, and developing new lines of smaller package sizes for some products to help consumers manage their calorie intake.
- The Obesity Initiative focuses on four broad areas: (1) product portfolio; (2) marketing practices; (3) consumer information; and (4) public policy.

There was a discussion regarding exceptions to healthy alternatives, for example, pre-processed meat categories must have preservatives that ultimately raise sodium levels in the food. Also, members discussed: (1) packaging snack foods for children in single-serving sizes; (2) continuing the work of a coalition of companies in the food industry, including Kraft Foods Inc., to work closely with the Food and Drug Administration; (3) improving nutritional labels and educating the public on reading labels; and (4) determining what the “low carb” diet is after the Nutrition Labeling and Education Act of 1990 makes a determination of what a “low carb” food is and what a “low carb diet” contains.

Chairwoman Wiener encouraged the representative from Kraft Foods Inc. to design a fitness and nutrition education program for school visits, modeled after the National Conference of State Legislatures annual Back to School Week. The Subcommittee did not take any action on this agenda item.

DISCUSSION OF OBESITY INITIATIVES AND PROGRAMS RELATED TO PHYSICAL ACTIVITY AND

NUTRITION IN SCHOOLS THROUGHOUT THE UNITED STATES

Howell Wechsler, Ed.D., M.P.H., Chief, Research Application Branch, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia, gave a PowerPoint presentation ([EXHIBIT G](#)), which included the following highlights:

- An overview of school health programs in Arkansas, Michigan, and South Carolina and the School Health Index program.
- A consideration of physical education (P.E.) programs in schools and after-school physical activity programs.
- A review of strategies for statewide change in schools, including: (1) modifying physical activity, curriculum, report cards (accountability), P.E. teacher certification/staff development, and coordinated school health requirements; (2) changing school lunch programs, food service coordinators/directors/managers requirements, and time/length of time to eat meals; (3) adjusting food vendor contracts to promote healthy choices of foods/drinks; and (4) adopting nutrition standards.

Dr. Wechsler said childhood obesity is easier to prevent than treat. He said no one sector of society can change the obesity issue; it will take all sectors. Also, some solutions will be “wacky” and “radical” and parents/teachers should not be afraid to try different approaches.

There was a discussion regarding the shift in attitude toward physical education in schools. Once, children with athletic abilities were rewarded for their skills, but now, everyone gets rewarded for merely participating. Additionally, opportunities for physical activity at school are often used in a punitive way. For example, recess privileges are “taken away” from unruly students. Dr. Wechsler said, “We cannot continue to devalue physical education.” Dr. Wechsler also stressed that we must give physical education the same consideration and emphasis as other academic instruction.

There also was a discussion on providing a safe environment for children who exercise outdoors. Dr. Wechsler reported parents in one community volunteered to supervise a “walking bus” program to encourage children to walk to school. He said parents are recognizing that there is a problem with childhood obesity and are organizing similar programs, but because of the vast differences in communities, a variety of techniques will be used.

Responding to a question on fitness centers by Chairwoman Wiener, Dr. Wechsler said there are several non-profit organizations that donate old exercise equipment to schools. Also, if a school has a fitness center, it can be opened to the public after school and on weekends.

The Subcommittee did not take any action on this agenda item.

DISCUSSION OF VARIOUS LEGISLATION AND OTHER ACTIVITIES IN CALIFORNIA RELATED TO OBESITY PREVENTION IN COMMUNITIES AND SCHOOLS

Dr. Francine Kaufmann, Professor of Pediatrics, and Head, Division of Endocrinology, University of Southern California, was unable to attend.

The Subcommittee did not take any action on this agenda item.

