



THE LEAGUE OF WOMEN VOTERS OF LAS VEGAS VALLEY

REPORT ON THE STATE OF NUTRITION

2008 Update

*An Ounce of Prevention
is Worth a Pound of Healthcare*

Submitted by the
LWVLVV Health Committee
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The League of Women Voters, a nonpartisan political organization, encourages the informed and active participation of citizens in government, works to increase understanding of major public policy issues, and influences public policy through education and advocacy.

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Introduction

When the Health Committee of the League of Women Voters of Las Vegas Valley met in the Fall of 2004 to plan our activities for the coming year, we considered many topics for study and discussion. After careful consideration, we decided that we would like to study nutrition, and especially nutrition as it relates to children. To that end, we invited various speakers to educate us on the different aspects of nutrition in Southern Nevada.

We understood the importance of nutrition, especially where it relates to children. Children are our future, and it is a future for which we must take responsibility. It is critical to be pro-active in the matter of nutrition for children, because lack of good nutrition and exercise and the resulting spread of childhood obesity will translate directly into more health problems and increased health care costs.

We began our education with Susan Meacham, Ph.D., R.D., Associate Professor, Department of Nutrition, UNLV, who spoke to us on the nutritional status of Clark County school-age children. Karen L. Vogel, R.D., Director I of the Food Service Department of the Clark County School District, educated us on nutrition in the schools.

We continued into related areas that concern children. Terri Janison, a concerned parent and PTA member, presented a report to the Health Committee on the activities of Action for Healthy Kids, an advocacy group working to address obesity in children.

To further our study of the nutrition area, we invited Cherie Jamason, President and CEO of The Food Bank of Northern Nevada and Bessie Braggs, Executive Director of the Community Food Bank of Clark County, to come to two separate meetings and talk about the services provided by the Food Banks in Nevada. Since this report was prepared, the Community Food Bank of Clark County has closed and a new organization has formed in Southern Nevada called Three Square. As an on-going part of our study, we toured the new facility and have included an article about Three Square and the services it provides.

Linda Lera-Randle El, Executive Director of Straight from the Streets, an independent agency that helps the homeless, spent some time with us talking about the problems encountered in attempting to provide nutritious food to the homeless in Clark County. Several of our members spent a day visiting two of the organizations that provide meals to the homeless: The Salvation Army and Catholic Charities of Southern Nevada.

Our findings are summarized in this report.

Nutritional Status of Clark County School-age Children

In a community, the most vulnerable and “correctable” population with regard to nutritional status is our children. Children are an institutionalized population required by law to attend school for 12 or more years of their lives. They are usually without financial resources of their own. They are our future work force.

Locally, a number of actions have highlighted awareness and identified needs concerning the nutritional status of children attending school in the Clark County School District. Currently there are more than half a million children enrolled in the fifth largest school district in the nation.

Members of the Health Committee of the League of Women Voters of Las Vegas Valley have participated in a number of activities that have brought together various stakeholders with vested interests in improving the nutritional status of children. Traditionally, the concerns have focused on support for food security and adequate nutrition, but more recently new concerns have precipitated from the rapid rise in childhood obesity.

There are no data on the nutritional status of children in the Las Vegas Valley. This report provides the first opportunity to assess the nutritional status of children potentially at risk for malnutrition, both under- and over-nutrition. This communication summarizes the findings of selected efforts undertaken by collaborating investigators at the University of Nevada Las Vegas in cooperation with local community organizations, the local school district, and state and federal entities. Although not all-inclusive, this review serves to identify key activities that document community support for this local childhood health issue. It is our wish that these findings may serve as baseline data to support public policies, needs assessment studies, grant proposals for future interventions, and educational and awareness programs.

Part I will summarize some of the research activities undertaken by investigators from various academic units at the University of Nevada Las Vegas. These studies have included the participation and generous support of the Clark County Health District, the Clark County School District, the Nevada Public Health Foundation and consultants and volunteers. Part II will briefly provide the policy changes reflecting commitment by community leaders to take action on childhood wellness. These public statements have been the cumulative efforts of many, including the Clark County School Board, the Nevada Department of Education, business and nonprofit representatives and consultants and volunteers.

Part I. Findings of Selected Research Efforts

Prevalence and Incidence of Weight-Related Concerns in Children Presenting to Clark County School Based Health Centers¹

This study was designed to document the prevalence and incidence of obesity and diabetes risk factors for children in Clark County, NV. Over the past four years (2000-2004), data were collected on 5,338 children ages 5-18 using the Clark County Health District's School Based Health Centers (CCSD SBHC). School children attended three SBHC's that served 10 schools strategically placed in areas of the CCSD considered underserved by many public services. The self-selecting population indicated that 62% of attendees were Hispanic, however, 31% of participants did not respond to this question regarding ethnicity. When asked to respond to race, participants reported to be Black/African American (14.5%) and White (29.0%), and again, 47% did not respond. Most of the students choosing to access the services were in high school (41.2%), with the remaining participants equally representing middle schools (18.4%) and elementary schools (16.7%). The higher participation among high schools students is believed to be due to their need for physical exams for athletic eligibility in school-sponsored programs.

The clinic attendees also indicated that they received school lunches through one of several options: 16.4% full paying, 2.5% reduced price, and 41.6% free. However, 30.7% did not know what type of lunch program they had and 8.4% did not respond. Likewise, with only 6% not responding and 55.2% indicating that they did not have student health coverage, 23.4% had insurance, 3.8% participated in Nevada Check-Up, and 11.6% were eligible for Medicaid.

When the Body Mass Index was calculated from heights and weights obtained, children were considered underweight (13%), normal weight (42.5%), at risk for complications due to excess weight (15.6%), or overweight (28.9%). Heights and weights were obtained on about 25% of participants. Additional indices of health included factors such as gender, blood pressure and family medical histories.

As of July 1, 2005 the SBHC's are under the auspices of the Nevada Public Health Foundation. Arrangements are currently being made for continued tracking of the incidence and prevalence of weight related conditions in children self-selecting to participate in these services.

Validation of a Rapid Visual Body Mass Index Assessment for Children²

UNLV investigators validated the methodology used in the ongoing statewide Crack Down on Cancer Study in the School of Dental Medicine at UNLV. The method allows for quick visual determinations of body mass index (BMI) in children being screened for oral health. BMI has been used as the most practical indicator for identifying individuals at risk for underweight, overweight, and obesity, known to be associated with many chronic diseases. The Jackie Gaughan Boys and Girls Club adjacent to the UNLV campus collaborated with investigators, allowing parents and children, aged 10 to 18 years of age, to consent to participate in the study. The quick, visual method was found

to correlate ($r= 0.72$; $p<0.001$) with the calculated measure of BMI. Within the volunteer participants, 61% ($n=54$) had acceptable BMIs ≤ 24.9 , 26% ($n=23$) were overweight with BMIs = 25.0-29.9 and 13% ($n=12$) were obese BMIs ≥ 30.0 . The conclusions of the validation study will allow extensive retrospective review of student assessments conducted over the past three years by the Crack Down of Cancer Program conducted by the School of Dental Medicine in NV's public school children. The validation will also allow for prospective assessments to be quickly, conveniently and effectively made by trained health professionals.

Pre/Post Survey Using Behavioral Risk Factor Surveillance System [BRFSS] Questions Evaluating Public School Teachers' Knowledge and Attitudes Toward Nutrition and Physical Activity³

Clark County School District has more than 17,000 teachers in over 315 school facilities. Two weeks prior to the beginning of the 2005 school year, more than 400 teachers were still needed – 200 in math, science and special education. Under these conditions it is feasible to see a need to provide new and existing school personnel with the facts regarding local, state, and national policies affecting the school food and nutrition environment. Science, math and special education teachers as well as all school staff members would benefit learning about the new policies recently passed and proposed. A course has been designed for school personnel to describe research supporting these policies, provide additional information regarding policy specifics and provide participants with a better understanding of the nutrition science principles that should be communicated in school environments. The tips provided to school district staff (teachers, coaches, administrators, food service employees, etc.) will help students to make better life long food choices. National standardized questions will provide a means of assessing the pre-approved one-credit university course offered contingent upon funding. Preliminary inquiries and conversations with CCSD Health and Science teachers have provided considerable input for the course.

