

IN THIS ISSUE: WEIGHT STATUS OF WASHOE COUNTY SCHOOL DISTRICT YOUTH

Surveillance of weight status of youth is important to identify trends over time and to help evaluate and monitor interventions intended to impact weight.

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

Being outside the healthy weight category carries risk for short and long-term effects on youth 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 youth weight, physical activity levels and the type and amount of food consumed play a large role. Data from Washoe County's 2015 Youth Risk Behavioral Survey (YRBS) show:

- ◆ High school students are not meeting recommended levels of physical activity, with only 31.8% of male and 22.1% of female students being physically active for 60 or more minutes each day
- ◆ Middle school students are doing slightly better with 42.3% of males and 30.0% of females reporting 60 minutes of physical activity each day
- ◆ Among high school pupils, 38.5% report consuming fruit/fruit juices less than once daily, and 39.6% report consuming vegetables less than once daily
- ◆ Among high school pupils, 43.0% reported they were trying to lose weight (58.7% females; 28.4% males)

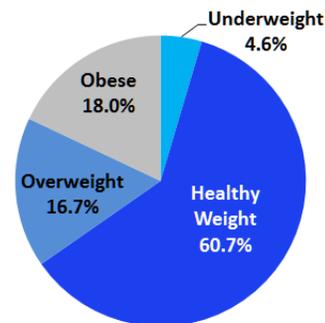
METHODS

For the past nine school years (07-08 thru 15-16), height and weight were collected on samples of Washoe County School District (WCSD) 4th, 7th, and 10th grade students. Data are weighted to the grade-specific 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

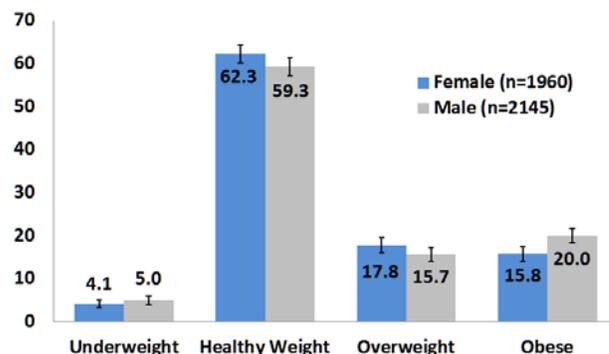
Comparisons of weight status by gender, race/ethnicity, and Title 1 vs. non-Title 1 schools provide confidence intervals to indicate statistical significance.

Figure 1. Weight Categories of 4th, 7th, and 10th Grade Students (combined) in WCSD, 2015-2016.



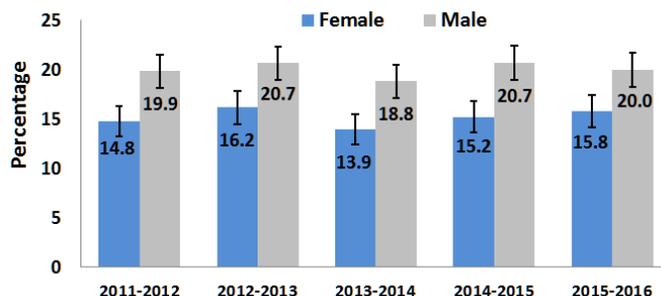
The majority of WCSD youth were of healthy weight, but over a third of the students were either overweight or obese. There was no significant statistical difference in the weight categories between 4th, 7th, and 10th grade students.

Figure 2. Weight Categories of 4th, 7th, and 10th Grade Students in WCSD by Gender, 2015-2016.



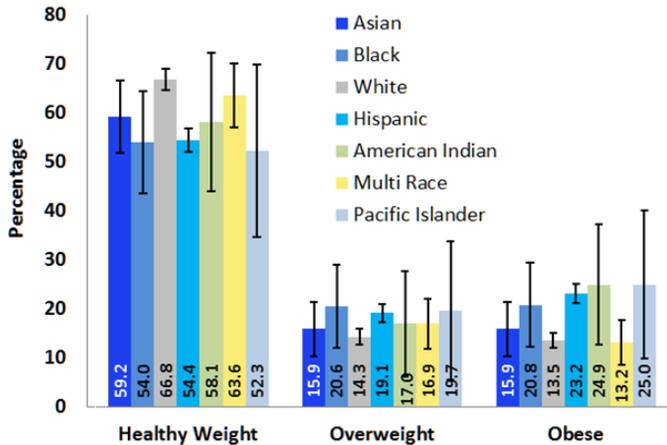
In 15-16, a higher proportion of male pupils were obese than females. The difference is statistically significant.