PRESENTATION BY THE CALIFORNIA NEVADA SOFT DRINK ASSOCIATION

Jeff Thompson, Sales Center Manager for the Coca Cola Bottling Company of Las Vegas and Board Member of the California Nevada Soft Drink Association, Las Vegas, gave a PowerPoint presentation ([EXHIBIT H](#)). Also representing the Coca Cola Bottling Company of Las Vegas were Ric Gould, Youth Market Manager, and Jason Polhemus, Sales Manager. Key points from their presentation included:

- Disbanding the misconception that Coca Cola is only a soft drink company. The product portfolio includes diet, non-caffeinated choices, and hydration choices.

- Offering schools the fullest opportunity to exercise their autonomy in negotiating their vending machine contracts. Coca Cola supports the choices that schools make and tries to encourage a balanced product stock in the vending machines. A balanced ratio of vending machines to students is 1 to 150.
- Continuing its commitment to education and youth development in southern Nevada by sponsoring: (1) President's Challenge Program; (2) Step With It; (3) Take 10; (4) PowerAde (on the field kits); and (5) a student incentive promoting Athletic Excellence.
- Supporting positive youth development with programs in three areas: (1) physical activity; (2) health, nutrition, and wellness; and (3) youth development. Coca Cola promotes incentive programs to students and teachers.
- Replacing product advertising on vending machines with pictures of "kids having fun." This project is scheduled for completion in June of 2004.

Chairwoman Wiener noted Coca Cola's willingness to work with school administrators in replacing certain soft drinks with healthier choices without sacrificing either side's ability for revenue. She acknowledged Coca Cola as an industry leader and encouraged the company to make the promotion of healthier choices a new industry standard.

There was a discussion regarding the phenomenon of vending machines in schools. Mr. Polhemus pointed out that the obesity epidemic is causing new partnerships to form between companies that share a common interest in promoting health literacy and physical education.

The Subcommittee did not take any action on this agenda item.

DISCUSSION OF NEVADA'S CURRICULUM REQUIREMENTS CONCERNING NUTRITION AND PHYSICAL EDUCATION IN ELEMENTARY AND SECONDARY SCHOOLS

Dr. Keith Rheault, Deputy Superintendent for Instructional, Research, and Evaluative Services, Department of Education, Carson City, furnished members with information on current health and physical education curriculum requirements, No Child Left Behind requirements, and health and P.E. teacher requirements ([EXHIBIT I](#)).

Dr. Rheault gave detailed information on health content standards and commented the State can outline standards, but it is the responsibility of the local school districts to develop, hire, and teach the standards. A complete list of Nevada's health content standards from grade 2 to grade 12 is available as [EXHIBIT J](#).

Concluding, Dr. Rheault provided detailed information on P.E. content standards and noted licensed elementary teachers can teach any subject, including P.E. There is no health endorsement required for elementary level teachers. A complete list of Nevada's P.E. content standards is available as [EXHIBIT K](#).

There was a discussion on a trend, which began in the 1980s, for schools to condense P.E. programs. This occurs in elementary school more frequently as more time is needed for improvements in reading or math. Chairwoman Wiener expressed a concern that the "expansion of remedial efforts is occurring at the expense of fundamental things."

The Subcommittee did not take any action on this agenda item.

PRESENTATION CONCERNING THE WORKPLACE INITIATIVES AND AVAILABLE HEALTH AND WELLNESS PROGRAMS OF SIERRA HEALTH SERVICES FOR CHILDREN, SENIORS, PLAN MEMBERS, AND THE PUBLIC

Jack Kim, Director, Legislative Programs, Government Affairs and Special Projects, Sierra Health Services, introduced Jennifer Martinsen, M.S.E., C.H.E.S., Director, and Colleen Corey, R.D., C.D.E., Health Educator, Health Education and Wellness, Sierra Health Services, Las Vegas, and said the presentation would focus on weight management programs offered through Sierra Health Services.