Hearts N' Parks, an NIH and NRPA initiative, improved heart-healthy eating knowledge, behaviors, and intentions in neighborhood children in Henderson, Nevada⁴

UNLV Nutrition Sciences faculty and students and staff from the City of Henderson Parks and Recreation After-School Safekey program developed a project designed to reduce the growing trend of obesity and the risk of coronary heart disease in children participating in the program. This community based project was part of the national Hearts N' Parks program. Although 274 children completed the consent forms and both pre- and post tests, many more were in attendance during the educational sessions. Thus, the impact of the program was considerably greater than what was documented for research purposes. Scores from interventions indicated that improvements were seen

¹⁻⁴Principal investigators and collaborators for the above projects were: Christine Bergman, Marcia Ditmyer, Susan Meacham and Connie Mobley from the Departments of Nutrition Sciences and Food and Beverage Management and the School of Dental Medicine. Additional community support was provided by Lori Ippolito, Boys and Girls Clubs, Inc., Barbara Ludwig, Consultant, Darlene Grayscott, UNLV Health Promotions Graduate Research Assistant and UNLV staff and students.

in children's heart-healthy eating knowledge (+5.7%), behaviors (+4.7%), and intentions (4.9%). Also, at the end of the program children could correctly identify heart-healthy foods (76.4%), report eating heart-healthy foods (54.9%), and make healthy eating choices (53.5%). The Henderson children comprised 63% of the children nationwide receiving programs with a Registered Dietitian participating. The Nevada combined scores produced higher post-test scores than scores in eleven participating states. Principle investigators and collaborators for the above projects were: Christine Bergman, Marcia Ditmyer, Susan Meacham and Connie Mobley from the Departments of Nutrition Sciences and Food and Beverage Management and the School of Dental Medicine. Additional community support was provided by Lori Ippolito, Boys and Girls Clubs, Inc., Barbara Ludwig, Consultant, Darlene Grayscott, UNLV Health Promotions Graduate Research Assistant and UNLV staff and students.

Grant proposal submitted to the USDA⁵: Integrating food, nutrition and exercise into students' third grade curriculum and their family and school environments (excerpts from proposal)

Efforts to address the "obesity problem" include incorporating increased attention to nutrition, health, and wellness into the health curriculum at all levels of elementary and secondary education, such as the media focus on the caloric and nutritive levels of many currently popular foods as well as on the inactivity levels of today's children and youth. The purpose of this project is threefold:

- First, the purpose is to develop and test educational modules regarding food, nutrition and exercise, which could be adapted into elementary level curricula in a variety of subject areas other than health.
- Secondly, once the modules have been developed and tested, the purpose is to develop and implement a teacher training program, which would enable and encourage elementary level teachers to incorporate these modules into their classroom teaching.
- The third purpose of the project is to extend the module content beyond the school classroom into the children's home environment.

Part II. Nevada Policies and Statistics Regarding Childhood Obesity

In an effort to provide prevention, intervention and treatment programs for childhood obesity, a number of representatives from a wide array of affiliations, ranging from global to local, have come together over the last several years to document the problem, support funding, and heighten awareness of childhood obesity in our communities.

⁵ USDA, NRI 31.5, Human Nutrition and Obesity, \$1,437,642: PD: A. McCool, Department of Food and Beverage; CoPDs, Meacham, Carruthers, Pace, Bungum (not funded).

International Policy

Childhood or pediatric obesity is a major medical and health problem that is recognized all over the world. A consensus statement on childhood obesity, however, was just recently published, reflecting the conclusions from an international conference a year ago in Israel regarding the controversial recommendation to classify obesity as a disease. (Consensus on Childhood Obesity Recommends Classification as Disease, March, 2005) This important statement will facilitate public funding, promote insurer's reimbursement for obesity treatment programs and perpetuate future research.

“The consensus statement provided recommendations that can be implemented by parents, schools, healthcare providers and government and regulatory agencies to help prevent the onset of childhood obesity. A few of the recommendations provided include:

- Normalize the mother's body mass index prior to pregnancy
- Maintain moderate exercise during pregnancy
- Breast feed for up to three months
- Eat meals as a family in a fixed place and time
- Do not skip meals, especially breakfast
- Use small dishes and keep serving dishes away from the table
- Eliminate school fundraisers involving candy and cookie sales
- Install water fountains in schools
- Give age-appropriate expectations for body weight in children
- Classify obesity as a legitimate disease for treatment and insurance purposes
- Make exercise programs tax deductible.”

National support

Federal funding for nutrition, obesity and physical activity is currently being heavily supported, primarily in response to the nation's obesity epidemic. The top funding priority in the National Institutes of Health is obesity, a condition equally dependent on expertise in nutrition and physical activity.

The U.S. Congress has also established a new requirement stating that all school districts receiving federal funding must establish policies that address nutrition and physical activity by the 2006-2007 school year. Nevada and Clark County have already passed regulations addressing these issues within the past year. Some of the policy guidelines for in-school meal programs include:

- Saturated fats limited to 10% of the total calories in the food product

- Total fats limited to 30% of the total calories in the food product (no more than 5 grams of fat per serving for chips)
- No more than 600 mg of sodium per serving
- No more than 35% sugar by weight per serving
- Portion size as outlined in policy for chips, cookies, cereal bars, bakery items, and frozen desserts

State policy

Establishment of the Statewide Advisory Council on Fitness and Wellness.

Before 2005, there were no policies or statements signifying Nevadans' concern for the nutritional status of children. During the 72nd legislative session in Carson City Senator Valerie Weiner sponsored Senate Bill 197, recommending the establishment of an Advisory Council on Wellness to coordinate programs across the state for citizens of all ages, including children, through proper nutrition and physical activity. The Advisory Council will be made up of health professionals, including a Registered Dietitian, with expertise in food and nutrition.

Two additional legislative actions in 2005 lending support to nutritional health for Nevadans were

- adoption of Senate Bill 47, which revised provisions governing licensure of athletic trainers and required study concerning regulation of personal trainers and other fitness instructors, and
- adoption of Resolution 37 SCR, which recognized the mission and accomplishments of the Alliance for Chronic Disease Prevention.

Approval of the Nevada Statewide School Wellness Policy

The Nevada State Board of Education recently passed a statewide School Wellness Policy. During the preparation of this policy a statewide Child Nutrition, Wellness, and Healthy School Environment Philosophy was also drafted. The Nevada Statewide School Wellness Policy was the culmination of two years of meetings soliciting recommendations made by community shareholders and the Nevada Nutrition Advisory Committee. The contributions of the community members from the areas of industry, education, food distribution, and regulation were important to the expertise invested in the development of this model nutrition policy.

Local support

Clark County School Board Regulation # 5157

The competitive school foods policy passed by the Clark County School Board in June 2004 was Regulation # 5157. This policy is well addressed in the Clark County School District section of this publication. The policy made a strong statement and addressed childhood eating behaviors in

school children that contribute to the obesity epidemic in our country. The county policy meets or exceeds the standards established in the state and federal regulations.

Clark County “Obesity Coalition”

On a number of occasions various organizations have created opportunities to bring together interested community representatives to share thoughts, goals and data relevant to improving the nutritional health of children in Clark County. These meetings may be informally referred to as actions of an emerging Obesity Coalition in Clark County. On separate occasions the Clark County Health District, the Nevada Public Health Foundation, UNR Cooperative Extension, Southern Nevada Area Health Education Centers, the Utah/Nevada Dairy Council, the Nevada Action for Healthy Kids, the Nevada Nutrition Network, and UNLV investigators have assembled with other agency representatives and political leaders. These opportunities are summarized below:

Meetings

- Nevada Public Health Foundation organized several stakeholder meetings to identify current, proposed and needed activities to prevent or treat childhood obesity.
- Clark County Health District organized a formal meeting and panel discussion to inform the community of ongoing community health activities, including obesity initiatives.

