

2013-2014  
Wellness Survey Report  
*Washoe County School District  
Re-Engagement Program*

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**Department of Health and Human Services  
Division of Public and Behavioral Health  
Bureau of Child, Family and Community Wellness  
Chronic Disease Prevention and Health Promotion**

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# Acknowledgements

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## Acronyms and Abbreviations

<b>BMI</b>	Body Mass Index
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System
<b>CDC</b>	Centers for Disease Control and Prevention

## Executive Summary

The purpose of the Washoe County School District Re-Engagement Program Wellness Survey is to assess the responses of students whom are classified as “high risk” within the Washoe County School District. The term “high risk” for the purpose of this report, refers to students who are at risk of not graduating high school due to attendance issues. The Washoe County School District Re-Engagement Program Wellness Survey consisted of a series of demographic, physical activity, nutrition, medical and mental health questions. The survey questions were created and distributed, in partnership, with the Washoe County School District Re-Engagement Program and the Nevada Division of Public and Behavioral Health’s Chronic Disease Prevention and Health Promotion section. The responses were compiled by the Nevada Division of Public and Behavioral Health to determine some of the most prevalent barriers to student health and wellness.

Key findings from this report are as follows:

- 1) One third of the respondents (29.9%) aged 14-19 years old identified themselves as overweight or obese. Figure 6.
- 2) Nearly half of the respondents (49.6%) either did not have health insurance or did not know their insurance status. Figure 10.
- 3) The majority of respondents (61%) do not get a minimum of the recommended 60 minutes of physical activity per day. Figure 17.
- 4) Two-thirds of the respondents (63%) reported to play more than one hour of video games per day. Nearly 24% of respondents played five or more hours of video games per day. Figure 18.

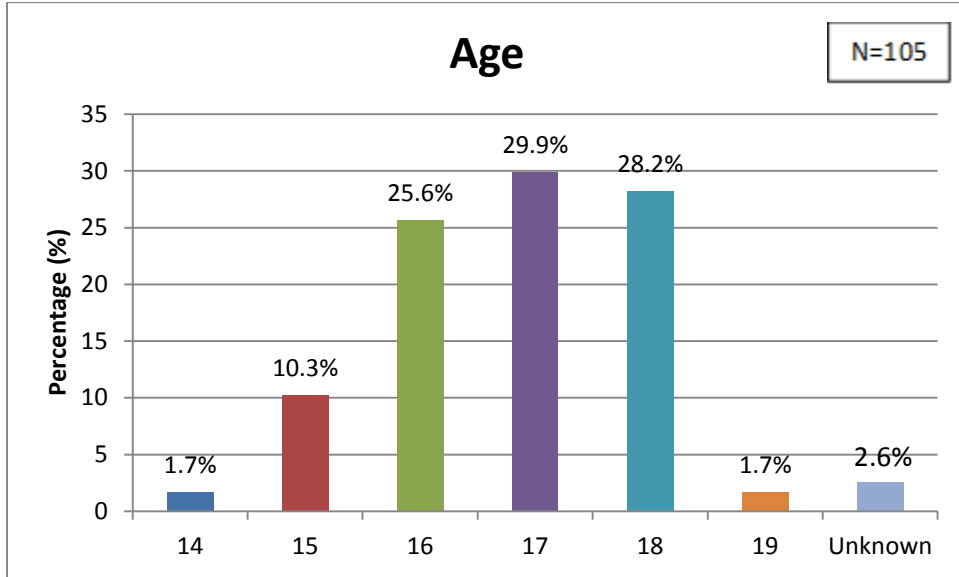
## Methodology

105 students in the Washoe School District participated in the survey. Each respondent was asked 40 question and responses were based on the Likert scale. The results section of the report is broken into two sections: demographics and health status. Responses are represented as population proportions in both respective areas.

# Results

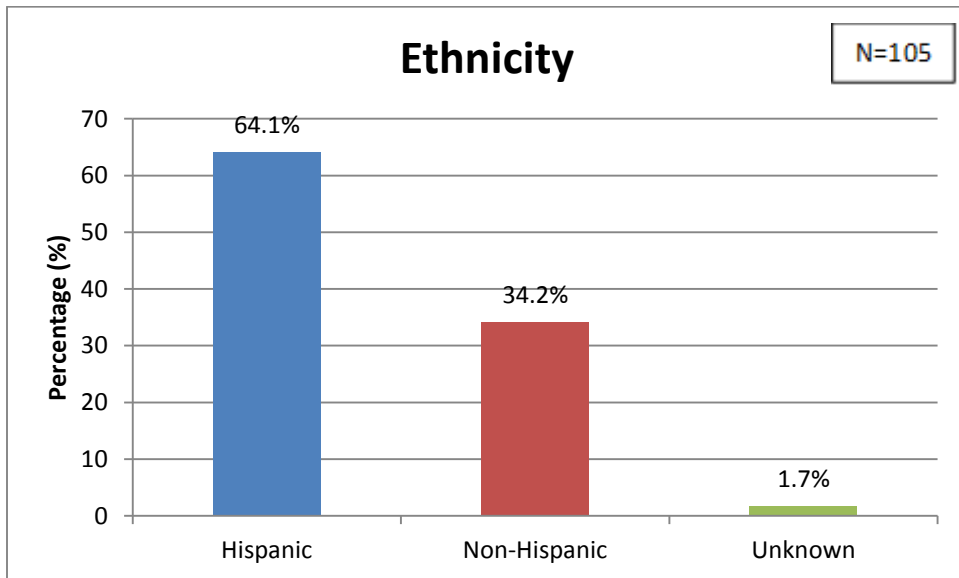
## Demographics

Figure 1: Age



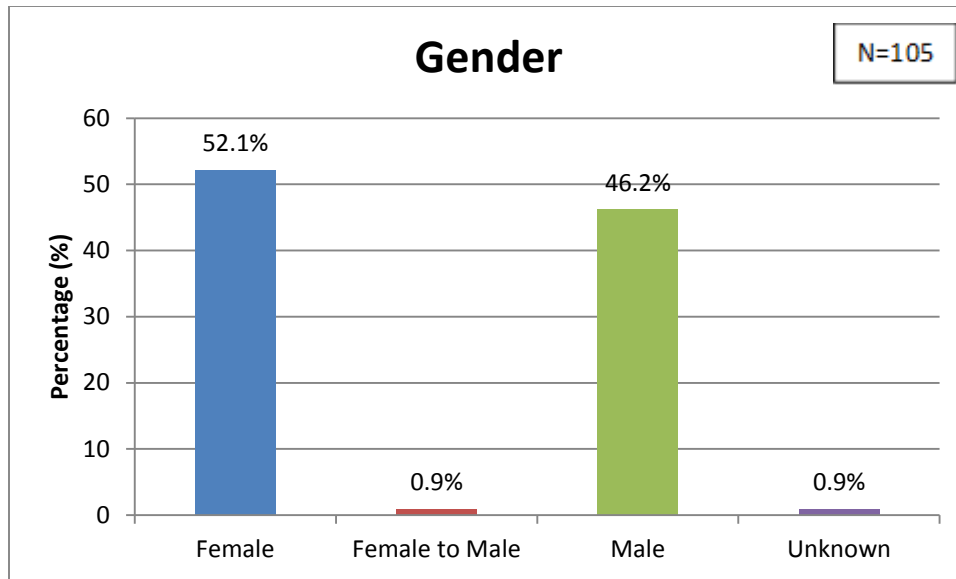
The majority of respondents were 15 to 18 years old.

Figure 2: Ethnicity



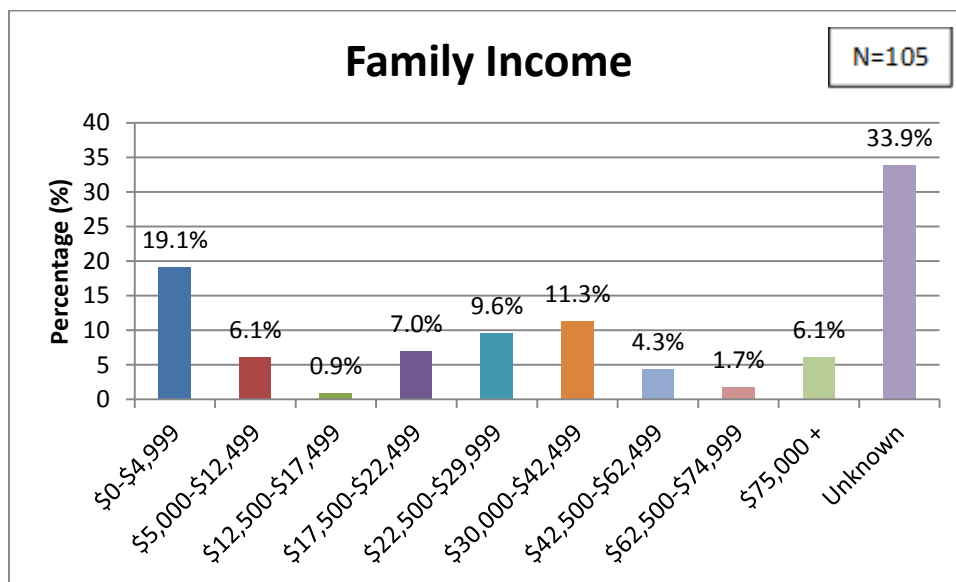
The majority of respondents identified as Hispanic (64.1%).

Figure 3: Gender



There were approximately 6% more female than males assessed in this study.