Ms. Martinsen and Ms. Corey gave a PowerPoint presentation with the following highlights ([EXHIBIT L](#)):

- The goal of Sierra Health Services is to prevent illness and to help people manage their existing health concerns. Participants are given the knowledge and tools needed to make self-care decisions to improve their quality of life.
- The populations served by Sierra Health Services include: (1) adults and children who are members of Health Plan of Nevada or Senior Dimensions and non-members; (2) employer groups; and (3) employees of Sierra Health Services.
- Patients reach Sierra Health Services through: (1) referral systems, including self-referral and case management referral ([EXHIBIT M](#)); (2) employer groups; and (3) employees of Sierra Health Services.
- Sierra Health Services offers 15 programs to address a wide variety of medical conditions and two developed specifically for childhood obesity, nutrition, and fitness: (1) Camp LEAN; and (2) KidFit.
- Programs to address adult obesity, nutrition, and fitness include: (1) Lean On Me; (2) the Employee Wellness Program; and (3) the Fit For Life Club.

Chairwoman Wiener inquired as to why Sierra Health Services did not categorize obesity as a chronic or gateway disease, especially in light of the sub-epidemic of obesity as a result of juvenile diabetes. Ms. Martinsen said an accrediting body would have to change the way obesity was classified before programs could change, and if obesity were classified as a disease, insurers would decide the effect on the market.

There was a discussion on low enrollment rates in the childhood obesity, nutrition, and fitness programs. Ms. Corey explained that children are typically referred from pediatricians. However, parents are defensive about the possibility that their children are overweight, and, subsequently, complaints are filed against the pediatricians. Chairwoman Wiener acknowledged that the topic is challenging and encouraged Sierra Health Services to adjust its approach toward more of an invitation.

There also was a discussion on employer healthy lifestyle incentives. Ms. Martinsen reported that two employer groups plan to institute programs. Further, innovation and flexibility are required in developing successful approaches to assist overweight employees in the “24/7” work force.

The Subcommittee did not take any action on this agenda item.

DISCUSSION OF THE ROLE OF THE NEVADA ALLIANCE FOR CHRONIC DISEASE PREVENTION AS IT RELATES TO OBESITY AND PUBLIC HEALTH

Charlene Herst, Manager, Chronic Disease Prevention Programs, Health Division, Department of Human Resources (DHR), Carson City, introduced Debra Brus, D.V.M, Epidemiologist, Washoe County District Health Department, Reno, and gave an overview of how the Nevada Alliance for Chronic Disease Prevention was created in October 2002.

Dr. Brus said Richard Whitley, Chief, Bureau of Community Health, Health Division, DHR, spearheaded a partnership between the Clark County Health District, the Health Division, and the Washoe County District Health Department in June 2001, to address the most serious but least funded health problems in Nevada. Initially, the goals were to identify chronic disease concerns and priorities for Nevada and to identify areas of current opportunities. A copy of testimony offered by Dr. Brus is available as [EXHIBIT N](#).

Jeanne Palmer, Health Education Manager, Clark County Health District, Las Vegas, explained there are no funding sources for combating obesity and chronic diseases in Nevada, except federal funding, so the partnership considered grant awards. It became apparent that grants required objective, hard data to justify programs and evaluate their outcomes. She said the partnership experienced difficulties in accessing data at the local level. The partnership, now referred to as the Nevada Alliance for Chronic Disease Prevention, resolves to: (1) create a formal organization for the purpose of chronic disease prevention in Nevada; (2) name the new organization; (3)

write a simple mission statement, such as “To reduce the burden of chronic diseases in Nevada”; and (4) develop goals and objectives. Currently, Alliance members are researching possible policy issues for chronic disease focus areas that will be presented to the 2005 Legislature.

There was a discussion regarding the composition of the Alliance and what the membership criteria are for new entities, such as health clubs, and for-profit/non-profit groups. Ms. Palmer said there are no criteria now, but the Alliance will restructure in the future based on goal development and expansion and networking with presenters at S.C.R. 13 Subcommittee meetings. Ms. Herst added the Alliance will consider future membership expansion based on subject matter and issues.