Grant and Research initiatives

- **Clark County Health District** distributed nutrition education materials (732 handouts) to 175 children visiting SBHC. Information topics included weight control, diabetes management, healthy eating, calcium, beverages, activity, and eating disorders. (August 2004)

UNLV Obesity Investigators

- Funding secured from private sources for research consultants and graduate assistants to conduct obesity related research/education
- Obesity investigators met with NIH representatives visiting UNLV for grant writing support; concept paper developed; faculty attended NIH
- Social and Behavioral Research Workshop Week
- Task Force Working Group – College of Hotel Administration, childhood nutrition education program (see UNLV research report)
- LWVLLV presentation on childhood obesity in Clark County
- Requested funding through the Nevada Legislative Council Bureau for modest support to obtain pilot data (heights/weights) in school children
- Nutrition Research Center proposal submitted by Task Force
- Potential community supporters still considered for nutrition education/research

Many dietetics professionals and nutrition academicians are already active, or founding members and leaders, in state public health organizations, such as SOPHE (Society of Public Health Educators), the recently formed Nevada Public Health Foundation Obesity Coalitions, and the loosely formed Obesity Research Coalition in the south. Nevada Registered Dietitians have been instrumental in the development of the Department of Education's Statewide School Wellness Policy and the competitive school foods policy passed last June in Clark County. Additionally, several Nevada Dietetics Association members routinely provide legislative testimony in support of funding for nutrition awareness and research.

Several statewide programs have previously been proposed by collaborating investigators to support nutrition education and research. These cooperative proposals have included inputs from the experts of the Clark County Health District and faculty in the Nevada higher education system, i.e., Truckee Meadows Community College [TMCC], UNR and UNLV, as well as the Schools of Medicine, Dental Medicine, and Public Health.

Relevant Statistics and Statements

- For the past 17 years, Nevada has been the fastest growing state in the nation, especially within older age groups. (Bradford Lee, Nevada Health Division, Nevada Health Division, Bureau of Health Planning and Statistics)
- Seven out of 10 deaths in Nevada and the U.S. are due to chronic disease. (Bradford Lee, Nevada Health Division, Bureau of Health Planning and Statistics)
- More than 21% of Nevadans have multiple chronic disease conditions. (Nevada Demographic Center & Wu, Shin-Yu and Green, Anthony. Projection of Chronic Illness Prevalence, October, 2000, presented by Bradford Lee, Nevada Health Division, Bureau of Health Planning and Statistics)
- Seventy-eight percent of health care spending is attributed to individuals with chronic diseases. (Robert Wood Johnson Foundation Data, 2003)
- Chronic disease determinants include: 50% behavior and lifestyle; 20% socioeconomic; 20% access to healthcare; and 10% genetics. (Robert Wood Johnson Foundation Data, 2003)
- Smoking is the major risk factor for chronic diseases; others include physical inactivity, hypertension, obesity and combinations of the four. (University of Nevada, 2004 – CDC-Aggregate Nevada BRFSS Data)
- Obesity trends in Nevada adults with a BMI equal to or greater than 25% are: 73.6% for diabetes, 71% for high blood pressure, 63.3% for high cholesterol and 62.8% for asthma. (Aggregate 1996-2003 Data from the Behavior Risk Factor Surveillance System (BRFSS), Bradford Lee, Nevada Health Division, Bureau of Health Planning and Statistics)

- Percentage of new cases that could be avoided by healthy lifestyle improvements include: more than 80% of heart disease, more than 80% of diabetes, 70% of stroke and more than 50% of cancers. (New England J Med 2000; 343:16-22)
- In Nevada 56.5% of adults are overweight or obese: 37% overweight, 19.5% obese. (Obesity in Nevada, November 03, 2003, Bradford Lee, MD, JD, MBA, Nevada Health Division)
- Healthy People 2010 goals are to reduce obesity to $\leq 15\%$ of the adult population. In the US those considered overweight are 62%, with 36.3% overweight, 25.7% obese.
<http://www.healthypeople.gov/>
- The nation's policies lack coordination and are failing to curb the rising obesity rates. (Trust for America's Health Reports, 2004)
- The Nation must take an informed, sensitive approach to educate the public about health issues related to overweight and obesity. The Nation must invest in research that improves our understanding of the causes, prevention, and treatment of overweight and obesity. (Surgeon General's Report; http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_vision.htm)
- Report Card: Nevada is one of 16 states receiving a "D" in state efforts to control obesity, and an "F," along with 18 other states, in efforts to control childhood obesity; it ranks 28th in obesity prevalence among the 50 states. (Obesity Research at the University of Baltimore, 2004, accessed at <http://www.ubalt.edu/experts/obesity>)
- The Legislative Committee on Health Care's Subcommittee to Study Medical and Societal Costs and Impacts of Obesity (S.C.R. 13) final report is available. Report by the Legislative Committee on Health Care Subcommittee to Study Medical and Societal Costs and Impacts of Obesity by the 73rd Session of the Nevada Legislature. Accessed at <http://www.leg.state.nv.us/lcb/research/05InterimReports/Bulletin05-10.pdf>

See Annexes to this report for additional statistics.

Food Programs in the School System

During our research into nutrition, particularly nutrition as related to children, we were pleased to have Karen L. Vogel, R.D., Director I of the Food Service Department of the Clark County School District, attend one of our meetings to inform us about what is going on in the schools from the point of view of nutrition.

The facts regarding feeding children in the schools are staggering. The Clark County School District runs many programs in the 301 schools it operates in Southern Nevada (including Las Vegas, Henderson, North Las Vegas, Boulder City and outlying rural areas. An average of 11 new schools are opened every year to keep up with the population growth.

The School District participates in the National School Lunch Program, the School Breakfast Program, the After School Snack Program and the Summer Food Service Program. The Food Service Department provides meals to students in 187 elementary schools, 50 middle schools, 39 high schools and 14 alternate or special need schools. All students in 35 schools receive their meals free under the National School Lunch Program Provision II. In addition, 13 schools offer Breakfast in the Classroom to all of their students.

In 2003-04, the District served a total of 17,023,559 lunches and 5,239,680 breakfasts. In that time period, 42% of the students were eligible for free and reduced-cost meals.

The National School Lunch Program is available in all elementary and middle schools in the District, as well as 25 of the 39 high schools, Students who qualify can obtain free or reduced-price meals at all schools participating in the program. In the Elementary Satellite Program, meals are produced in the central kitchen, then packaged and shipped in refrigerated trucks to 85 elementary schools. Meals are stored in refrigerators overnight and heated prior to meal service the following day.

In the Elementary Dish-Up Program, lunch is prepared at the school and served from steam tables to students as they pass through a serving line. Breakfast is in the same format as in satellite schools.

In some elementary schools, child-sized salad bars and breakfast bars are transported to the school. The food is supplied by the Food Services Catering Team, which monitors the line.

In the middle schools, all food production occurs on site with a minimum of three combo meals per day.

In the high schools, all food production occurs on site. Twenty-five high schools offer reimbursable lunches as well as ala carte menus. The remainder of the high schools offer only ala carte selections. Some schools have regular lunch periods, while others have short nutrition breaks in mid-morning.

The School Breakfast Program is offered to children in all elementary and middle schools. All high schools with the National School Lunch Program offer breakfast.

Provision II Schools is a program that allows the School District to offer free meals to all of the children in schools that have a high percentage of students eligible for free/reduced-price meals.

Breakfast in the Classroom is a program that enables all students in a school to eat breakfast every day in their classroom.

The Seamless Waiver/Summer Food Service Program that allows the School District to offer free meals to needy children who are on summer vacation or track break for three weeks or longer.

The After School Snack Program is available for educational programs offered outside of regular school hours.

With all of these programs, we can see that here in Nevada we are feeding our children. But what are we feeding them?