Figure 4: Family Income

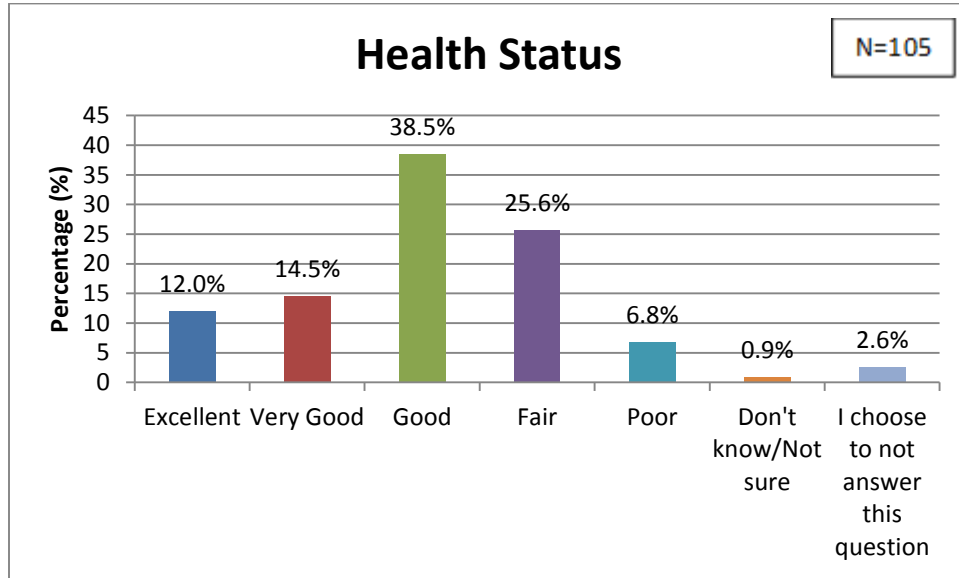


The majority of families' income was at or below 250% of the federal poverty level.



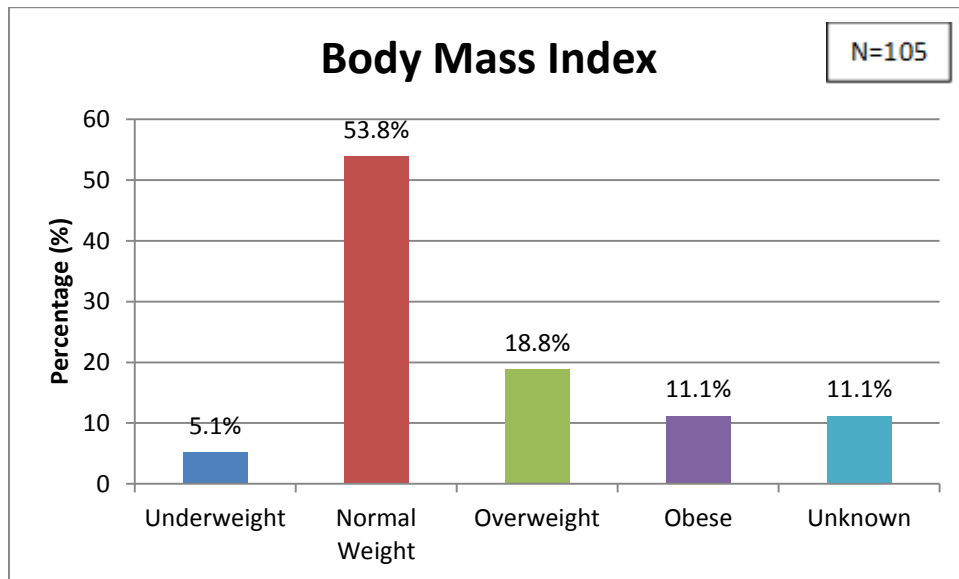
## Health Status

Figure 5: Health Status



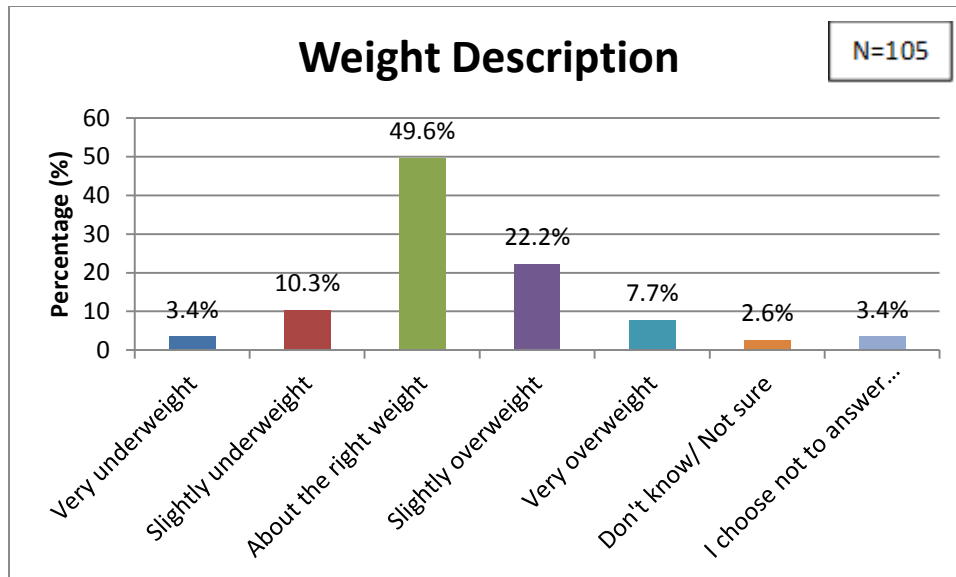
One third of the sample size ranked their health as fair or poor (32.4%).

Figure 6: Body Mass Index



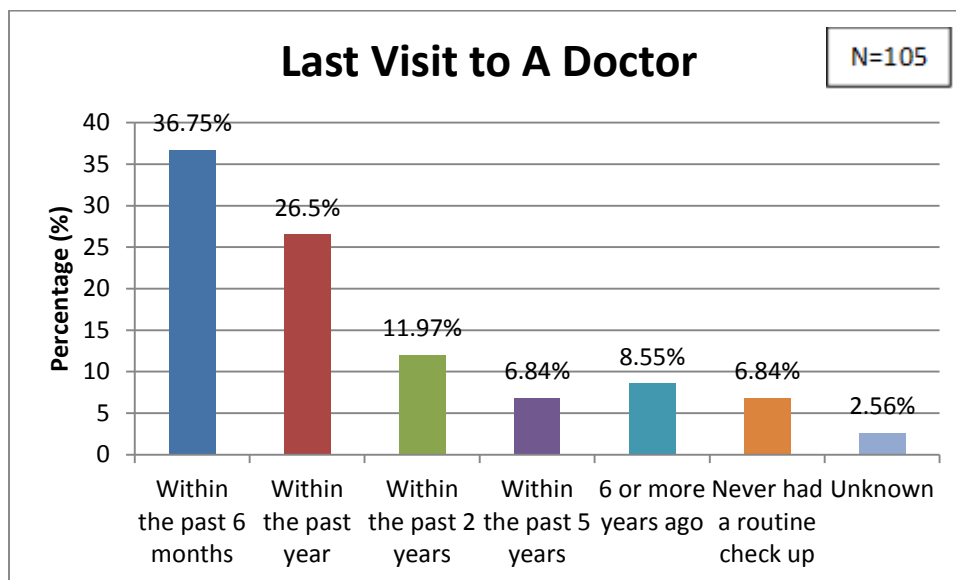
Approximately 30% of the sample size were overweight or obese.

Figure 7: Weight Description



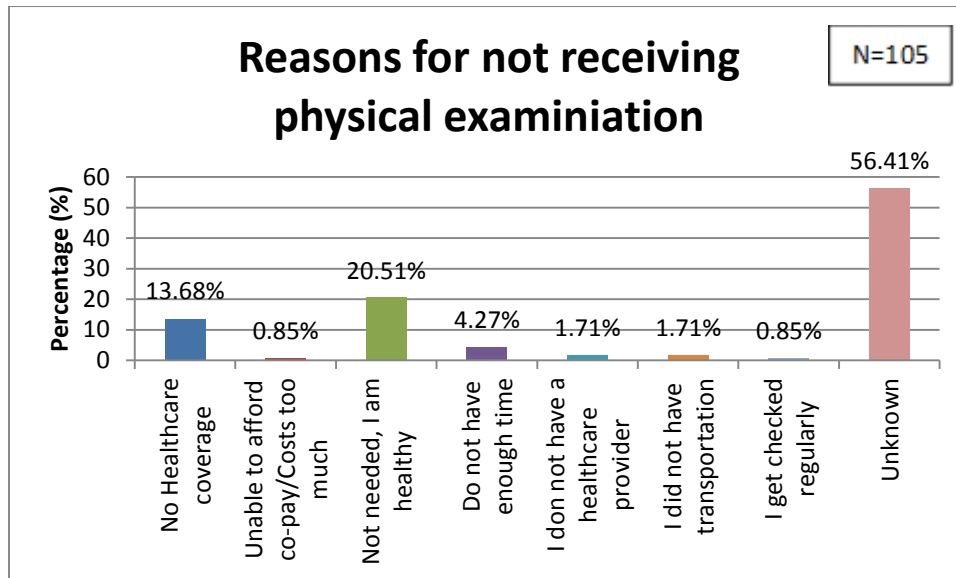
Approximately 30% of the respondents stated they were either slightly overweight or very overweight.

