

IN THIS ISSUE: WEIGHT STATUS OF WASHOE COUNTY YOUTH

The terms overweight and obesity identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems.

Table 1. Weight Status for Children

Weight Status	BMI Percentile Range
Underweight	<5 th percentile
Healthy Weight	5 th to <85 th percentile
Overweight	85 th to <95 th percentile
Obese	≥ 95 th percentile

Overweight and obesity in children have both short and long-term effects on health and well-being.

Immediate health effects of obesity in childhood¹:

- ◆ Increased risk factors for cardiovascular disease, such as high cholesterol and high blood pressure
- ◆ More likely to have prediabetes, indicating a high risk for development of diabetes
- ◆ Greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem

Long-term health effects of obesity in childhood¹:

- ◆ More likely to become obese as adults, therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis

While not the only factors in the weight of youth, physical activity levels and the type and amount of food consumed play a large role.

Data from Washoe County's Youth Risk Behavioral Surveillance System (2013) show that high school students are not meeting recommended levels of physical activity, with only 31.3% of male and 16.5% of female students being physically active for 60 or more minutes each day.

National trends looking at types and amounts of foods consumed indicate:

- ◆ Adolescents eat more high-calorie, low-nutrient snacks than in past generations, although frequent snacking was not necessarily related to higher BMI².
- ◆ Fruit and vegetable consumption among high school students remains low. In 2010, median consumption was 1.2 times a day for fruits and 1.2 times a day for vegetables. In addition, about one in four students consumed fruit less than once daily, and one in three consumed vegetables less than once daily.³

METHODS

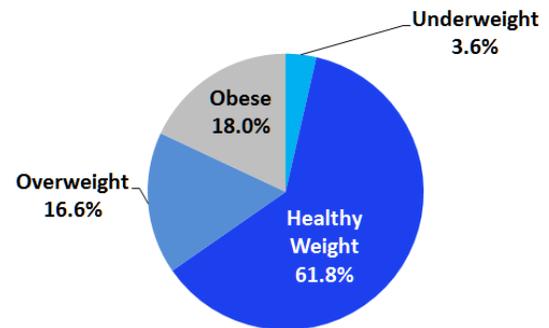
For the past eight school years (2007-2008 thru 2014-2015), height and weight were collected on samples of

Washoe County School District (WCSD) 4th, 7th, and 10th graders. Data are weighted to the grade-specific Washoe County enrollment and represent only those grades which were sampled. Data in this report were calculated using the Centers for Disease Control and Prevention's *Children's BMI Tool for Schools*.

RESULTS & DISCUSSION

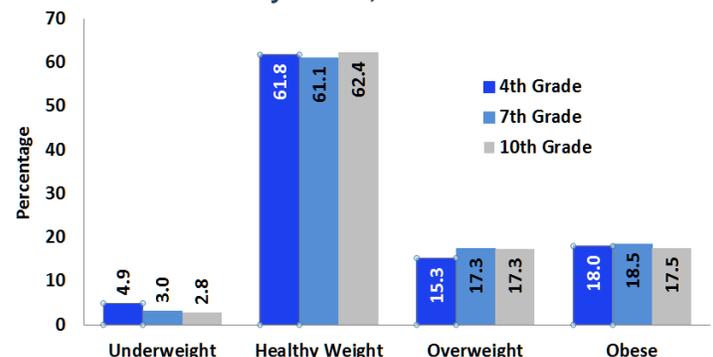
Comparisons of weight status by grades, gender, race/ethnicity, and Title 1 vs. non-Title 1 schools provide p-value less than 0.05 to indicate a statistical significance of difference.

Figure 1. Weight Categories of 4th, 7th, and 10th Grade Students (combined) in WCSD, 2014-2015.



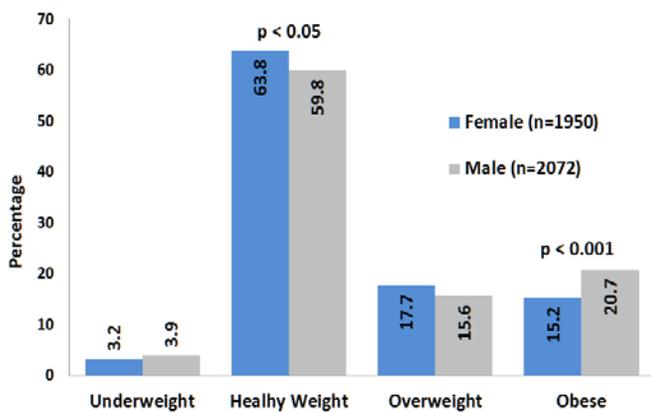
The majority of Washoe County youth were of healthy weight, but over a third were either overweight or obese. Review of data from the past five years (data not shown) revealed no significant change within weight categories. For example, percentages of students in the Healthy Weight category over the past five years ranged from 61.8% to 62.7%.