In 2003, the Physicians Committee for Responsible Medicine published a nationwide School Lunch Report Card and gave the Clark County School District an “F”. It commented, “The elementary school lunch selections in Clark County are not near where they need to be to teach kids healthy eating habits and promote long-term health.” They did, however, praise the District for making efforts to improve menus and to offer educational programs.⁶

Possibly in response to this report, during Summer 2004, the Clark County School Board approved new nutritional requirements for schools – guidelines that are actually stricter than what the federal government requires. Also of concern was the rising childhood obesity rate in Las Vegas, which prompted this action. Following in the steps of California, Texas and Florida schools, Nevada hoped to achieve the same positive student health results these states have gained by changing the food and drink offered in schools.

Ms. Vogel, who has been in her job only since July 2004, informed our committee that all menus today are analyzed for nutrient content and approved by a registered dietician. She assured us that the School District is committed to providing an environment in which students can make healthy food choices that support academic success and student achievement.

Based on this commitment, the School District enacted Regulation 5157 regarding Food and Beverage Sales. Schools that have implemented healthy food programs report fewer behavior programs. This regulation outlines requirements and directions for increasing the availability of healthy goods and beverages and supporting students, staff and parents in making educated nutritional choices.

Effective July 1, 2004, nutrient standards were applied to all foods and beverages sold at all sites accessible to students from one-half hour before school starts until one-half hour after the end of the regular school day. The standards govern the quality and portion sizes of food and beverages

⁶ Physicians Committee for Responsible Medicine, Washington D.C.: School Lunch Report Card, August 2003.

authorized for sale through student stores, vending machines, ala carte sales, school-sponsored fundraising activities and the Clark County School District Food Service Department.

Briefly, the food choices must meet the following standards: No more than 30% of total calories from fat, with no more than 10% from saturated fat; no more than 35% added sugar by weight; and no more than 600 mg of sodium per serving.

Beverage guidelines include no carbonated drinks; no caffeinated beverages; no additives such as herbal/non-vitamin supplements; fruit or vegetable based drinks must contain a minimum of 50% fruit or vegetable juice; reduced-fat, low-fat, fat-free milk that meet state and local standards.

Portions are similarly governed by this regulation.

The District has a comprehensive list of approved beverages and snacks that meet the guidelines, as well as a list of beverages and snacks that do not meet them. The list is extensive and includes manufacturer's names where appropriate. The committee received copies of this information.

But, one burning question remains: Yes, the food is healthier, but are the children eating it? "I feel that students at this age are old enough to make decisions that affect their health," says a Sierra Vista High School senior. "The school has taken too many drastic steps at once, and I think eventually students will start to rebel in some form or another."⁷

"I think it will make it easier for students who are overweight to control their weight," says a Sierra Vista junior. "But I do feel it is a public school, and if students want to overeat, then they will do so at home, and punishing other students at school just isn't fair."

The reduced number of students actually eating lunch at school reflects the students' dissatisfaction with the new food program. Students with shortened schedules either eat fast food or eat at home. Many of the underclassmen have been bringing their own lunches because of the limited selection, and some students are not eating at all throughout the day.⁸

However, research has shown a direct relationship between students' eating habits and their performance on standardized tests as well as overall achievement, says Clark County School Board member Denise Brodsky, who drafted the regulations.

"We can't tell our kids to eat healthy at home and then fill up our schools with junk food," Brodsky said. "If we're consistent in our message, it's going to have a much bigger impact."⁹

⁷ Class! Publications, University of Nevada, Las Vegas. November 2004-2005.

⁸ Ibid

⁹ Las Vegas Sun, August 31, 2004

Action for Healthy Kids (AFHK)

Terri Janison, a concerned parent and PTA member, presented a report to the Health Committee on the activities of AFHK, an advocacy group working to address obesity in children. She provided a draft brochure outlining the problem and the need for schools, particularly, to be involved in the solutions.

Obesity and weight problems have increased 300% in school children over the last decade. Children lead more sedentary lives than in previous years, and those physical activity patterns continue into adulthood, increasing the risk for many chronic diseases. Nevada ranks among the nation's highest for overweight and obese students.

Currently in Nevada, requirements for physical education are minimal. Many elementary students do not have access to PE at all, and a significant percentage of students enjoy PE less than twice per week. Evidence supporting the importance of physical activity throughout the day abounds, but, in Nevada, only 18% of schools report having before-school physical activity programs. 45% of schools report some activity during the school day. And 45.9% reported after-school activities. Most of the offerings consisted of sports or intramurals and only 13.6% were lifetime-activity oriented.

School serves as the “work” experience for children and the structure of their social world. The majority of our children attend school, and school can provide consistency between educational and “real life” messages. It is critical that the educational establishment actively pursue physical education requirements for our children. Physical activity is positively associated with academic performance, and students who participate in school physical education programs perform better on tests, even though less time is available for academic subjects. Physical activity among adolescents consistently relates to higher levels of self-esteem and lower levels of anxiety and stress.

Action For Healthy Kids recommends that our schools include daily physical activity within the school day for all students, and that recess be scheduled before lunch. Further, they call for activities that appeal to a variety of students and include non-competitive activities. Parents, schools and the entire community must work together to build healthy school environments.

In the discussion following the report, the Health Committee members recognized the importance of physical activity being included in the school day, but also recognized the serious obstacles that budget constraints and political issues contribute to implementing this priority. Schools have been built for a number of years, without providing spaces for physical activities, and no funds are available to add them now. The pressure that No Child Left Behind places on teachers and school administrators discourages them from giving up time from “academics” in favor of “play,” even in the face of evidence that suggests the students would improve academically with the addition of physical activity.

Hunger and Food Insecurity in Nevada

Introduction

In 2005, the Health Committee of the League of Women Voters of Las Vegas Valley met with Cherie Jamason, President and CEO of The Food Bank of Northern Nevada. Although Ms. Jamason's meeting with the League was focused in particular on child hunger and summer meal programs, our discussion included a wide range of data and information on hunger in Nevada, which provided background and context for the her presentation on child hunger in Clark County.

The Task Force for a Healthy Nevada funds the Food Bank of Northern Nevada to establish free summer meal programs for low-income children throughout the state of Nevada, based on their successful Washoe County model called the Kids Café program.

The USDA's Summer Food Program was created to ensure that children who rely on free school meals have adequate nutrition during the summer when school is out. The Committee learned that the Summer Meal Program is appallingly underutilized in Nevada, serving fewer than 6% of eligible school-age children (in SY 2003-04), and even fewer children under the age of 5. The Committee was able to assist in letting neighborhood churches know that the program would be available in their communities. Free summer meal programs for children have been established in almost 50 neighborhoods since 2003.

Basic Facts and Figures

Since poverty is a contributing factor to hunger, the following statistics will briefly outline the scope of poverty in Nevada at the time of the 2000 census, and the accompanying reality of hunger and food insecurity among Nevada residents. With almost 11% of Nevadans living below the poverty threshold, there is a clear indication that better utilization of all USDA nutrition programs must be a priority. Focused attention on increasing participation in the summer food programs for children, the food stamp program for working families and seniors, and school breakfast program is strongly recommended. Nevada is presently leaving about \$110 million in Food Stamp benefits, \$14 million in School Breakfast benefits, and close to \$20 million in Summer Food benefits on the table every year, which we pay for with our tax dollars. These funds would provide valuable nutrition support to thousands of low-income families.

At the time of the 2000 Census:

- 10.99% of Nevada's population lived below the poverty threshold: 213,842 people, including 33,237 families with children. Thousands living slightly over the poverty threshold are equally poor and at risk of hunger and food insecurity.
- 16 % of Nevada's children live below the poverty threshold – one in 5 live in a food-insecure household.
- 102,856 families in Nevada earned less than \$15,000 annually.

- 8.4% of Nevada’s population (192,000) people were food-insecure and 4% (94,000) were food-insecure with hunger (food insecurity = inability to obtain enough food).
- 26% of children live with parents who do not have full-time, year round employment and 25% of families with children are headed by a single parent. Female, single heads of households are among those at highest risk of hunger.
- Approximately half of clients seeking emergency food assistance earn less than \$10,000 per year – at or below the poverty level.