Figure 8: Last Visit to a Doctor



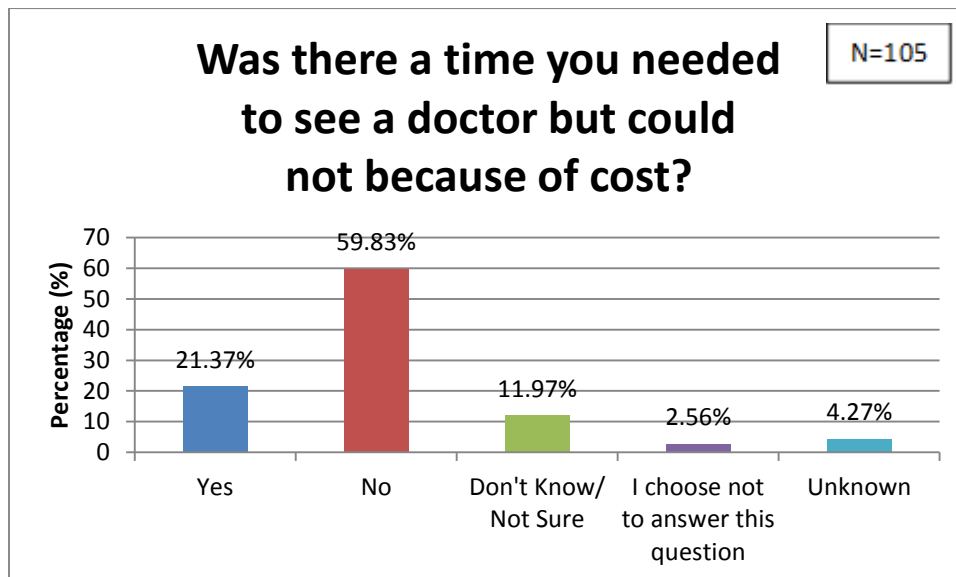
34% of respondents had not been seen by a physician in two or more years.

Figure 9: Reasons for not receiving a physical examination



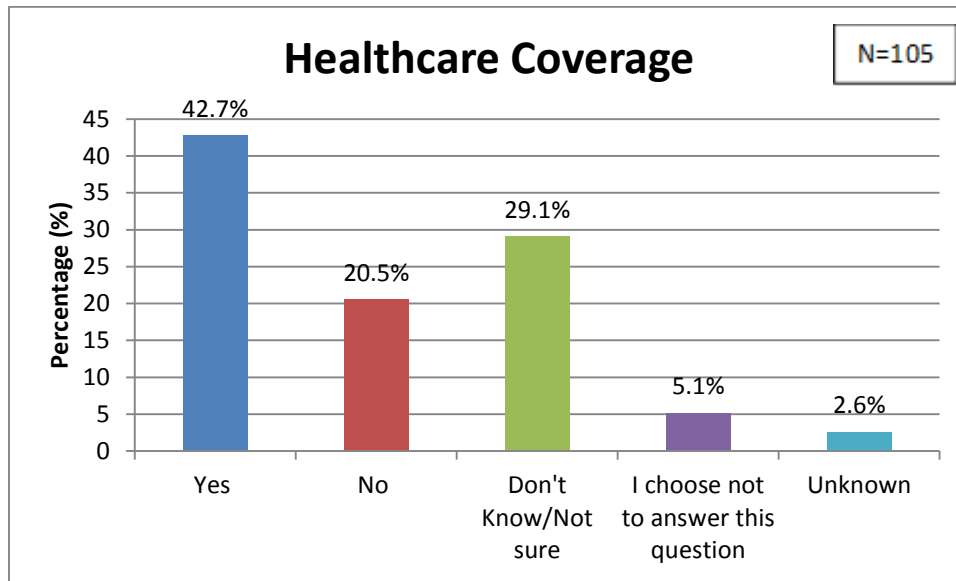
Most respondents stated that they did not have a reason to seek a physical examination; therefore, they did not attempt to see a doctor.

Figure 10: Doctor's Visit/ Cost



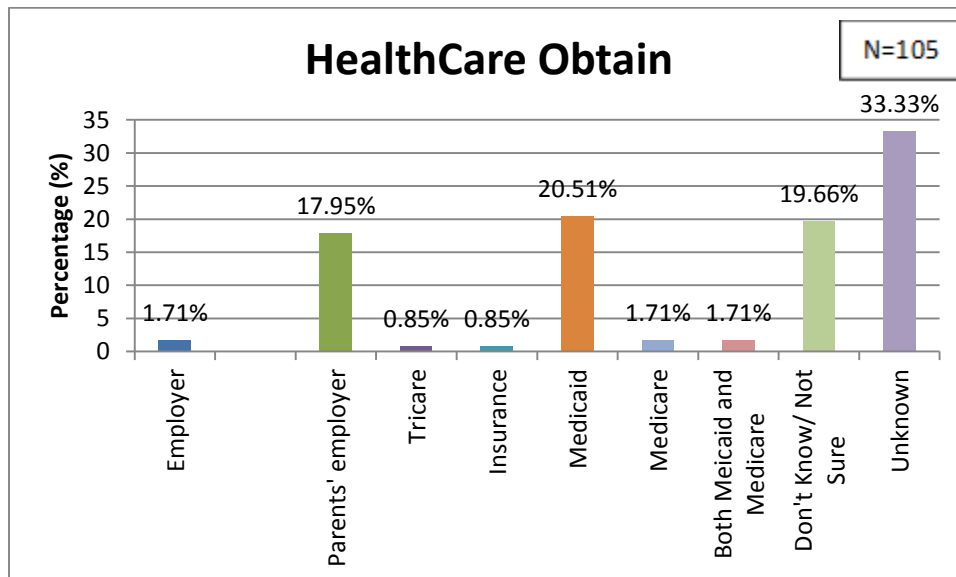
The majority of respondents (59.83) stated that affordability was not a barrier to receiving medical care.

Figure 11: Healthcare Coverage



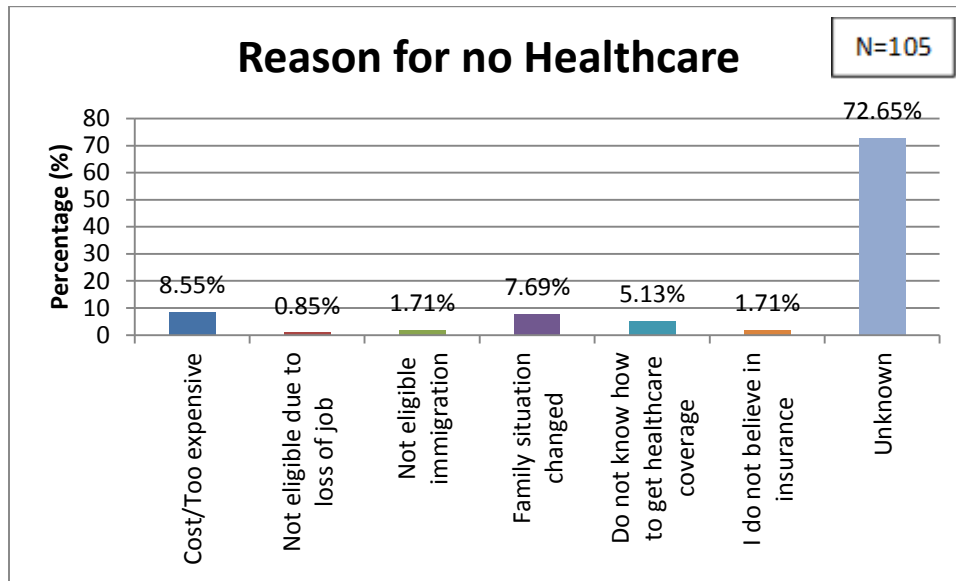
The majority of respondents either did not have health insurance or were unsure about their coverage (49.6 %).

Figure 12: HealthCare Obtain



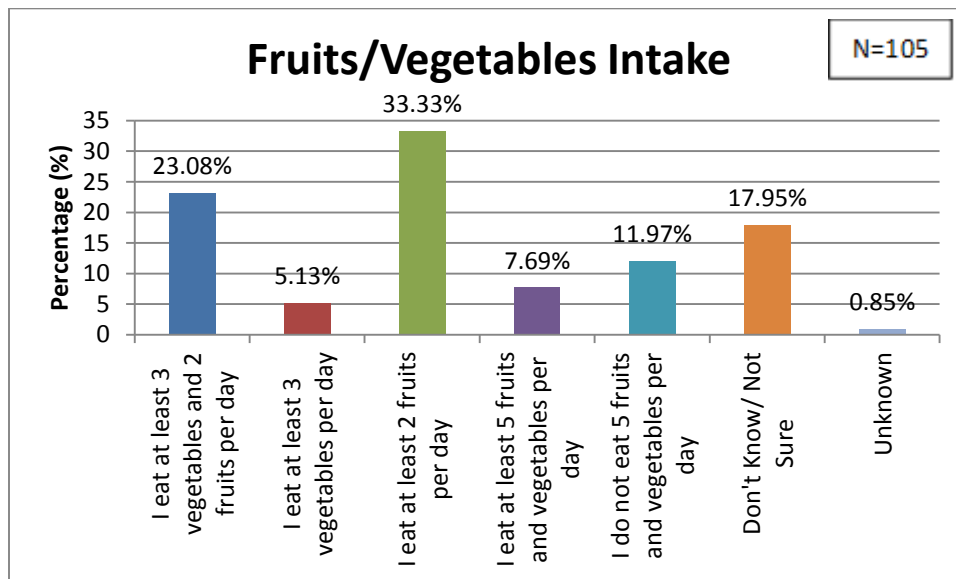
Medicaid beneficiaries accounted for 22% of those surveyed. Approximately 18% of the students had coverage through their parent's insurance plan.