Ms. Herst said the Alliance is loosely structured and does not have a chair, secretary, treasurer, et cetera. The organizational chart includes the following work groups: (1) data users; (2) policy; (3) behavioral risk factors; (4) environmental risk factors; and (5) psychosocial and genetic. The Alliance has formed a separate subcommittee to address many aspects of overweight and obesity as a risk factor in several chronic diseases and a chronic disease itself. The first task of the subcommittee is to document the burden of obesity in Nevada by creating “the obesity profile,” which captures the health and productivity costs and the burden on other chronic diseases such as diabetes, arthritis, and cardiovascular. She said the Alliance “will be more than willing to work in partnership with individuals and other committees to decrease the burden of disease related to overweight and obesity and to help promote solutions in Nevada.”

Chairwoman Wiener commented that obesity has been identified as a chronic disease and a gateway to everything else that the Alliance considers. She inquired if the Alliance could set a role for statewide employees by designing a fitness/wellness program to demonstrate the good will and faith in making a commitment to fitness and healthier life choices. For example, Colorado had 3,000 state employees participate in a walking program to virtually span the state, and another state established a point system for activities (i.e., mowing the lawn) culminating with an award ceremony.

Responding, Ms. Herst said that Stairwell to Health is a program to encourage using the stairs instead of the elevator for state employees in the Kincaid Building. Also, the Alliance is involved with the Great American Weight Loss Challenge through a 10-week pilot project in Carson City that has now expanded to counties in Nevada.

The Subcommittee did not take any action on this agenda item.

DISCUSSION OF INITIATIVES AND PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN NEVADA

A. Dr. Jamie Benedict, Associate Professor, Department of Nutrition, University of Nevada, Reno (UNR), Reno, gave a PowerPoint presentation ([EXHIBIT O](#)), which listed the following initiatives and programs at UNR that promote health and wellness:

- The Food Stamp Nutrition Education Program in Nevada is implemented through a partnership between the Welfare Division, DHR, and UNR and has resulted in 243,359 total contacts in Fiscal Year 2003. It is matched at 50 percent with federal funds;
- This year there will be eight educational programs provided by the Cooperative Extension, Clark County Health District, Washoe County School District, and the Pyramid Lake Paiute Tribe;
- There will be two statewide assessments, including a survey of elementary school personnel and focus groups with Food Stamp Program participants;
- The Welfare Division will hire a federally funded nutrition professional to oversee the initiation of a statewide consortium to serve all low-income persons in Nevada who qualify for the Food Stamp Program; and
- Instructional programs at UNR offer: (1) an undergraduate degree in nutrition; (2) a dietetic internship; (3) nutrition courses that support other health-related majors; and (4) a graduate program in Nutritional Science.

B. Susan L. Meacham, Ph.D., R.D., Chair, Department of Nutrition Sciences, Division of Health Sciences, University of Nevada, Las Vegas (UNLV), gave a PowerPoint presentation ([EXHIBIT P](#)), which included the following highlights:

- An overview of the Hearts N' Parks program, which is an initiative of the National Institute of Health and the National Recreation and Parks Association. Students enrolled in the UNLV Nutrition Sciences program and staff from the City of Henderson SafeKey Program report that over 400 children have participated in this program;
- An analysis of causes of death in the U.S. and obesity trends in children and adults in the U.S.; and
- A review of the *Surgeon General's Report 2000* and the position statement from the American Dietetic Association 2000.

Chairwoman Wiener commented that eating disorders and obesity encompass “both ends of the spectrum.”

C. Monica Lounsbery, Ph.D., Associate Professor and Coordinator of the Sports Education and Leadership Program, UNLV, on behalf of the Nevada Association for Health, Physical Education, Recreation, and Dance, Las Vegas, gave a PowerPoint presentation on the “Planned Approach To Healthier Schools (PATHS)” program. Highlights of this program included a discussion on:

- Introducing a secondary integrated curriculum (i.e., nutrition and physical activity are integrated into subjects, such as biology, English, and speech);
- Incorporating school-wide health-behavior intervention;
- Modifying a planned approach to community health; and
- Developing social norms to support healthy behavior.