The Federal Poverty Threshold

The federal poverty threshold is a standard, which, at one time, depicted the level of income necessary for individuals and families to cover basic expenses. It is adjusted annually, but is no longer representative of the funds needed to cover basic needs. Over the past several years a new term – sustainable or living wage – has come to represent what is required to meet basic expenses (no frills) without outside help. The Progressive Leadership Alliance of Nevada (PLAN) recently conducted research to determine the level of income required in Nevada to exist without assistance. The following three charts depict sustainable wage in Clark and Washoe Counties, as well as a comparison between the poverty threshold and sustainable wage. As you will see, a sustainable wage is in most cases approximately double the poverty threshold, making the need for assistance of any kind readily apparent.

Sustainable Wage in Clark County in 2002

Family Size	Per hour	Per year
Single adult	\$8.68	\$18,338
Adult with preschooler	\$13.78	\$29,099
Adult with preschooler & school-age child	\$22.48	\$47,483

Sustainable Wage in Washoe County in 2002

Family Size	Per hour	Per year
Single adult	\$8.68	\$15,994
Adult with preschooler	\$13.78	\$28,864
Adult with preschooler & school-age child	\$22.48	\$46,243

Federal Poverty Threshold vs. Sustainable Wage

Family Size	Poverty Threshold	Sustainable Wage
1 person household	\$8,980	\$15,994
2 person household	\$12,120	\$28,864
3 person household (1 adult, 2 children)	\$15,260	\$46,243

In light of this information, it is appropriate to note that some of our most vulnerable residents, the elderly and disabled, are doomed to live in poverty. Those who rely solely on Social Security or SSI (disability income) are at or well beneath the federal poverty threshold. The average SSI recipient receives \$6,524 per year, and the average senior on Social Security receives approximately \$10,740 per year.

Many elderly and disabled must rely on subsidized housing and other social programs to get by. In Nevada, the elderly and disabled can receive an average of \$10 per month and \$45 per month, respectively, in food stamp benefits. Approximately *one third* of those with high medical and/or prescription expenses must make the appalling choice between medication and food.

For working families, the choice is more often between food and housing costs, i.e. rent, mortgage, etc. (at 44%), or food and utilities (at 45%). Many families rely on school meals for a good portion of their children’s daily nutrition. In Nevada, 36% of school-age children are eligible for free or reduced price meals at school – almost 144,000 students. In Clark County alone, 46% of school-age children are eligible – 103,745 students. It would be useful to calculate the number of younger siblings ages 3-6 in these student households. Combined with those younger children receiving WIC benefits (34,245 in 7/04), we would have a rough calculation of the number of children in Nevada who are at risk of hunger.

The federal poverty threshold is also used to determine *eligibility for federal programs*, including USDA nutrition programs, housing assistance, child care subsidies and a myriad of programs designed to provide support to low-income families. The guidelines are very rigid, disqualifying families who make \$1 over the income limit from receiving assistance, although they are equally as poor.

The Federal Poverty Threshold and Federal Program Eligibility

	2003	130%	150%	185%
1 person household	\$8,980	\$11,694	\$13,470	\$16,613
2 person household	\$12,120	\$15,756	\$18,180	\$22,422
3 person household (1 adult; 2 children)	\$15, 260	\$19, 838	\$22,890	\$28,231
4 person household (2 adults; 2 children)	\$18,400	\$23,920	\$27,600	\$34,040

Federal nutrition programs are provided by the U.S. Department of Agriculture, and are paid for with our tax dollars. USDA nutrition programs are available for eligible low-income families and individuals from essentially before birth to the end of life. In Nevada, the National School Lunch program and WIC are probably the best implemented. Nutrition programs for children include:

- WIC – the Women’s Infants and Children’s Supplemental Feeding Program
- National School Lunch – well implemented except for two rural counties – 143,939 students were eligible for free or reduced price meals in the 2004-05 school year.
- National School Breakfast – fewer than 30% of low-income children and 20% of students overall take advantage of the school breakfast program (2003-04)

- Summer Food Service Program for Children – about 1% of eligible children have access to summer or off-track meals
- After school meals and snacks – very limited availability
- Special milk program

Other well-known USDA nutrition programs also include:

- Food Stamps – about 50% of food stamp nutrition recipients are children. Food stamps are the premier federal nutrition program, which provides an average of \$83 per person per month to eligible individuals and families. *At the present time, fewer than 52% of eligible Nevadans are using this program, leaving \$110 million in federal funding on the table, already paid for by our tax dollars.* Nevada is second only to California as the state with lowest food stamp participation.
- The Emergency Food Assistance Program (TEFAP) brought 2.6 million pounds of food into Nevada in 2003, directed toward families and seniors at 130% of poverty. TEFAP was originally designed to reduce inventories and storage costs of surplus farm commodities through distribution to needy households. The goal was to improve nutrition and health among low-income people. The program receives food commodities from the surplus in the agricultural market and by using money appropriated by Congress.
- Commodity Supplemental Food Program (CSFP) – recently secured for Nevada (2003). This precursor to the WIC program provides a monthly box of food weighing about 38 pounds to about 7800 clients. In northern Nevada, 92% of clients are seniors (southern Nevada % unavailable).

Emergency food services are provided to individuals through a scattered network of emergency food programs, often called food pantries or food closets. At these locations, individuals and families can receive a bag of groceries and often referrals to other services. These programs are generally served by larger warehousing and distribution organizations called food banks, although this term is occasionally used by food pantries to describe their much smaller scope of services.

The Food Bank of Northern Nevada is an anti-hunger organization providing child nutrition programs, senior food programs, nutrition education, food stamp and multi-benefit outreach, and food distribution services to about 85 partner agencies in the north and rural counties (excluding Clark, Lincoln, Esmeralda Counties and the southern part of Nye County). The Food Bank of Northern Nevada is part of America's Second Harvest, the nation's food bank network, and distributes approximately 3.5 million pounds of food annually. Half of its partner agencies are emergency food pantries, and the balance provide social services for low-income populations, such as shelters, domestic violence programs, youth and senior programs, etc.

The Food Bank has a particular focus on child nutrition programs, and conducts the award-winning Kids Café program in Washoe County. Kids Café provides free summer meals to children in neighborhoods where more than half the children are eligible for free meals at school. During the

school year, after school (supper) meals are served in conjunction with after school care and/or tutoring programs. Due to the success of the Kids Café program, the Food Bank was approached by the Task Force for a Healthy Nevada to design and implement child nutrition programs (outside of school) throughout the state, with particular emphasis on Clark County, where the majority of children eligible for such programs reside. With The Food Bank's assistance, approximately 70 summer meal programs have been established for children in Clark County, where 113 school neighborhoods are 50% needy or greater. The Food Bank sponsors summer meals in 34 school neighborhoods in Washoe County and have helped establish 15 meal sites in the rural counties.

The Food Bank of Northern Nevada has also pioneered food stamp outreach in Northern Nevada, key to increasing food stamp participation. Their multi-benefit screening tool has been distributed to many locations throughout the state, and their food stamp outreach coordinator trains local organizations of all kinds to provide pre-screening for the food stamp program. In an effort to increase Nevada's abysmal participation in this very valuable nutrition program, the Food Bank is presently engaged in development of a statewide food stamp outreach plan.

The Food Bank also provides nutrition education to children, seniors and food-stamp eligible families, in an effort to support better health, increase fresh fruits and vegetables as part of the everyday diet, and combat obesity in clients whose diets are constrained by their income.

Three Square

Mission: “To provide wholesome food for hungry people, while working to end hunger in Southern Nevada.”