Figure 13: Reason for no Healthcare



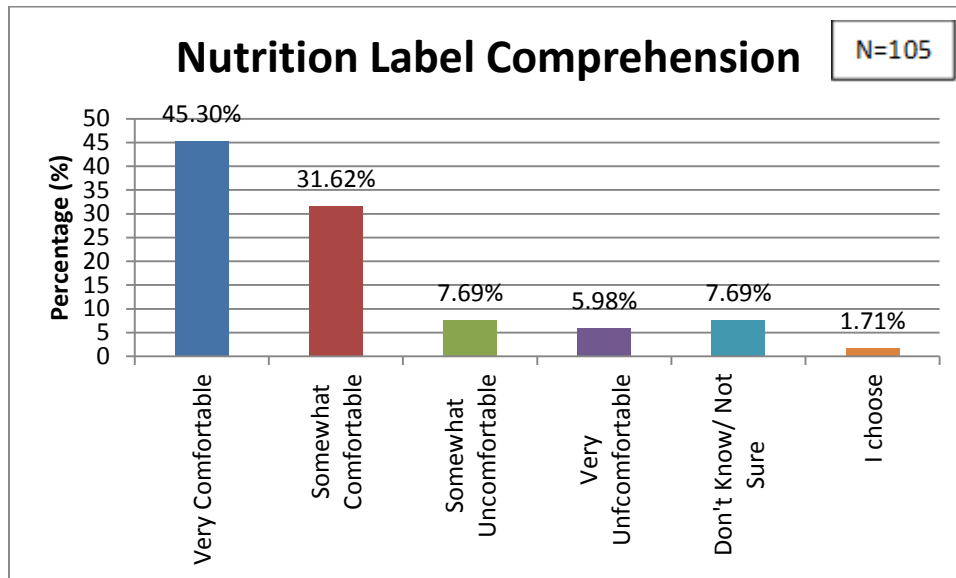
8.55% of respondents did not have health insurance because it was too expensive.

Figure 14: Fruits/Vegetables Intake



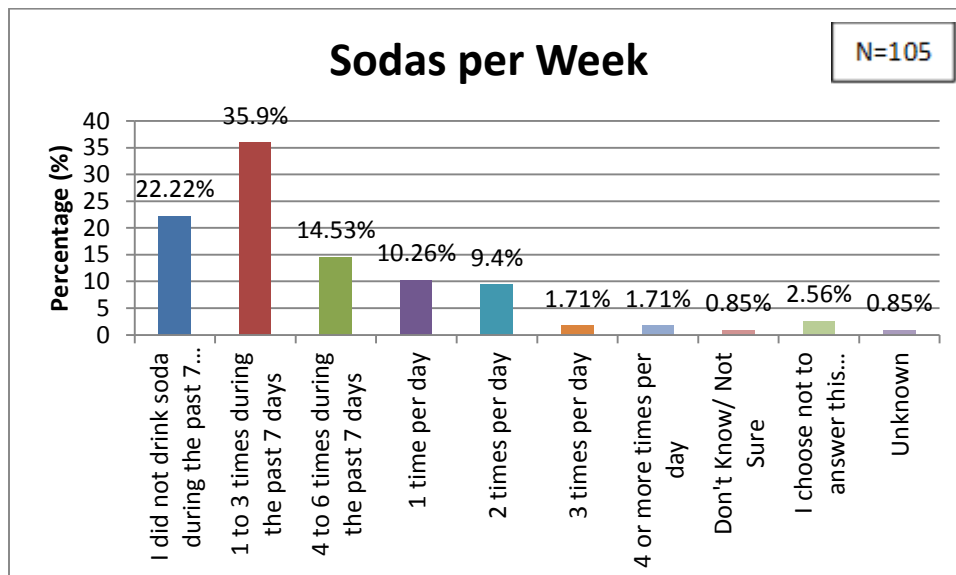
Almost 70% of participant reported to eat between 3 – 5 fruits per day.

Figure 15: Nutrition Label Comprehension



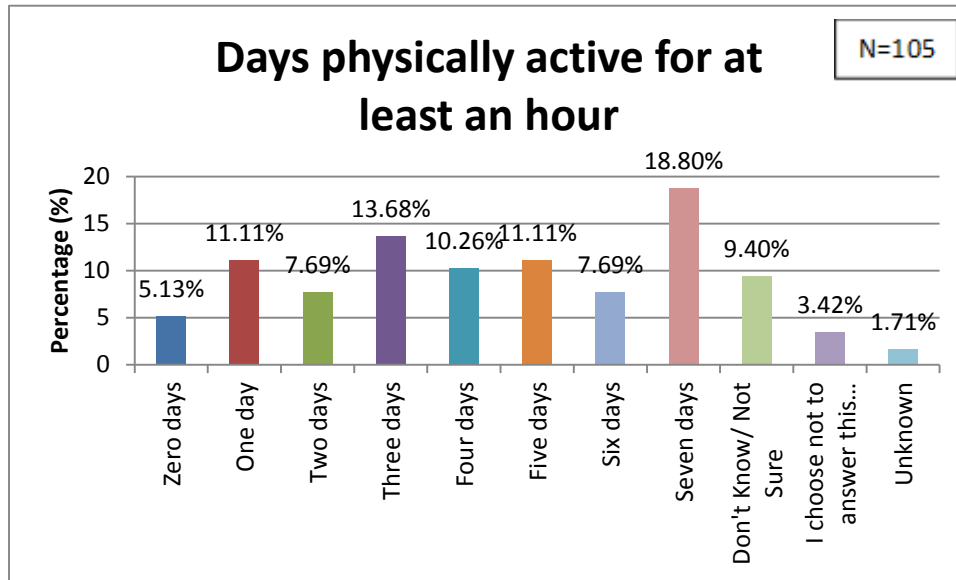
76% of participants were experienced in reading nutrition labels, reporting they were “somewhat comfortable” to “very comfortable” with understanding nutrition labels.

Figure 16: Sodas per Week



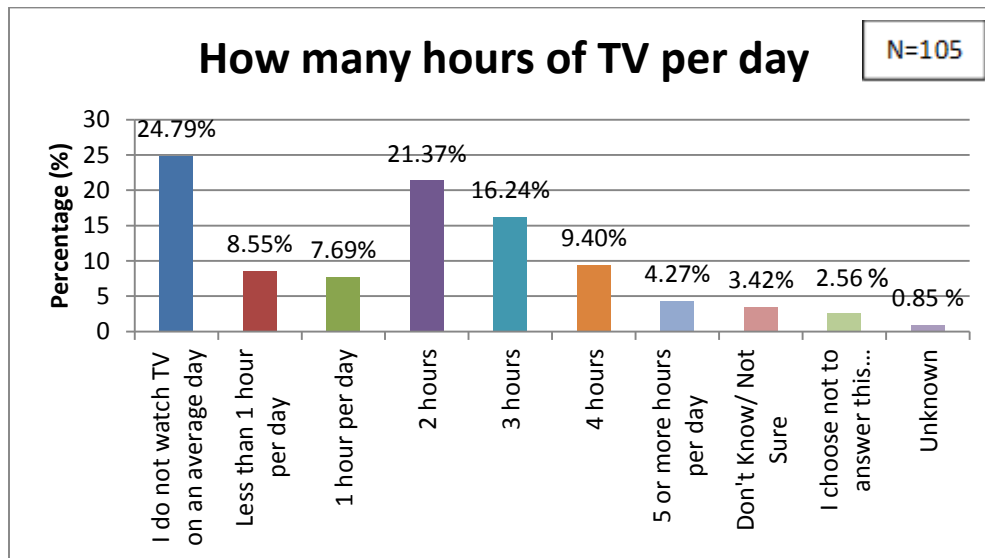
Nearly 74% of respondents drank at least one soda per week.

Figure 17: Days physically active for at least an hour



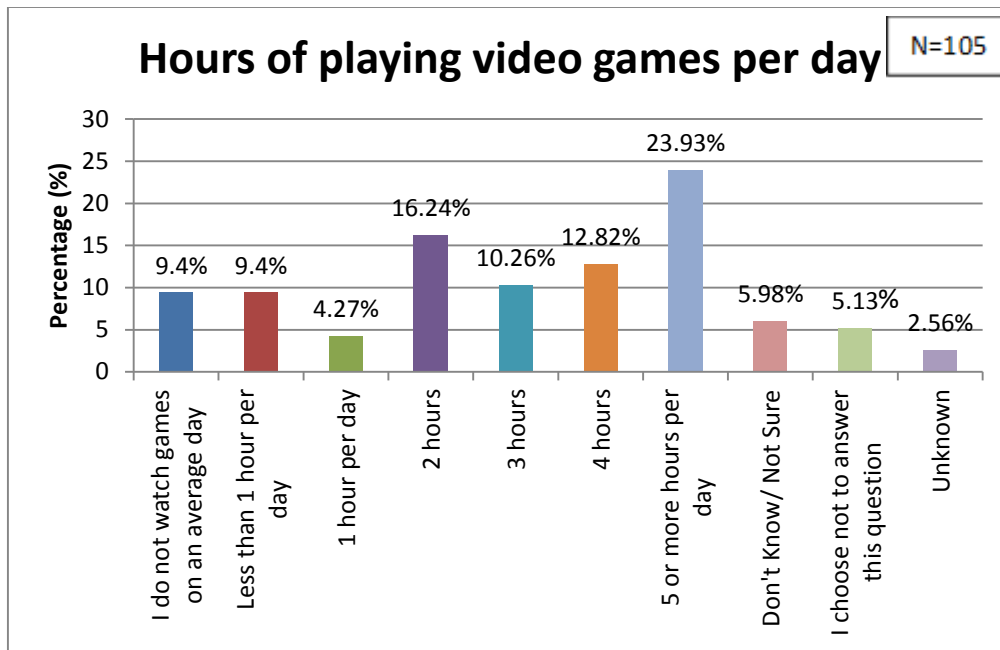
61% of respondents did not meet the daily recommended 60 minutes of physical activity per day.