Figure 3. Obesity by Gender Among 4th, 7th, and 10th Grade Students in WCSD for Past Five Years



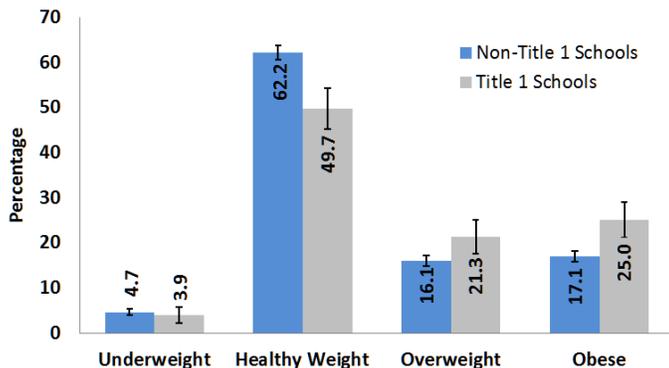
Review of student data from the past five years reveals consistently higher obesity rates for males.

Figure 4. Washoe County Childhood BMI Group by Race and Ethnicity, 2015-2016.



More White students were at a healthy weight compared to Hispanic and Black students. More Hispanic students were overweight and obese compared to White students.

Figure 5. Weight Categories of 4th and 7th Grade Students (combined) in WCSD by Title 1 Status, 2015-2016.



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

RECOMMENDATIONS

Recommendations for pediatricians and pediatric primary care providers in the health care setting include: ²

- ◆ Measure patients' BMI percentile for age at every well-child visit for children ages 2 and older; for younger children, measure weight-for-length percentile
- ◆ Counsel all patients and their families on healthy eating, physical activity, and healthy growth, regardless of current weight status

- ◆ Counsel all patients and their families to limit television time to no more than two hours per day and to remove televisions from children's bedrooms
- ◆ Counsel all patients and their families to limit consumption of sugar-sweetened beverages and encourage other healthful eating behaviors:
 - Eating breakfast daily
 - Limiting restaurant eating, especially fast-food
 - Eating meals as a family
 - Watching portion sizes
- ◆ Counsel all patients and their families to help children achieve at least 60 minutes of moderate to vigorous physical activity per day
- ◆ Establish procedures for follow-up assessment (including lab tests), counseling, and treatment plans for children who are overweight or obese
- ◆ Establish policies to avoid weight bias in pediatric clinics, such as by requiring all employees to be trained on weight-bias prevention

Local resources include:

- ◆ The 2016 Healthy Living Forum, put on by the Washoe County Health District, is scheduled for December 1st. Visit www.GetHealthyWashoe.com for the agenda and more information. CMEs are available for physicians.
- ◆ Prescription pads to "prescribe" healthy eating, physical activity, and decreased consumption of sugar sweetened beverages. Available on the www.GetHealthyWashoe.com website.
- ◆ Educational materials for parents on beverage choices available from the University of Nevada, Reno *Rethink Your Drink* campaign. For more information, visit www.rethinkyourdrinknevada.com.

REFERENCES

1. Centers for Disease Control and Prevention. Basics About Childhood Obesity. Retrieved October 3, 2016 from: <http://www.cdc.gov/obesity/childhood/causes.html>
2. Healthcare Obesity Prevention Recommendations. Retrieved September 15, 2016 from <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-prevention/healthcare/healthcare-obesity-prevention-recommendations-complete-list/>

ACKNOWLEDGEMENTS

The Washoe County Health District would like to thank the Washoe County School District for their collection of the height and weight data and their continued partnership.