Community Need: The 2006 Census for Clark County identified 210,000 men, women and children living at 100% of the poverty level, of which the largest entrants were children under the age of five. Additionally, according to the Clark County School District (CCSD), 39% of the 300,000 school children are on “free or reduced” price meals. This equates to approximately 117,000 (or four (4) out of ten (10) children) who are food insecure. School Officials have said they believe this number is actually low, as some parents are embarrassed or unable to fill out the necessary paperwork in order for their children to be a part of the “free or reduced price” lunch program.

According to information from America’s Second Harvest, it takes 234 lbs. of food to sustain a person for one year. This figure assumes that a person is receiving some type of public assistance, etc. Using this figure, with the 2006 Census numbers of 210,000 men, women and children, Three Square needs to distribute 49,000,000 lbs. of food annually to meet the current food needs of the Clark County community. (210,000 people x 234 lbs of food = 49,000,000 lbs of food).

Vision: Three Square remains focused on the vision “to provide a consistent supply of nutritious food to hungry people”. This vision is uniting the Las Vegas community and they are providing support to Three Square to overcome barriers to achieve this goal. Three Square is also committed to becoming the food solution and food hub of Southern Nevada. One way of accomplishing this vision is to remove duplication of effort and services within the non-profit and faith-based community and serve as an efficient central location for food donations or a “food hub.” This food hub will accept the donation and then equitably distribute it to agencies and organizations within the Southern Nevada community.

Three Square is dedicated to educating the community, along with providing the solution to our hunger problems in the Valley, through a collaborative effort. In tough economic times, it is essential that the non-profit agencies and faith-based organizations focus on meeting the needs of the greatest number of individuals and families possible. To make the most of a donated dollar, it is imperative that agencies and organizations focus on streamlining their services and ensuring that they are not duplicating their efforts or services. Three Square is working with the agencies and organizations to update their food distribution for maximum efficiency.

History: Our visionary, Eric Hilton, had an idea for an organized and efficient program to take the food supply burden from non-profit groups. On September 1, 2006, The Conrad N. Hilton Foundation made a \$1,000,000.00 per year matching grant for two years to assist with the start-up phase. The mission of this groundbreaking organization, named Three Square, is to provide wholesome food for hungry people, while working to end hunger in Southern Nevada.

Julie Murray and Eric Hilton recruited key gaming and hospitality, corporate and business leaders as partners with Three Square. A Board of Trustees and the Culinary Team formed the first executive boards and committees. The Nevada Community Foundation volunteered to act as the fiscal agent for Three Square and provided guidance throughout the startup.

Five local non-profit organizations that feed the hungry were selected to participate in the initial “Proof of Concept” (POC) phase, to test a meal delivery system: The Las Vegas Rescue Mission; Salvation Army; Center for Independent Living; Silver Sky assisted living facility; and WestCare addiction recovery agency. Beginning in March 2007, Three Square contracted with Nevada Partners Culinary Training Academy to serve a total of 3,000 prepared meals per week. In this phase of the POC, Three Square tested various methods of food preparation and delivery while at the same time working to design and develop a national model facility.

The University of Nevada, Las Vegas joined this community collaborative to provide the research and tracking of data needed to validate the effort. A team of UNLV researchers collected data from the POC’s and the Culinary Training Academy which showed the success of the food production and delivery of the nutritious meals. The data also showed the diversity of the clientele and the amount of food needed to ensure their basic need was met. They also studied the efficiencies gained by the non-profit agencies when they didn’t have to spend time procuring food.

During the POC, it was determined that the cost for preparing and delivering catered meals was cost prohibitive. However, it was revealed that a central location for food donation and food preparation was necessary and could be done with the backing of the foundations, gaming and hospitality industry, grocers, food vendors and the business community.

Food Solution Startup: In August of 2007, America’s Second Harvest notified the Clark County Community Food Bank they would lose their affiliation status and be closed. This would leave Clark County without any means to support their growing population of hungry people. America’s Second Harvest approached Three Square to open and operate a new food bank. In early October 2007, the Clark County Commissioners unanimously voted to donate the previous Food Bank’s 50,000 sq. ft. warehouse, worth \$4,900,000.00, to Three Square. The building required numerous repairs and cleaning in order to make it ready for operations.

Also in October 2007, Three Square signed an agreement with the Food Bank of Northern Nevada to become a Subsidiary Distribution Organization, thereby allowing them to access America’s Second Harvest network. This was an unprecedented partnership for America’s Second Harvest. America’s Second Harvest granted Three Square \$1,850,000.00 to fund the start up of the Food Bank and sent a team of 20 leading food bank experts from around the country to assist with the opening. Three Square will be eligible for its own affiliation with America’s Second Harvest on October 1, 2008. On December 17, 2007, the Three Square Food Bank opened its doors for business two years ahead of schedule for their national model facility.

Three Square is on the way to a goal of distributing 10,000,000 lbs. of food in 2008. On May 27, 2008, Three Square distributed over 3,000,000 lbs. of food. This was achieved by joining with

community grocery stores, food vendors and purchases made through America's Second Harvest. We are currently distributing 50% rescued foods and 50% food bank foods, with a goal to reach 49,000,000 lbs. of distribution by 2012.

Nutrition on the Streets

The Health Committee was pleased to have League Member Linda Lera-Randle El, founder and Director of Straight from the Streets, speak to us about the problems encountered in attempting to provide nutritious food to the homeless in Clark County.

The mission statement of Straight from the Streets is to partner with representatives from private businesses, service organizations and all who are committed to advocating for the rights and needs of homeless persons living on the streets.

The organization consists of an independent group of advocates and social service providers who work to give the community a look at homelessness from the street side, up close and personal – the good, the bad and the ugly. “We go out looking at life sustaining needs – food as well as housing and harm reduction, in conjunction with case management and wrap-around services,” says Lera-Randle El. “We are an agency that grew out of grassroots concern and we have remained that way. Our goal is not to just feed and shelter the homeless, but to work towards ways to end homelessness as we know it now.”

The number of clients served varies. The agency has clients on caseload, clients they just see occasionally, and people they feed along the way. They see hundreds of people in a year.

Regarding nutrition, they do not have a formal feeding program per se, but try always to have food on hand, not only for comfort and to use to make contact, but first and foremost to feed the hungry. Water is always a big need for all of the homeless.

They try to always have on hand products like trail mix, granola bars, soft foods for people with dental problems or some of the older people whose appetites are not what they used to be. They have found that things like Lunchables and pudding cups are helpful. Hard boiled eggs, raisins, pocket foods with pop top cans such as fruit, or canned meats and fish are kept on hand whenever possible

The organization tries to address the issue of nutrition by getting the word out to as many people as they can about its importance, and by linking with churches and other organizations in the community that can help provide the items or the funds to purchase nutritious items.

For the most part, agency workers have noticed that clients seem to appear malnourished, with vitamin deficiencies, and in need of medical services. Nevada Health Centers provides the bulk of this care to the homeless, and they work closely together.

They stand ready to address hunger at all times in the men, women and children they see – it is a life-sustaining need.

Lera-Randle El reports that she sees a big responsibility on initial contact to make the assessment, to be aware of the clients’ needs, their behaviors and any sign of illness. If people are hungry they cannot be expected to concentrate or to work on issues; if thirst is so great, they are of

course more concerned with meeting that need than anything else. Nutritional needs are very important.

The workers from Straight from the Streets do not want to see people given just doughnuts and coffee. Lera-Randle El states that she personally believes that doughnuts and coffee are just adding to the problem, feeding addictions. Many people wait in line to get their morning coffee and doughnuts. While coffee is enjoyable, a nice healthy meal coupled with a sack lunch might be another way to go. That way the client is not tied to food lines all day.

The organization is always in need of nutritional foods. Some clients are now in housing, but many more are still living in the streets. Nutrition is especially important as many have medical issues and substance issues that have worn them down. Straight from the Streets provides products such as protein drinks, for example, Boost or Ensure, peanut butter, fresh fruit, apples, oranges, bananas, fresh vegetables – whatever they can get, they hand out. Just as in the general population, whether homeless or not, there are diabetics, people with heart disease, etc. The more appropriate foods that can be provided, the more the people can think straight and not stay stuck just on surviving.