Figure 18: Hours of TV per day



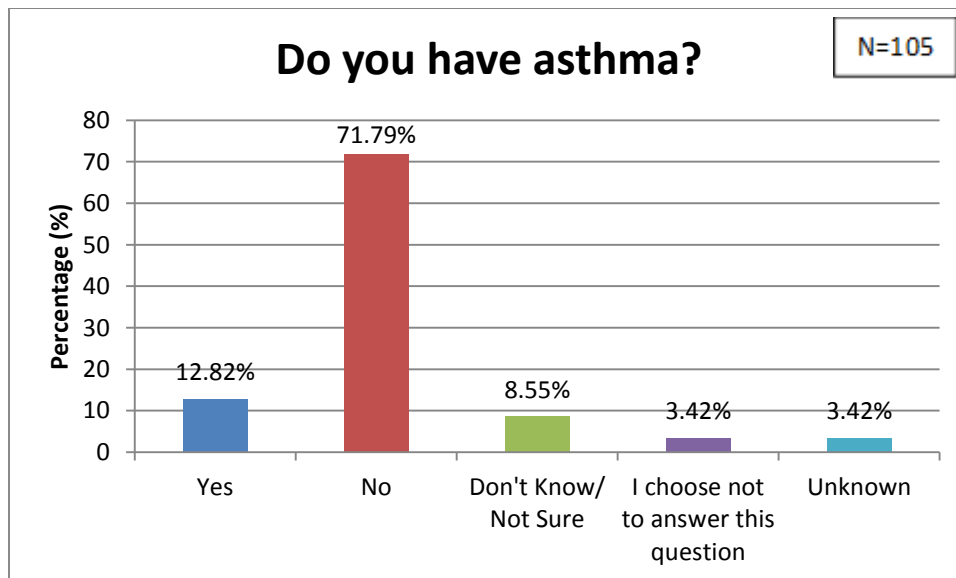
51% of respondents watch more than one hour of TV per day.

Figure 19: Hours of playing games per day



63% of respondents play more than one hour of video games per day.

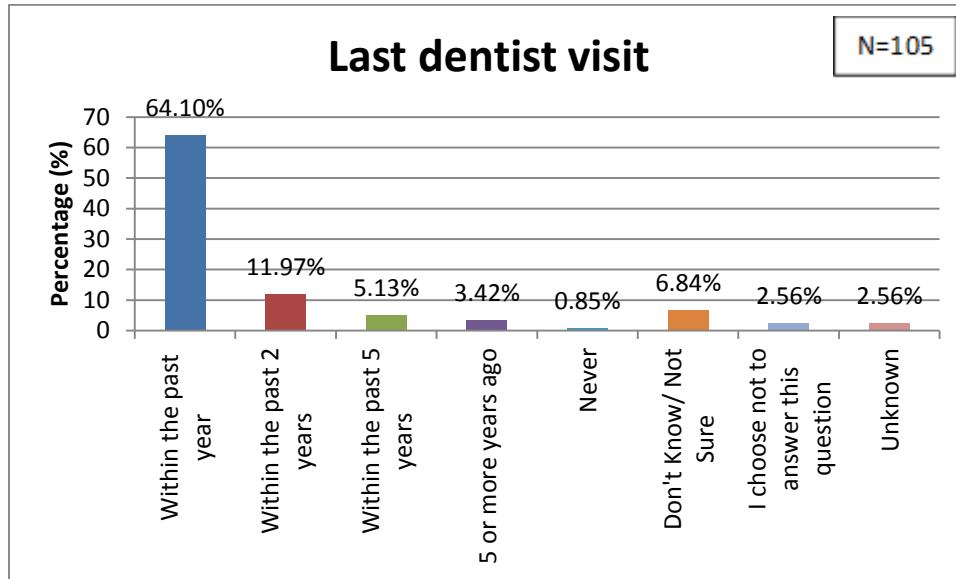
Figure 20: Asthma



Approximately 13% of respondents had asthma.

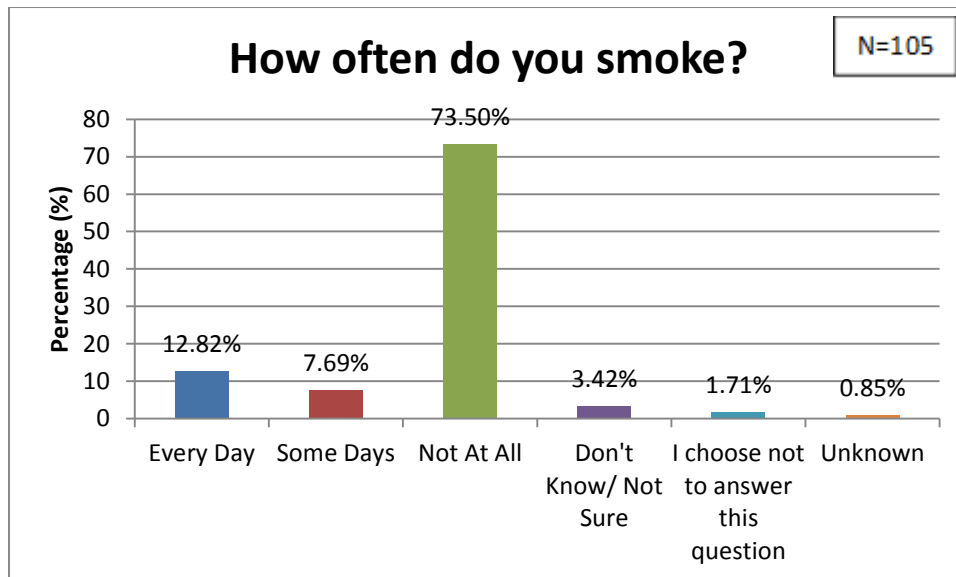


Figure 21: Last dentist visit



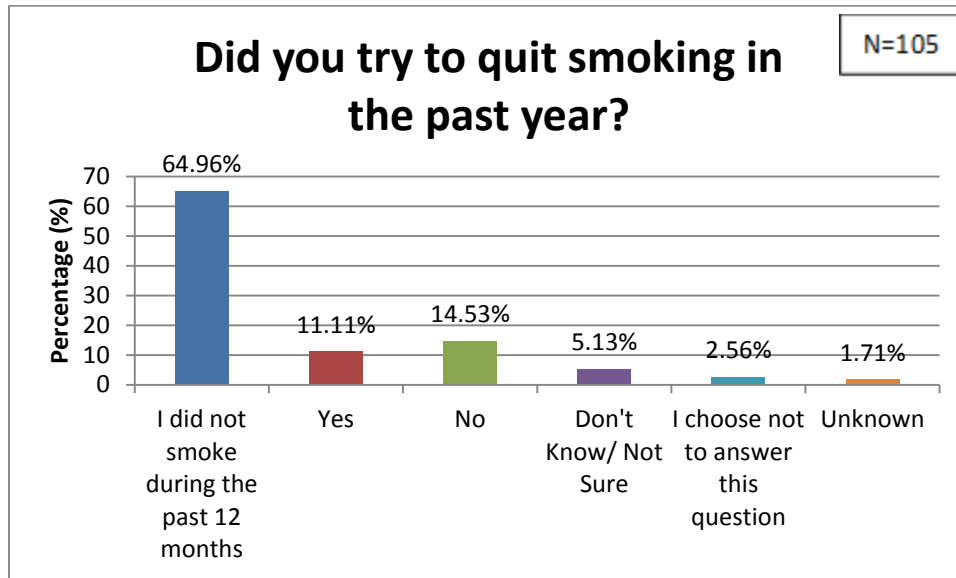
4.27% of respondents had not been to the dentist in the last 5 years (or never had been to the dentist).

