

**IN THIS ISSUE: STUDENT WEIGHT STATUS IN WASHOE COUNTY SCHOOL DISTRICT, 2018-2019**

Surveillance of youth’s weight status is useful for identifying trends over time, and monitoring and evaluating interventions intended to impact weight.

**Table 1. Weight Status for Children**

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

Youth overweight and obesity have short and long-term effects on both mental and physical health.

Immediate health effects of obesity in childhood<sup>1</sup>:

- Increased high blood pressure and high cholesterol which are risk factors for cardiovascular disease;
- Higher risk of impaired glucose tolerance, insulin resistance, and type 2 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 childhood<sup>1</sup>:

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

Physical activity levels, and the type and amount of food consumed are factors in youth weight. Data from Washoe County’s 2017 Youth Risk Behavioral Survey (YRBS) show<sup>2</sup>:

- High school students are not meeting recommended levels of physical activity, with only 28.9% of male and 17.2% of female students being physically active for the recommended minimum of 60 minutes each day;
- Middle school students are doing slightly better with 34.6% of males and 25.4% of females reporting at least 60 minutes of physical activity each day;
- For high school students, 60.7% report consuming fruit/fruit juices at least once per day, and 14.3% report consuming vegetables at least once per day.

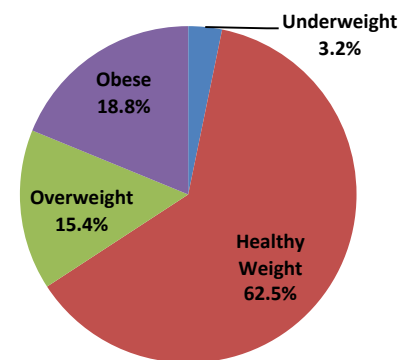
**METHODS**

Height and weight have been sampled from Washoe County School District (WCSD) 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> grade students since 2007-2008. Data are weighted to the grade-specific enrollment and represent only those grades which were sampled.

**RESULTS & DISCUSSION**

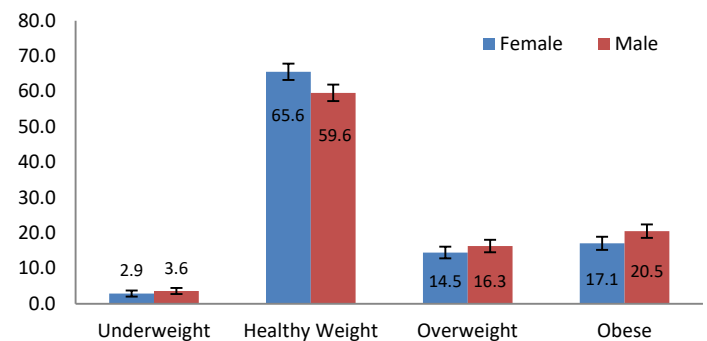
Comparisons of weight status by grade level, gender, and race/ethnicity are represented below.

**Figure 1. Weight Categories of 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> Grade Students (combined) in WCSD, 2018-2019**



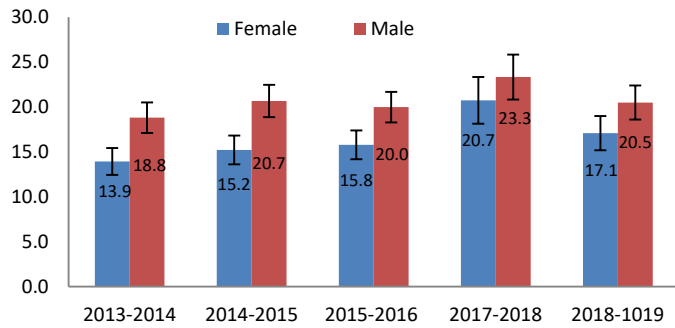
The majority of WCSD youth were of healthy weight, but over a third of the students were either overweight or obese.

**Figure 2. Weight Categories of 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> Grade Students in WCSD by Gender, 2018-2019**



In 2018-2019, a higher proportion of female students were in the healthy weight category.

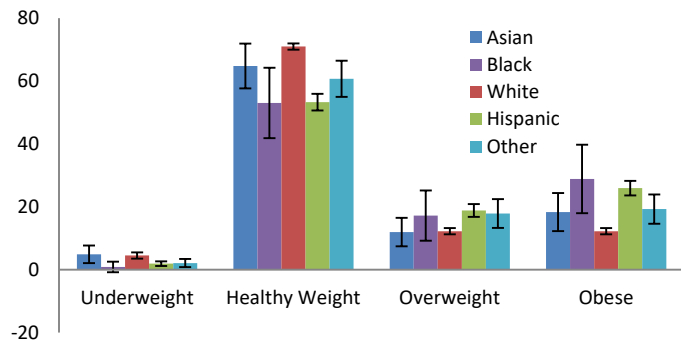
**Figure 3. Obesity by Gender among 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> Grade Students in WCSD for the Past Five Years**



\* No data available for 2016-2017 school year

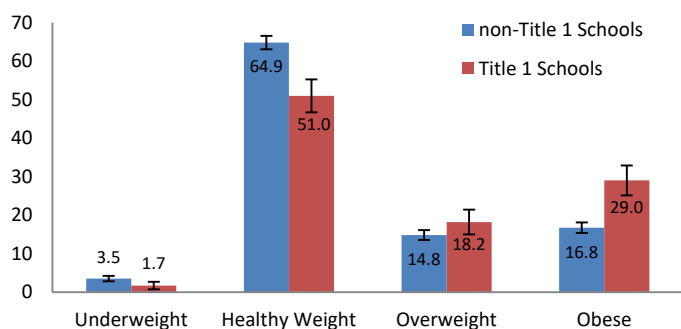
The obesity rate for female students went up significantly in the 2017-2018 school year since 2013, while male students' obesity rate has not changed significantly over time. Moreover, the last two school years indicated that male and female obesity rates are no longer statistically different.

**Figure 4. WCSD Weight Categories of 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> Grade Students by Race and Ethnicity, 2018-2019**



More White and Asian students were at a healthy weight compared to Hispanic students. A greater proportion of Hispanic and Black students were obese compared to White students.

**Figure 5. Weight Categories of 4<sup>th</sup> and 7<sup>th</sup> Grade Students (combined) in WCSD by Title 1 Status, 2018-2019**



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**

Pediatricians and pediatric primary care providers play an important role in providing assessment and resources to parents and children concerned about overweight and obesity. Physical education is not required for elementary school students in Nevada; therefore, healthcare providers play a critical role in educating youth and families about the importance of physical activity.

Local resources include:

- Prescription pads to “prescribe” healthy eating, physical activity, and decreased consumption of sugar sweetened beverages. Available on the [GetHealthyWashoe.com](http://GetHealthyWashoe.com) website;
- Educational materials for parents on beverage choices available from the *Rethink Your Drink* campaign. For more information, visit [www.rethinkyourdrinknevada.com](http://www.rethinkyourdrinknevada.com);
- Health care providers can implement 5210 Healthy Washoe with children and families.



\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

For more information visit: [5210.washoecounty.us](http://5210.washoecounty.us).

**REFERENCES**

1. Centers for Disease Control and Prevention. Childhood Obesity Causes & Consequences. <https://www.cdc.gov/obesity/childhood/causes.html>
2. 2017 Nevada High and Middle School Youth Risk Behavior Survey: Washoe County Special Report

**ACKNOWLEDGEMENTS**

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