Dr. Lounsbery reported PATHS program results, which included: (1) increased levels of physical activity among junior high school students; (2) evidence of a trend toward girls changing nutritional behavior; (3) enhanced student interactions; (4) increased self-esteem, leadership, and a sense of belonging reported by individuals; and (5) evidence of an initial momentum toward the development of a social norm. A copy of Dr. Lounsbery's presentation is available as [EXHIBIT Q](#).

D. Virginia Smith, Director, Nevada State Association of School Nurses, Carson City, reported that Nevada school nurses provide service to overweight and obese adolescents on the school campus by:

- Completing the requirements to be a school nurse (must be a registered nurse who received certification from Nevada and possess a minimum of a baccalaureate degree in nursing).
- Possessing the background to meet the needs of children at-risk of being overweight.
- Identifying overweight students (age 3 to 21) and working with them individually to: (1) develop good decision-making skills related to nutrition; and (2) establish activity patterns to maintain a normal body mass index (BMI). These students are easily identified in the hallways, are then separated, and counseled one on one.
- Interacting with students in the classrooms, hallways, and in the health office to answer questions regarding nutrition, exercise, cardiac health, et cetera.
- Educating students, faculty, and parents on: (1) the importance of positive role modeling; (2) dietary guidelines that promote balanced meals low in dietary fat; (3) the need for 60 minutes of physical activity daily; (4) the potential negative influence of inactivity; (5) the reading and interpreting of dietary information

on food products; and (6) the relating dietary guidelines to food preparation.

- Working with student athletes to achieve peak performances.
- Using BMI charts to identify overweight and obese students and follow up with counseling for students and their parents or guardians. Counseling includes reviewing the implications of being overweight. It is unprofessional to disclose this information in a report card. School nurses do not let overweight students be discriminated against or be subject to hurt feelings.
- Dispensing information on nutrition and policies on food issues.

Concluding, Ms. Smith said the ratio of school nurses to students is 2000 to 1, which is challenging because it imposes some limitations on the ability to interact with student populations.

There was a discussion regarding resistive attitudes by children and their parents toward pediatricians. Ms. Smith said students know the school nurses from their daily interactions with the nurses, trust them, and do not file formal complaints against them. She talked about the nurse's ability to communicate with parents and said school nurses are effective because of their knowledge of pathology, their integrity with students, and their comfort level in discussing a student's weight problem with the parents or guardians.

- E. Lezlie Porter, Washoe County School-Based Wellness Program, said the Washoe County School Board put nutrition "way down on the priority list." She said efforts by parents to enact a competitive foods policy change are obscured by other issues before the board. Furthermore, the Washoe County School District has cut P.E. and recesses to allow students to spend more time on academics. Some schools in the District have funded P.E. teachers through parent groups and those schools benefit from increased attendance and decreased disciplinary actions. Ms. Porter reported Washoe County School District's net revenue from sale of foods or snacks in school year 2001-2002 was \$1.2 million, \$413,000 of which was the result of fund-raising, school stores, and vending machines. The remaining \$787,000 was generated through nutrition services, which operates a la carte and serves junk food (i.e., nachos, donuts). She asked for the creation of a state policy to require screening for obesity, modify accountability reports to reflect the results of such screenings, and to require health advisory committees at each school district. Further, she suggested the creation of legislation to regulate competitive foods and eliminate soda in schools.

Senator Cegavske stated that legislation was not necessary to eliminate soda vending machines because that could be accomplished through each school district.

There was a discussion regarding revenue generated from vending machines noting that 29 percent of schools within the Washoe County School District could not account for those monies. These revenues are not audited on a regular basis at this time. Schools that were accountable reported that vending machines generated 18 percent of the student account revenue. How that revenue is spent is unaccountable too, although the typical response is to enhance student incentives, travel, and some extracurricular activities. It is not included in the budget process.