Figure 22: Smoking



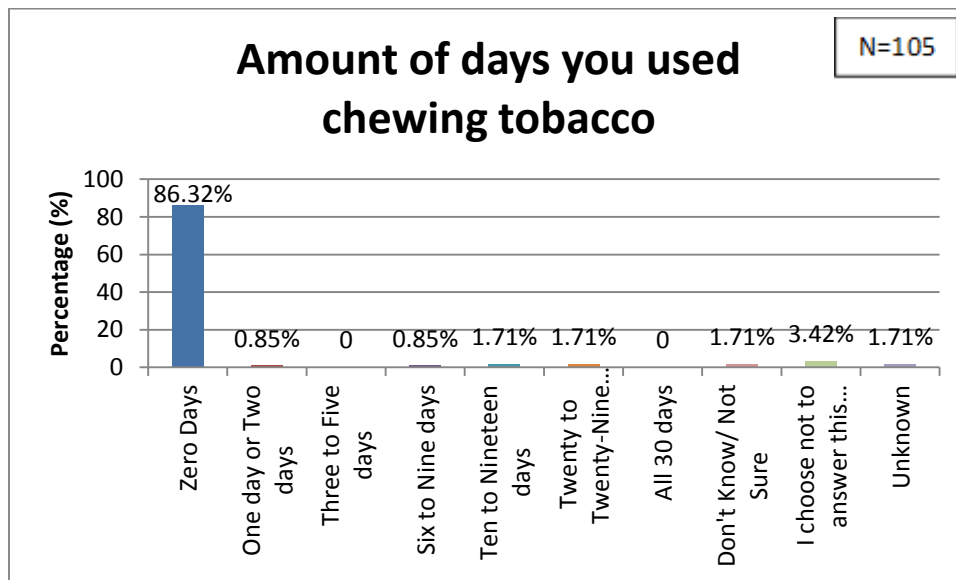
Approximately 21% of respondents smoke cigarettes.

Figure 23: Quit Smoking in the past year



11% of respondents stated they attempted to quit smoking in the last twelve months, while approximately 15% did not attempt to stop smoking in the last year.

Figure 24: Used Chewing Tobacco



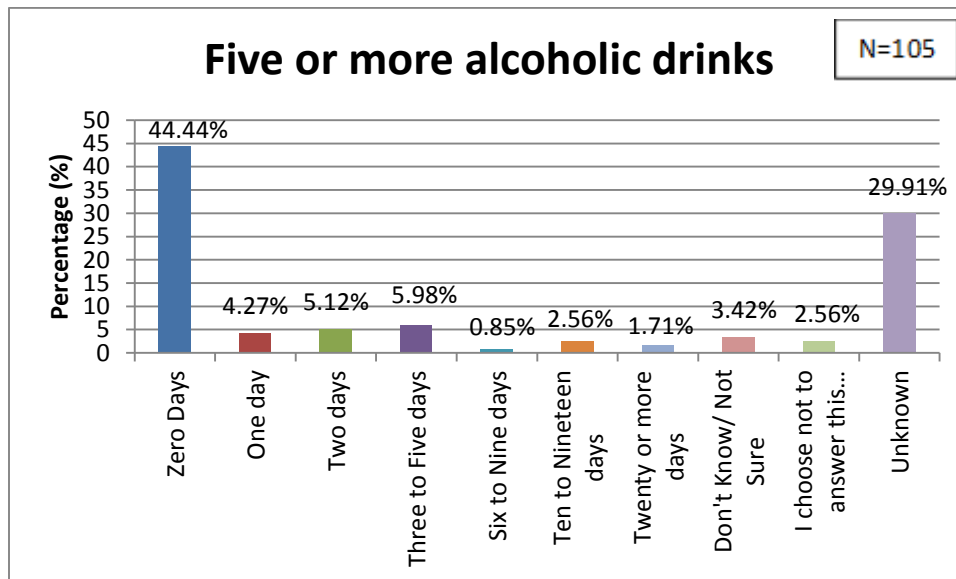
86.32% of respondents reported not chewing tobacco.

Figure 25: One drink of alcohol



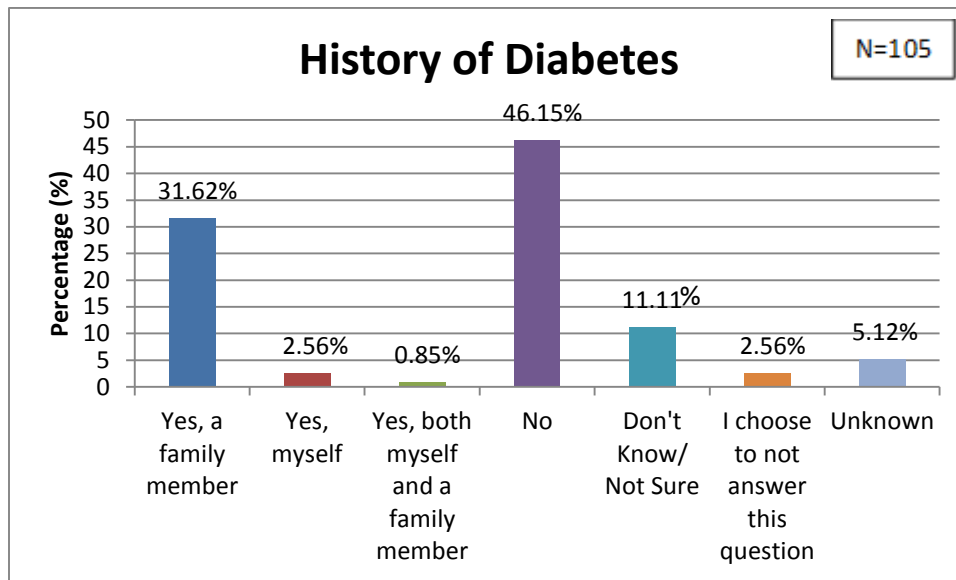
Approximately 32% of respondents drank alcohol at least once in the last 30 days.

Figure 26: Five or more drinks per month



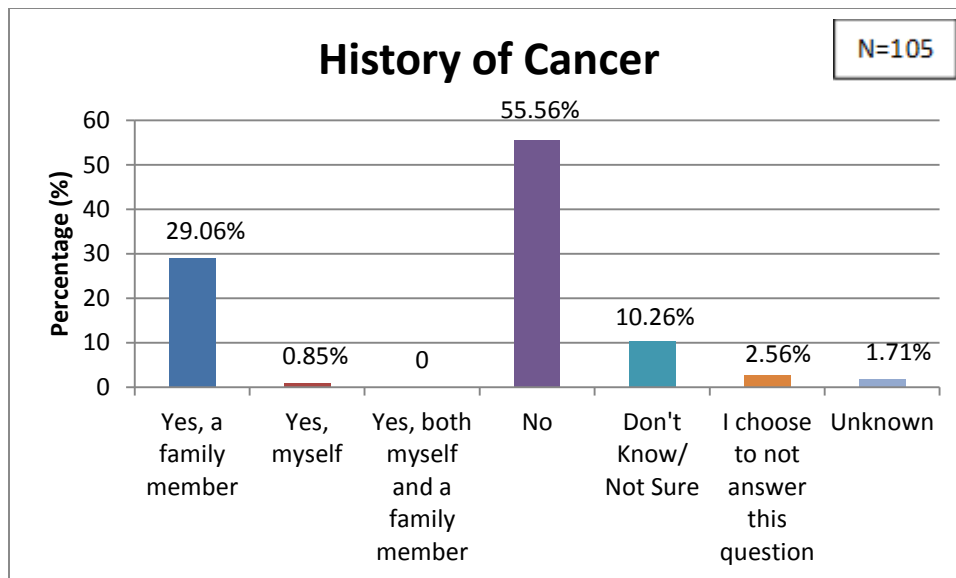
Approximately 44.44% of respondents reported not drinking five or more alcoholic drinks.

Figure 27: History of Diabetes



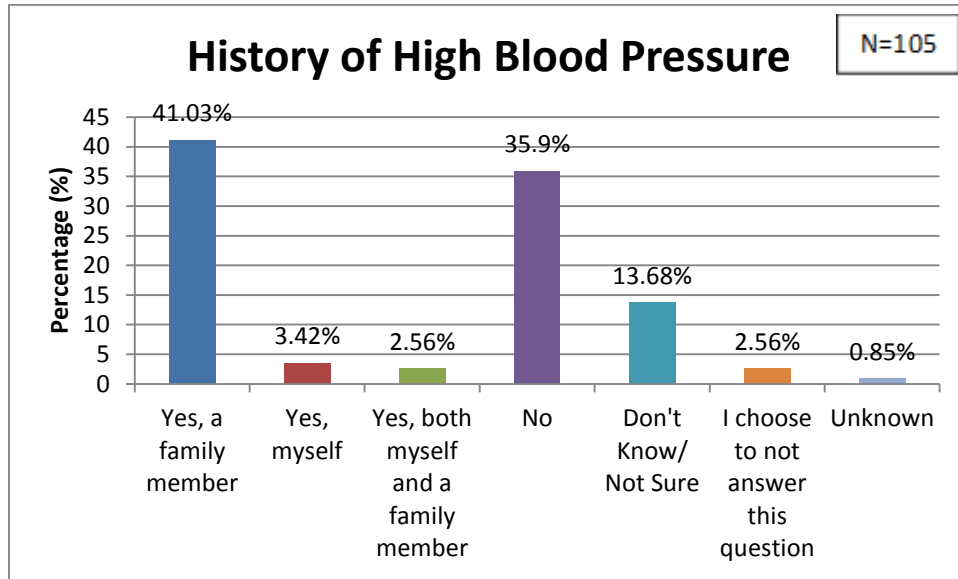
Approximately 31.62% of respondents had a family member with diabetes.