Constant access to availability of nutritional items and funds to purchase what is not donated are stumbling blocks to their goals. Straight From The Streets is a small agency and does not have the resources or time to pick up donations. Waste in this county and across America is rampant – we throw away more food than some countries see in a lifetime. If we as a community, not just this program, but as a community, had the trucks, the refrigerators, the political will, the private community support, the space, etc., we could salvage good food, combine food kitchen and pantries together to be cost effective and useful.

Straight from the Streets offers a plethora of services and hands-on services where everyone in the organization does some kind of hands-on work.

A Visit to the Homeless Food Services

On Saturday, January 29, 2005, three members of the Health Committee, Ruth Mills, Ida Grieco and Susan Meacham, made a trip to the Homeless Corridor in Las Vegas to visit the soup kitchens that are run by The Salvation Army and Catholic Charities of Southern Nevada.

Salvation Army Homeless Services

We first stopped at The Salvation Army Homeless Services. Susan Markham, vocation/food services director, who oversees the entire food program, gave us a tour of the facility.

Food services at the Salvation Army are provided for two distinct groups of people: the transient homeless population and the resident client population.

Three meal programs are offered:

1. The Campus Corner Café
2. Daily Free Meal for Homeless Consumers
3. Seven-day, twenty-one meal plan for residential clients

Campus Corner Café

The Café offers a unique, alternative-dining experience for homeless and hungry persons with very limited income, or no income, who otherwise may not be able to afford “restaurant style dining.”

Café menus have been created based on the six-week revolving residents’ menu. Residents’ menu items are referred to as the day’s specialty item. A specialty item is available at breakfast, lunch and dinner. Additionally, diners have an option of purchasing one (1) cheeseburger or two (2) hot dogs, or one (1) fried fish sandwich (grill and sandwich items come with a choice of French fries or pasta, potato or macaroni salad, or a green salad), or a cold breakfast. Specialty salads will be added if determined feasible.

Menu boards are posted in the Café announcing breakfast, lunch and dinner options and specials.

Grilled and fried items are served with lettuce and a slice each of onion, pickle and tomato. Mayonnaise, mustard, relish and ketchup will be provided upon request.

A beverage is included.

The Café is open daily from 7:30 a.m. to 7:00 p.m.

Community members and/or groups, clubs, clinics, etc. may purchase Café tokens for distribution. These same persons may purchase tokens and donate them back to Homeless Services for distribution.

Homeless Meal

An afternoon meal is provided daily to homeless and hungry people. The dining room doors open at 2:45 p.m. and service is provided until 3:30 p.m. (or until the last person in line is served). An average of 260-300 guests are served daily. A seven-day revolving menu is available, donated snacks or desserts are added. Meals include: spaghetti with meat sauce, tuna or chicken noodle casserole, fish fry, Sloppy Joe's, franks and beans, chef's choice and macaroni and cheese.

Residential Meal Plan

Homeless persons enrolled in Lied Social Service Campus Programs are provided with three meals each day. The menu is a six-week revolving cycle. Breakfast is a choice of a hot meal or a cold breakfast bar consisting of cereal, Danish and fruit. A fruit and salad bar always accompanies lunch and dinner meals. Menu is attached.

A Registered Dietician approves all menu items. The current RD is Dr. Leslie Johnson, who visits quarterly, or when contacted. Although special diets are not provided at this homeless facility, Johnson works with diabetics and others to aid them in selecting items from the menu that meet their specific dietary needs.

A sample menu plan follows.

Catholic Charities of Southern Nevada

Our second stop was Catholic Charities of Southern Nevada. When we arrived, early lunch was being served to their clients. The Lied St. Vincent Dining Room serves more than 2000 meals a day to men, women and children. We toured the well-furnished kitchen. Lunch every day consists of soup and bread. Dinner consists of a different menu daily, rotated each week, for example, hot dogs on Saturday, spaghetti on another night.

Three meals a day are served to the men who are in the Residential Program. The women and children of the Shade Tree Shelter are served dinner daily. An average of 377 individuals are served the mid-morning meal, which is free to anyone who is hungry. An average of 183 individuals are served coffee and donuts daily.

In the senior programs, Meals on Wheels serves 930 clients weekly, with more than 335,000 meals served. More than 1,200 birthday cakes have been delivered.

Meals on Wheels partners with Las Vegas Senior Lifeline and the Jewish Federation to deliver Kosher meals. 726 Kosher meals are delivered every week.

In the Social Services area, 27,000 units of food assistance were provided. 6,550 families received food assistance. 8,105 families received USDA food assistance. 12,681 clients received Women, Infants and Children Commodity Supplemental Food. 1,609 children received vitamins in a month.

Statistical information was provided by Sharon Mann of Catholic Charities.

It is important to remember that these organizations, and many like them throughout the USA, depend on a budget that is never adequate for the number of clients who need the food. The numbers seem to increase each month. The kitchens depend a great deal on donations from supermarkets, hotels and private individuals to buy various foods that can go a long way in feeding such a large number of people

SAMPLE MENU PLAN
SALVATION ARMY HOMELESS SERVICES

MEAL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST	Chipped Beef on Biscuit Breakfast Bar Milk Coffee Juice	Pancakes/Syrup Link Sausage Breakfast Bar Milk Coffee Juice	Scrambled Eggs Hash Browns Bacon Toast Breakfast Bar Milk Coffee Juice	French Toast/Syrup Sausage Patty Breakfast Bar Milk Coffee Juice	Denver Scrambled Eggs Hash Browns Toast Breakfast Bar Milk Coffee Juice	Eggs & Sausage Bake Toast Breakfast Bar Milk Coffee Juice	Fried Eggs Corned Beef Hash Fried Potato Toast Breakfast Bar Milk Coffee Juice
NOON	Teriyaki Chicken Stir Fry Vegetables Fried Rice Salad/Fruit Bar Milk Coffee Juice	Cube Steak with Mushroom Gravy Peas & Carrots Mashed Potatoes Salad/Fruit Bar Milk Coffee Juice	Baked Ham with Raisin Sauce Au Gratin Potatoes Mixed Vegetables Salad/Fruit Bar Milk Coffee Juice	Meatloaf/Gravy Baked Potato <i>or choice of</i> Liver/Onions Corn Salad/Fruit Bar Milk Coffee Juice	Turkey ala King over Noodles Salad/Fruit Bar Milk Coffee Juice	Beef Stew Steamed Rice Salad/Fruit Bar Milk Coffee Juice	Tuna Casserole Green Beans Salad/Fruit Bar Milk Coffee Juice
SUPPER	Chili Dog on a Bun Potato Salad Salad/Fruit Bar Milk Coffee Juice	Beef Vegetable Soup Grilled Cheese Sandwich Salad/Fruit Bar Milk Coffee Juice	Beef Stir Fry Rice Salad/Fruit Bar Milk Coffee Juice	Cream of Potato Soup Chicken Salad Salad/Fruit Bar Milk Coffee Juice	Clam Chowder Ham & Cheese Sandwich Salad/Fruit Bar Milk Coffee Juice	Chicken Wings Pasta Salad Salad/Fruit Bar Milk Coffee Juice	Sloppy Joe on a Bun Salad/Fruit Bar Milk Coffee Juice