Aaron M. Hardy, M.S., Wellness Coordinator, Washoe County School District, Reno, reviewed financial incentives available to the 7,000 participants in the district's Wellness Program. He said the Wellness Program began in 1994 as the district's insurance committee attempted to counter significant medical premium increases by holding district personnel accountable for modifiable risk factors. It is applicable to staff and retirees.

Mr. Hardy reviewed the Good Health Incentive Program and said it was formed as a result of low turn-out at district health fairs. The Good Health Incentive Program offers staff and retirees a lower deductible, and non-participants are penalized by paying the full annual deduction. Information on the Wellness Program, the Good Health Incentive Program, and the proposal for a statewide wellness program are available as [EXHIBIT R](#).

- F. Larry Spitler, Associate State Director for Advocacy, and Bettye Thomas, Lead Volunteer for Health Care Issues, AARP Nevada, Las Vegas, shared initiatives and programs at AARP that promote health and wellness in Nevada, including:

- The AARP Internet Web site: www.aarp.org featuring health tips, the importance of checkups and

prevention, eating well, managing stress, and staying active; and

- Publications, newsletters, and other communications stressing the importance of good health to members of AARP.

Concluding, Mr. Spitler said staying active promotes the idea that making major behavior changes may take time, but the results are well worth the effort. He said that AARP stresses the importance of avoiding gimmicks and quick-fix plans for losing weight. A complete copy of these remarks is available as [EXHIBIT S](#).

G. Madeline Sigman-Grant, UNR, Cooperative Extension, Las Vegas, gave an overview of prevention and education programs available through the Cooperative Extension ([EXHIBIT T](#)), including:

- A program for children called Child Obesity Prevention in NV, or COPIN, which offers: (1) Tummy Talks; (2) child care provider training; (3) WIC collaboration; (4) breastfeeding promotion and support; (5) the Expanded Food and Nutrition Education Program (EFNEP); (6) Chefs for Kids; and (7) team nutrition education.
- The following programs for adolescents: (1) Calcium - It's Not Just Milk; and (2) Nurturing Partners.
- The following programs for adults: (1) An Ounce of Prevention (Diabetes); (2) Healthy Hearts; (3) EFNEP; and (4) Seniors Can.

Ms. Sigman-Grant recommended that interested communities obtain a training kit from the Center for Weight and Health, at the University of California - Berkeley, which helps communities address overweight children. She said there is no one single answer to the problem of obesity. She left a copy of a presentation given to the Annual American Dietetics Association meeting in October 2003 for the members to use as a resource document ([EXHIBIT U](#)).

In response to the discussion, Ms. Sigman-Grant said the Cooperative Extension will work with a variety of organizations including probation services and alternative schools. Further, she expounded on additional programs, such as breastfeeding and programs that teach proper infant nutrition to teenage mothers.

H. Barbara Paulsen, Program Director, Southern Nevada Office, Dairy Council of Utah and Nevada, Las Vegas, reviewed the elements of the Action for Healthy Kids coalition ([EXHIBIT V](#)), which is an integrated, national-state effort to address the epidemic of overweight, undernourished, and sedentary youth by focusing on changes in the school environment. The program is supported by a national resource and state teams are developing and implementing action plans to:

- Improve schoolchildren's eating habits;
- Increase schoolchildren's physical activity through P.E. courses, recess, the integration of physical activity into academic classes, and co-curricular fitness programs; and
- Educate administrators, educators, students, and parents about the role of sound nutrition and physical activity in academic achievement.

Ms. Paulsen also briefed members on elements of the Life Steps Weight Management Program, which is a two-fold approach using assessment and treatment.

There was a discussion regarding how schools and adults can use the Dairy Council as a resource to obtain nutrition education material kits.