Figure 28: History of Cancer



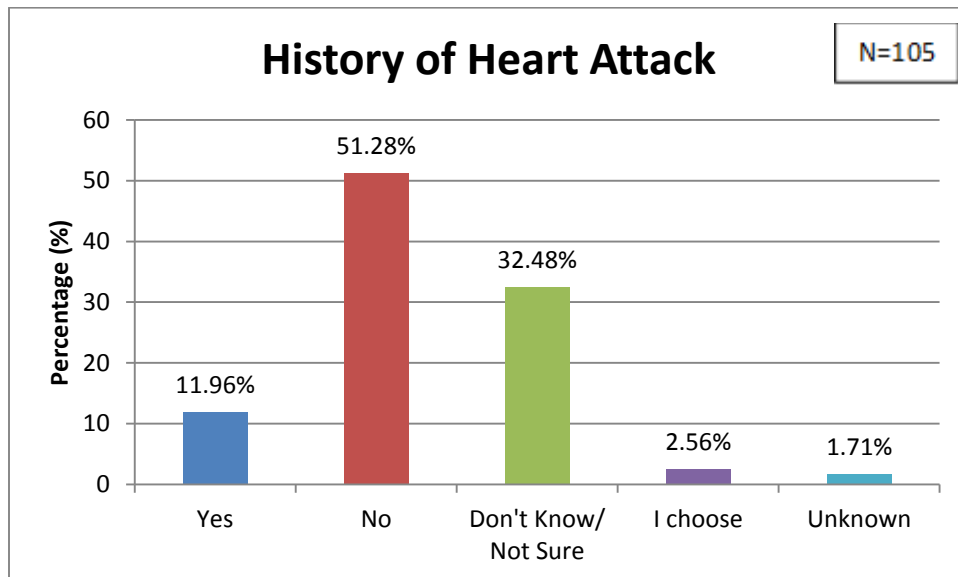
29% of respondents had a family member with cancer.

Figure 29: History of High Blood Pressure



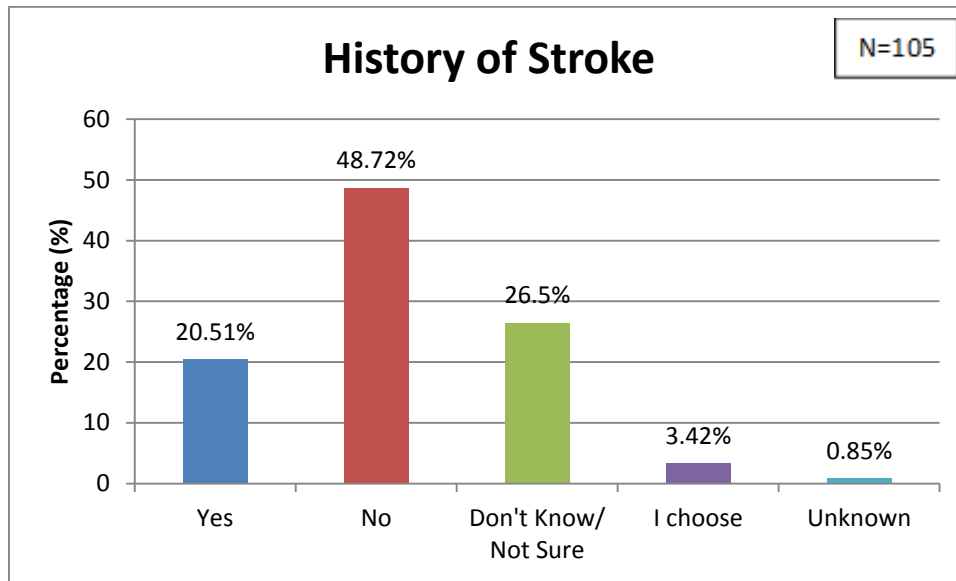
41.03% of respondents had a family member with high blood pressure.

Figure 30: History of Heart Attack



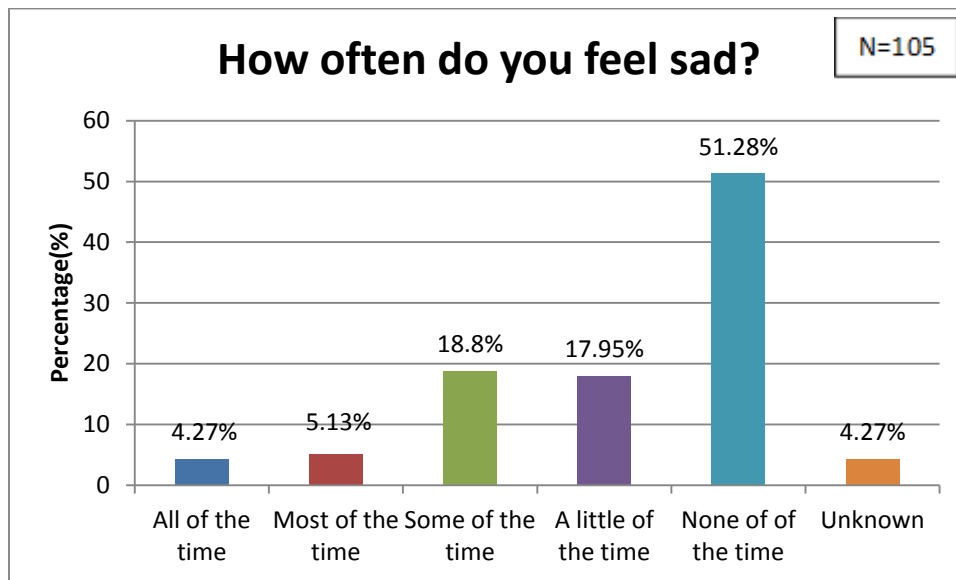
12% of respondents had a family member who had a heart attack.

Figure 31: History of Stroke



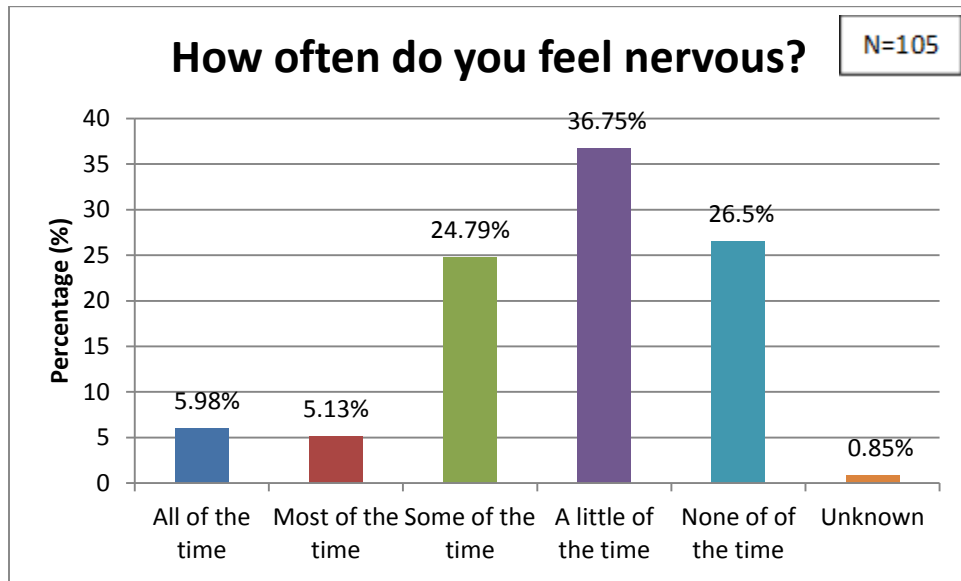
21% of respondents had a family member who had a stroke.

Figure 32: Mental Health - Sadness



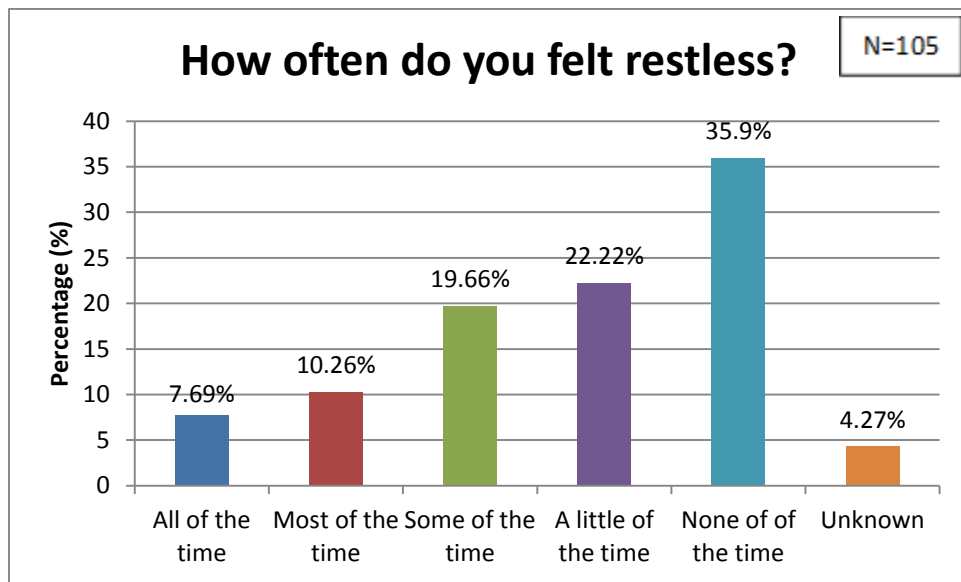
Almost half of respondents (46%) reported feeling sad at a minimum a "little of the time".