Figure 2. Weight Categories of 4th, 7th, and 10th Grade Students in WCSD by Grade, 2014-2015.



There was no statistical difference in the weight categories of 4th, 7th, and 10th grade students for the 2014-2015 school year.

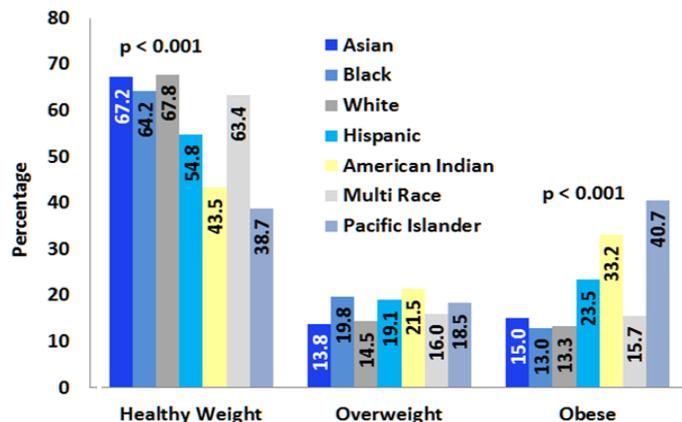
Figure 3. Weight Categories of 4th, 7th, and 10th Grade Students (combined) in WCSD by Gender, 2014-2015.



In 2014-2015, a higher proportion of male students were obese than female students. The male students had a lower percentage of healthy weight than female students. These differences are statistically significant.

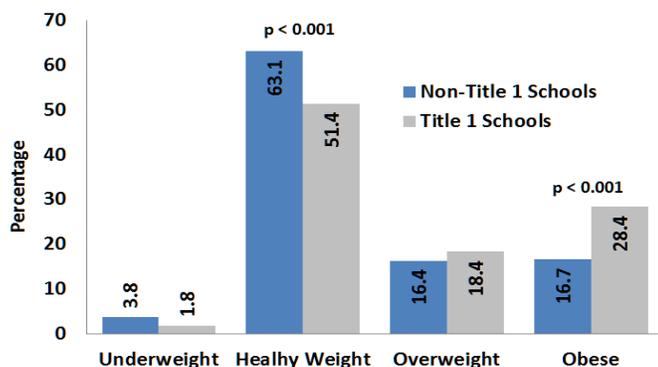
Review of student data from the past five years (not depicted graphically), revealed consistently higher obesity rates and lower healthy weight rates for males.

Figure 4. Weight Categories of 4th, 7th, and 10th Grade Students (combined) in WCSD by Race/Ethnicity, 2014-2015.



More white students were at a healthy weight compared to Hispanic, American Indian and Pacific Islander students. More Hispanic, Pacific Islander and American Indian students were obese compared to white students.

Figure 5. Weight Categories of 4th and 7th Grade Students (combined) in WCSD by Title 1 Status, 2014-2015.



Title 1 schools are those schools with large concentrations of low-income students. These schools had a significantly lower proportion of healthy weight students and underweight students, and had a significantly higher proportion of obese students compared to non-Title 1 schools.

RECOMMENDATIONS

Studies have found strong evidence to support beneficial effects of childhood obesity prevention programs particularly targeted to children ages six to 12. These programs included components of nutrition and physical activity in school curriculums, and environmental/cultural practices that support eating healthy foods and being active at home.⁴

Physicians play an important role in providing assessment, information and encouragement to parents and children concerned about overweight and obesity.

Local resources include:

- ◆ Prescription pads to “prescribe” healthy eating, physical activity, and decreased consumption of sugar sweetened beverages. On the www.GetHealthyWashoe.com site, visit the “For Health Care Providers” pages under “Healthy Eating” and “Active Living” to preview the prescription images.
- ◆ The www.GetHealthyWashoe.com website provides information about healthy eating and physical activity that individuals and families can reference
- ◆ Educational materials for parents on children’s beverage choices are provided free of charge by the University of Nevada, Reno’s Rethink Your Drink campaign. For more information, see rethinkyourdrinknevada.com or send a request to rethinkyourdrink@cabnr.unr.edu

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