I. Rose M. Yuhos, Executive Director, Southern Nevada Area Health Education Center (AHEC), School of Medicine, UNR, Las Vegas, gave a PowerPoint presentation ([EXHIBIT W](#)) listing the programs offered to address obesity and overweight, including:

- The Youth and Family Services Department, which works with area schools and directly with parents of teenaged and pre-teen children;
- Student development programs designed to interest students (elementary through high school) in health careers. These programs can be expanded to include units on nutrition and exercise;
- Adolescent family life programs that promote “positive choices for positive futures” through an outreach program for families with teenaged and pre-teen children with a focus on improving communication and understanding; and
- A continuing education program to assist professionals in the fields of education and medicine achieve national, state, and professional standards.

The Subcommittee did not take any action on this agenda item.

DISCUSSION OF FUTURE TOPICS FOR MEETINGS OF THE SUBCOMMITTEE

Marla L. McDade Williams, Senior Research Analyst, Research Division, LCB, Carson City, listed several presenters for the final meeting of the Subcommittee to Study Obesity on March 22, 2004, including:

- Dr. Francine Kaufmann, Professor of Pediatrics, and Head, Division of Endocrinology, University of Southern California;
- Gary Earl, Vice President Benefits, Park Place Entertainment;
- A representative from the Las Vegas Athletic Club; and
- Dr. Sachiko St. Jeor, Professor and Chief, Division of Medical Nutrition, and Director, Center for Nutrition and Metabolic Disorders, Department of Internal Medicine, School of Medicine, University of Nevada, Reno.

Additionally, Ms. McDade Williams will compile recommendations made thus far for consideration by Subcommittee members.

PUBLIC COMMENT

A copy for public comment was submitted by Glen E. Martin, M.P.A., N.C., Carson City ([EXHIBIT X](#)), which urged members of the Subcommittee to include a component on exercise in resolving Nevada’s obesity issue.

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 5:36 p.m.

Respectfully submitted,

Kennedy
Senior Research Secretary

Marla L. McDade Williams
Senior Research Analyst

APPROVED BY:

Senator Valerie Wiener, Chairwoman

Date: _____

LIST OF EXHIBITS

Exhibit A is the Meeting Notice and Agenda provided by Marla L. McDade Williams, Senior Research Analyst, Research Division, Legislative Counsel Bureau, Carson City, Nevada.

Exhibit B is a four-page copy of testimony given by Senator Valerie Wiener, Chairwoman of the S.C.R. 13 Subcommittee to Study Medical and Societal Costs and Impacts of Obesity.

Exhibit C is a 43-slide PowerPoint presentation submitted by Margo G. Wootan, D.Sc., Director, Nutrition Policy, Center for Science in the Public Interest, Washington, D.C.

Exhibit D is a video titled “Initiatives for Healthy People – Addressing Obesity,” shown by Amy Winterfeld, Senior Policy Specialist, Prevention Projects Program, National Conference of State Legislatures (NCSL), Denver, Colorado.

Exhibit E is a 50-slide PowerPoint presentation titled “Obesity, Nutrition, & Physical Activity Strategies in the States,” given by Amy Winterfeld, Senior Policy Specialist, Prevention Projects Program, National Conference of State Legislatures (NCSL), Denver.

Exhibit F is an 11-page copy of testimony dated January 14, 2003, and titled “Testimony of Kathleen Kelly Spear Before the Nevada Legislative Committee on Health Care, Subcommittee to Study Medical and Societal Costs and Impacts of Obesity,” given by Kathleen Spear, Vice President and Deputy General Counsel, Kraft Foods North America, Inc., Northfield, Illinois.

Exhibit G is a 50-slide PowerPoint presentation titled “Schools and the Prevention of Childhood Obesity,” presented by Howell Wechsler, Ed.D., M.P.H., Chief, Research Application Branch, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia.

Exhibit H is a 15-slide PowerPoint presentation titled “Your Power to Choose Fitness Health Fun,” given by Jeff Thompson, Sales Center Manager for the Coca Cola Bottling Company of Las Vegas and Board Member of the California Nevada Soft Drink Association, Las Vegas, and Ric Gould, Youth Market Manager, Coca Cola Bottling Company of Las Vegas.