Annex I – Nevada QuickFacts

People QuickFacts	Nevada	USA
Population, 2003 estimate	2,241,154	290,809,777
Population, percent change, April 1, 2000 to July 1, 2003	12.2%	3.3%
Population, 2000	1,998,257	281,421,906
Population, percent change, 1990 to 2000	66.3%	13.1%
Persons under 5 years old, percent, 2000	7.3%	6.8%
Persons under 18 years old, percent, 2000	25.6%	25.7%
Persons 65 years old and over, percent, 2000	11.0%	12.4%
Female persons, percent, 2000	49.1%	50.9%
White persons, percent, 2000 (a)	75.2%	75.1%
Black or African American persons, percent, 2000 (a)	6.8%	12.3%
American Indian and Alaska Native persons, percent, 2000 (a)	1.3%	0.9%
Asian persons, percent, 2000 (a)	4.5%	3.6%
Native Hawaiian and Other Pacific Islander, percent, 2000 (a)	0.4%	0.1%
Persons reporting some other race, percent, 2000 (a)	8.0%	5.5%
Persons reporting two or more races, percent, 2000	3.8%	2.4%
White persons, not of Hispanic/Latino origin, percent, 2000	65.2%	69.1%
Persons of Hispanic or Latino origin, percent, 2000 (b)	19.7%	12.5%
Living in same house in 1995 and 2000, pct age 5+, 2000	37.4%	54.1%
Foreign born persons, percent, 2000	15.8%	11.1%
Language other than English spoken at home, pct age 5+, 2000	23.1%	17.9%
High school graduates, percent of persons age 25+, 2000	80.7%	80.4%
Bachelor's degree or higher, pct of persons age 25+, 2000	18.2%	24.4%
Persons with a disability, age 5+, 2000	375,910	49,746,248
Mean travel time to work (minutes), workers age 16+, 2000	23.3	25.5
Housing units, 2002	901,597	119,302,132
Homeownership rate, 2000	60.9%	66.2%
Housing units in multi-unit structures, percent, 2000	32.2%	26.4%
Median value of owner-occupied housing units, 2000	\$142,000	\$119,600
Households, 2000	751,165	105,480,101
Persons per household, 2000	2.62	2.59
Median household income, 1999	\$44,581	\$41,994
Per capita money income, 1999	\$21,989	\$21,587
Persons below poverty, percent, 1999	10.5%	12.4%

Business QuickFacts	Nevada	USA
Private nonfarm establishments with paid employees, 2001	48,863	7,095,302
Private nonfarm employment, 2001	916,981	115,061,184
Private nonfarm employment, percent change 2000-2001	1.6%	0.9%
Nonemployer establishments, 2000	113,744	16,529,955
Manufacturers shipments, 1997 (\$1000)	6,361,782	3,842,061,405
Retail sales, 1997 (\$1000)	18,220,790	2,460,886,012
Retail sales per capita, 1997	\$10,874	\$9,190
Minority-owned firms, percent of total, 1997	11.7%	14.6%
Women-owned firms, percent of total, 1997	25.7%	26.0%
Housing units authorized by building permits, 2002	35,615	1,747,678
Federal funds and grants, 2002 (\$1000)	10,736,904	1,901,247,889

Geography QuickFacts	Nevada	USA
Land area, 2000 (square miles)	109,826	3,537,438
Persons per square mile, 2000	18.2	79.6
FIPS Code	32	

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

Source: U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, 2000 Census of Population and Housing, 1990 Census of Population and Housing, Small Area Income and Poverty Estimates, County Business Patterns, 1997 Economic Census, Minority- and Women-Owned Business, Building Permits, Consolidated Federal Funds Report, 1997 Census of Governments

Last Revised: Tuesday, 01-Feb-2005

Annex II - Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity

Overweight in Children and Adolescents:

THE PROBLEM OF OVERWEIGHT IN CHILDREN AND ADOLESCENTS

- In 1999, 13% of children aged 6 to 11 years and 14% of adolescents aged 12 to 19 years in the United States were overweight. This prevalence has nearly tripled for adolescents in the past two decades.
- Risk factors for heart disease, such as high cholesterol and high blood pressure, occur with increased frequency in overweight children and adolescents compared to children with a healthy weight.
- Type 2 diabetes, previously considered an adult disease, has increased dramatically in children and adolescents. Overweight and obesity are closely linked to type 2 diabetes.
- Overweight adolescents have a 70% chance of becoming overweight or obese adults. This increases to 80% if one or more parent is overweight or obese. Overweight or obese adults are at risk for a number of health problems including heart disease, type 2 diabetes, high blood pressure, and some forms of cancer.
- The most immediate consequence of overweight as perceived by the children themselves is social discrimination. This is associated with poor self-esteem and depression.

THE CAUSES OF OVERWEIGHT

- Overweight in children and adolescents is generally caused by lack of physical activity, unhealthy eating patterns, or a combination of the two, with genetics and lifestyle both playing important roles in determining a child's weight.
- Our society has become very sedentary. Television, computer and video games contribute to children's inactive lifestyles.
- 43% of adolescents watch more than two hours of television each day.
- Children, especially girls, become less active as they move through adolescence.

DETERMINATION OF OVERWEIGHT IN CHILDREN AND ADOLESCENTS

- Doctors and other health care professionals are the best people to determine whether your child or adolescent's weight is healthy, and they can help rule out rare medical problems as the cause of unhealthy weight.
- A Body Mass Index (BMI) can be calculated from measurements of height and weight. Health professionals often use a BMI "growth chart" to help them assess whether a child or adolescent is overweight.
- A physician will also consider your child or adolescent's age and growth patterns to determine whether his or her weight is healthy.

GENERAL SUGGESTIONS

- Let your child know he or she is loved and appreciated whatever his or her weight. An overweight child probably knows better than anyone else that he or she has a weight problem. Overweight children need support, acceptance, and encouragement from their parents.

- Focus on your child's health and positive qualities, not your child's weight.
- Try not to make your child feel different if he or she is overweight but focus on gradually changing your family's physical activity and eating habits.
- Be a good role model for your child. If your child sees you enjoying healthy foods and physical activity, he or she is more likely to do the same now and for the rest of his or her life.
- Realize that an appropriate goal for many overweight children is to maintain their current weight while growing normally in height.

PHYSICAL ACTIVITY SUGGESTIONS

- Be physically active. It is recommended that Americans accumulate at least 30 minutes (adults) or 60 minutes (children) of moderate physical activity most days of the week. Even greater amounts of physical activity may be necessary for the prevention of weight gain, for weight loss, or for sustaining weight loss.
- Plan family activities that provide everyone with exercise and enjoyment.
- Provide a safe environment for your children and their friends to play actively; encourage swimming, biking, skating, ball sports, and other fun activities.
- Reduce the amount of time you and your family spend in sedentary activities, such as watching TV or playing video games. Limit TV time to less than two hours a day.

HEALTHY EATING SUGGESTIONS

- Follow the Dietary Guidelines for healthy eating (www.health.gov/dietaryguidelines).
- Guide your family's choices rather than dictate foods.
- Encourage your child to eat when hungry and to eat slowly.
- Eat meals together as a family as often as possible.
- Carefully cut down on the amount of fat and calories in your family's diet.
- Don't place your child on a restrictive diet.
- Avoid the use of food as a reward.
- Avoid withholding food as punishment.
- Children should be encouraged to drink water and to limit intake of beverages with added sugars, such as soft drinks, fruit juice drinks, and sports drinks.
- Plan for healthy snacks.
- Stock the refrigerator with fat-free or low-fat milk, fresh fruit, and vegetables instead of soft drinks or snacks that are high in fat, calories, or added sugars and low in essential nutrients.
- Aim to eat at least five servings of fruits and vegetables each day.
- Discourage eating meals or snacks while watching TV.
- Eating a healthy breakfast is a good way to start the day and may be important in achieving and maintaining a healthy weight.

IF YOUR CHILD IS OVERWEIGHT

- Many overweight children who are still growing will not need to lose weight, but can reduce their rate of weight gain so that they can "grow into" their weight.
- Your child's diet should be safe and nutritious. It should include all of the Recommended Dietary Allowances (RDAs) for vitamins, minerals, and protein and contain the foods from the major Food Guide Pyramid groups. Any weight-loss diet should be low in calories (energy) only, not in essential nutrients.

- Even with extremely overweight children, weight loss should be gradual.
- Crash diets and diet pills can compromise growth and are not recommended by many health care professionals.
- Weight lost during a diet is frequently regained unless children are motivated to change their eating habits and activity levels for a lifetime.
- Weight control must be considered a lifelong effort.

Any weight management program for children should be supervised by a physician.

Source: The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity, 2001