



Health Impact of Full-Day Kindergarten

Executive Summary

In collaboration with other organizations, the Guinn Center contributed to a recent study examining the potential impact of full-day kindergarten on health outcomes: *Full-Day Kindergarten in Nevada: A Health Impact Assessment (HIA)*.¹ The purpose of the HIA study is to inform the Nevada Legislature as it considers expanding full-day kindergarten. This policy brief links the research and recommendations of the HIA study to legislation pending before the 2015 Nevada Legislature.

What does research say?

- Expansion of full-day kindergarten has the greatest potential to increase academic achievement and future high school graduation for low-income students and English Language Learners.
- Higher levels of educational attainment are associated with positive health outcomes.
- Expanding full-day kindergarten can improve access to services that can improve future health outcomes, such as school meals, nutrition education, and physical activity.

Health Impact Assessment and Related Legislation

Topic	HIA Recommendations	Related Legislation
Expansion of Full Day Kindergarten	<ol style="list-style-type: none"> 1. Consider continuing to make full-day kindergarten available to English Language Learners (ELL) and lower-income students. 2. Prioritize allocation of funds to schools with the highest levels of Free and Reduced price Lunch (FRL) and ELL students. 3. Nevada Department of Education and school district leaders could evaluate the effectiveness of full-day kindergarten. 	<p>1. Proposed budget Expands full-day kindergarten to all schools at cost of \$78.4 million over the 2015-2017 biennium.</p> <p>2. SB 508 Funds kindergarten students at the same rate as other students beginning in FY 2018.</p> <p>3. SB 345 (no further action allowed) Requires full-day kindergarten to be offered at every school and funds kindergarten students at the same rate as other students beginning in FY 2016.</p>
Access to School Meals	<p>School districts could implement initiatives to:</p> <ol style="list-style-type: none"> 1. Ensure kindergarten students in full-day programs receive access to both school breakfast and lunch. 2. Increase school meal participation, as recommended by the Centers for Disease Control and Prevention (CDC), by using evidence-informed strategies such as Breakfast after the Bell and universal free breakfast/lunch for all students eligible for reduced price meals. 3. Encourage school districts to work with community organizations to provide meals to students in need who remain in half-day programs and do not have access to breakfast 	<p>SB 503 Provides \$2 million for start-up grants for schools with FRL rates of 75 percent or greater to implement Breakfast After the Bell programs.</p>

Topic	HIA Recommendations	Related Legislation
Health services in schools	<p>or lunch.</p> <ol style="list-style-type: none"> School districts, the Nevada Division of Public and Behavioral Health, and local health departments could consider collaborating to measure height and weight annually and to track data over time by using unique student identification numbers to maintain the confidentiality of personally identifiable information and make the data publicly available for monitoring purposes. School districts could: <ol style="list-style-type: none"> Collect a representative sample of height and weight information of all students, including kindergarteners. Track changes for individual students over time. Report results to the Chief Medical Officer and the local health authority. The Nevada Division of Public and Behavioral Health could consider making the results of the hearing and vision screening data collected publicly available, while protecting personally identifying information, for monitoring purposes. 	<ol style="list-style-type: none"> AB 206 Expands notification to parents of health issues identified during screening to include a list of any resources to provide appropriate medical attention, including services available for free or at a reduced cost. SB 402 Removes the sunset on requiring Clark and Washoe School Districts to conduct a sample of height and weight for students in 4th, 7th, and 10th grades.
Access to Nutrition Education	<ol style="list-style-type: none"> School districts could: <ol style="list-style-type: none"> Begin teaching nutrition education in kindergarten, which is consistent with Nevada health standards for grades K-2. Provide professional development to kindergarten teachers on nutrition education strategies, consistent with CDC guidelines Combine nutrition education with physical activity. Work with community partners to obtain grants to promote nutrition education and to support professional development. The Nevada Department of Education could use its website to post resources for a nutrition education curriculum that is appropriate for kindergarten students and is aligned with health standards. 	None
Access to Physical Activity	<ol style="list-style-type: none"> School districts could ensure that kindergarten students receive the minimum minutes of physical activity included in each school district's or school's Wellness Policy through a combination of recess, physical education (PE), and physical activity integrated into academic instruction. Each school district could develop a comprehensive school physical activity program as recommended by the CDC, with an emphasis on programs for kindergarten students. 	<p>SB 178 (no further action allowed) Requires students in grades K-11 to take at least 30 minutes of PE per day.</p>