Exhibit I is a one-page document titled “Agenda Item VI: Discussion of Nevada’s Curriculum Requirements Concerning Nutrition and Physical Education,” presented by Dr. Keith Rheault, Deputy Superintendent for Instructional, Research, and Evaluative Services, Department of Education, Carson City.

Exhibit J is an eight-page document titled “Content Title: Health,” given by Dr. Keith Rheault, Deputy Superintendent for Instructional, Research, and Evaluative Services, Department of Education, Carson City.

Exhibit K is an 11-page document titled “Content Title: Physical Education,” presented by Dr. Keith Rheault, Deputy Superintendent for Instructional, Research, and Evaluative Services, Department of Education, Carson City.

Exhibit L is a 20-slide PowerPoint presentation titled “Legislative Committee on Health Subcommittee to Study Obesity,” given by Jennifer Martinsen, M.S.E., C.H.E.S., Director, and Colleen Corey, R.D., C.D.E., Health Educator, Health Education and Wellness, Sierra Health Services, Las Vegas.

Exhibit M is a one-page wellness survey titled “Prescription for Health,” presented by Jennifer Martinsen, M.S.E., C.H.E.S., Director, and Colleen Corey, R.D., C.D.E., Health Educator, Health Education and Wellness, Sierra Health Services, Las Vegas.

Exhibit N is a two-page copy of testimony given by Debra Brus, D.V.M, Epidemiologist, Washoe County District Health Department, Reno, Nevada.

Exhibit O is a seven-slide PowerPoint presentation titled “University of Nevada, Reno,” furnished by Dr. Jamie Benedict, Associate Professor, Department of Nutrition, University of Nevada, Reno.

Exhibit P is a six-page copy of a PowerPoint presentation titled “UNLV and City of Henderson Hearts ‘n Parks and Clark County School District Nutritional Concerns for School Food Services,” given by Susan L. Meacham, Ph.D., R.D., Chair, Department of Nutrition Sciences, Division of Health Sciences, University of Nevada, Las Vegas (UNLV).

Exhibit Q is a 12-slide PowerPoint presentation titled “Planned Approach To Healthier Schools,” provided by Monica Lounsbery, Ph.D., Associate Professor and Coordinator of the Sports Education and Leadership Program, UNLV, on behalf of the Nevada Association for Health, Physical Education, Recreation, and Dance, Las Vegas.

Exhibit R is a seven-page copy of a newsletter titled “A Matter of Health,” presented by Aaron M. Hardy, M.S., Wellness Coordinator, Washoe County School District, Reno.

Exhibit S is a three-page copy of testimony provided by Bettye Thomas, Lead Volunteer for Health Care Issues, AARP Nevada, Las Vegas.

Exhibit T is a five-slide PowerPoint presentation titled “Prevention and Education, University of Nevada Cooperative Extension,” provided by Madeline Sigman-Grant, Ph.D., R.D., University of Nevada, Reno, Cooperative Extension, Reno.

Exhibit U is a paper copy of a 17–slide PowerPoint Presentation titled “Approaching the Obesity Epidemic: One Community at a Time,” submitted as a reference document only by Madeline Sigman-Grant, Ph.D., R.D., University of Nevada, Reno, Cooperative Extension, Reno.

Exhibit V is a seven-slide PowerPoint presentation titled “Nevada — Action for Healthy Kids,” presented by Barbara Paulsen, Program Director, Southern Nevada Office, Dairy Council of Utah and Nevada, Las Vegas.

Exhibit W is an 11-slide PowerPoint presentation titled “Southern Nevada Area Health Education Center AHEC,” presented by Rose M. Yuhos, Executive Director, Southern Nevada Area Health Education Center, School of Medicine, UNR, Las Vegas.

Exhibit X is a one-page copy of testimony for public comment and a two-page copy of the Mayo Clinic Health Letter, July 1999, pages 4-5, submitted by Glen E. Martin, M.P.A., N.C., Carson City.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library via the Internet at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or by telephone: 775/684-6827.