Figure 33: Mental Health - Nervous



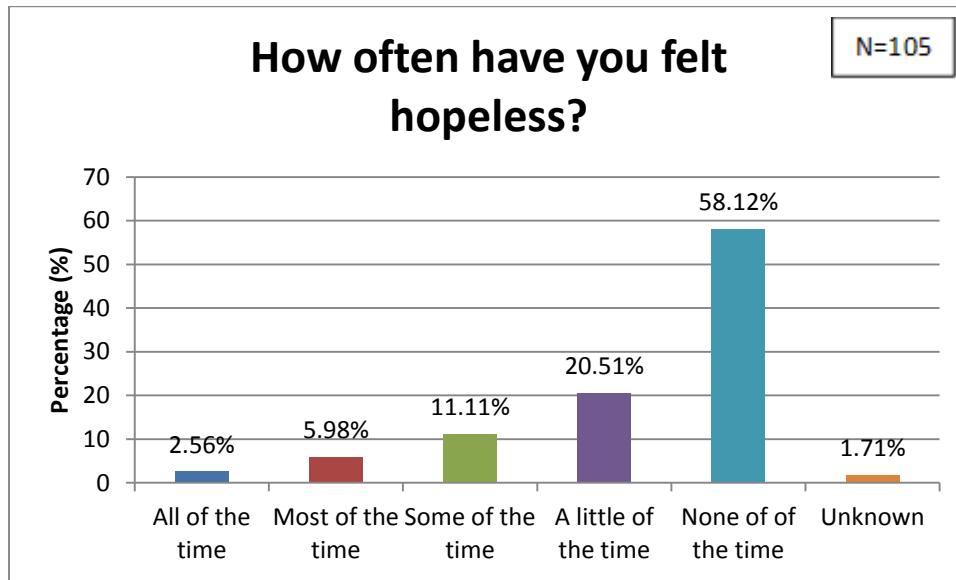
Almost three quarters of respondents (73%) reported feeling nervous at a minimum a “little of the time”.

Figure 34: Mental Health - Restless



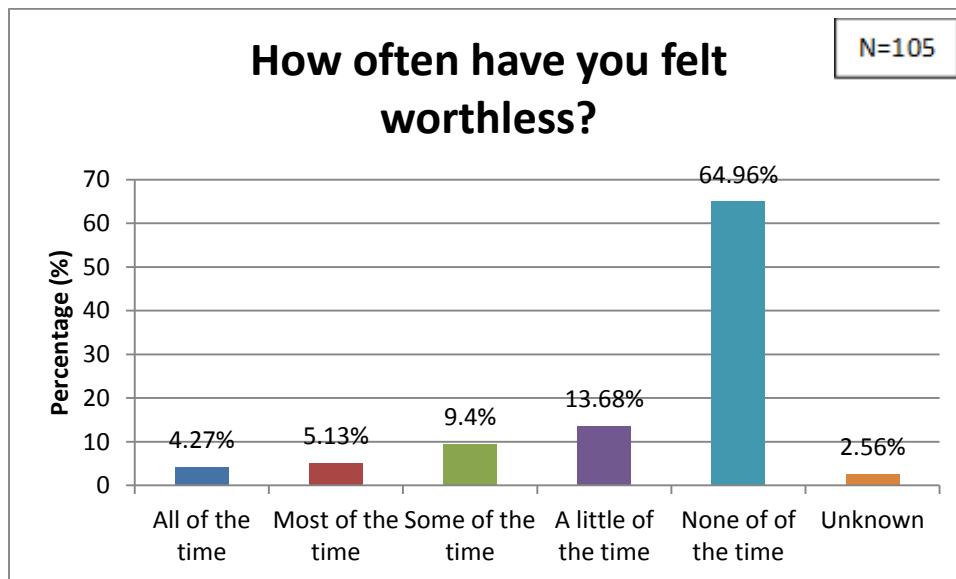
More than half of respondents (60%) reported feeling restless at a minimum a “little of the time”.

Figure 35: Mental Health - Hopeless



40% of respondents reported feeling hopeless at a minimum a “little of the time”.

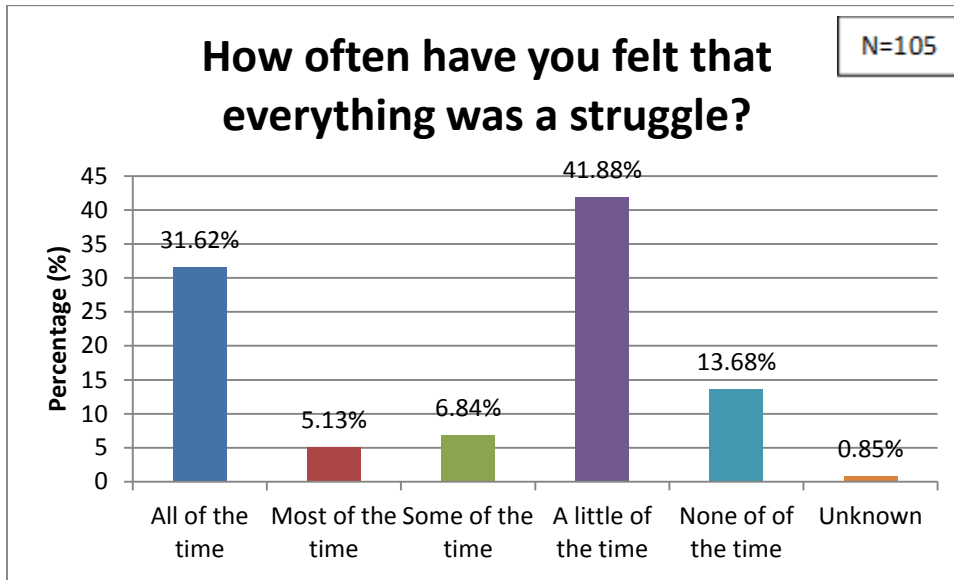
Figure 36: Mental Health - Worthless



32% of respondents reported feeling worthless at a minimum a “little of the time”.

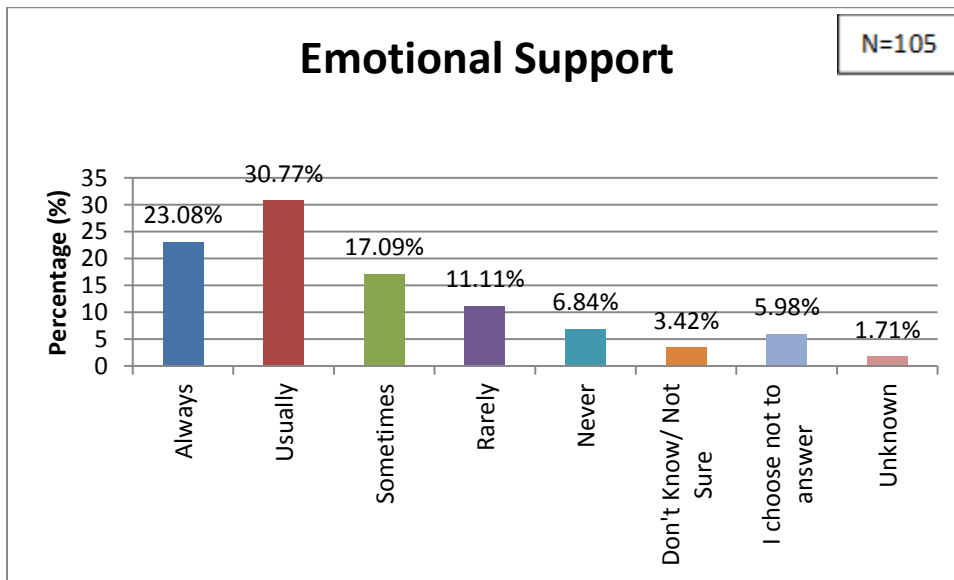
Figure 37: Mental Health – Everything was a struggle





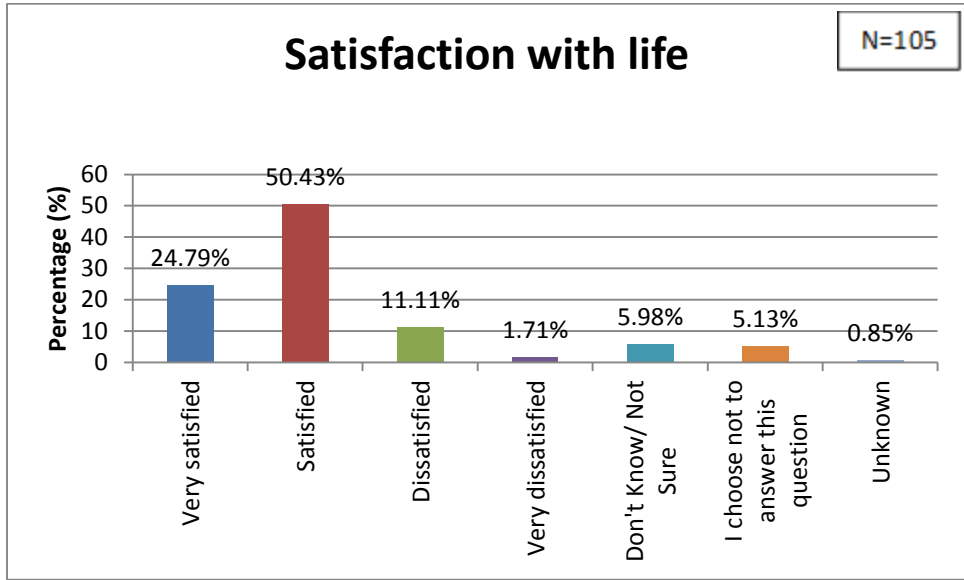
85% of respondents reported feeling “everything was a struggle” at a minimum a “little of the time”.

Figure 38: Emotional Support



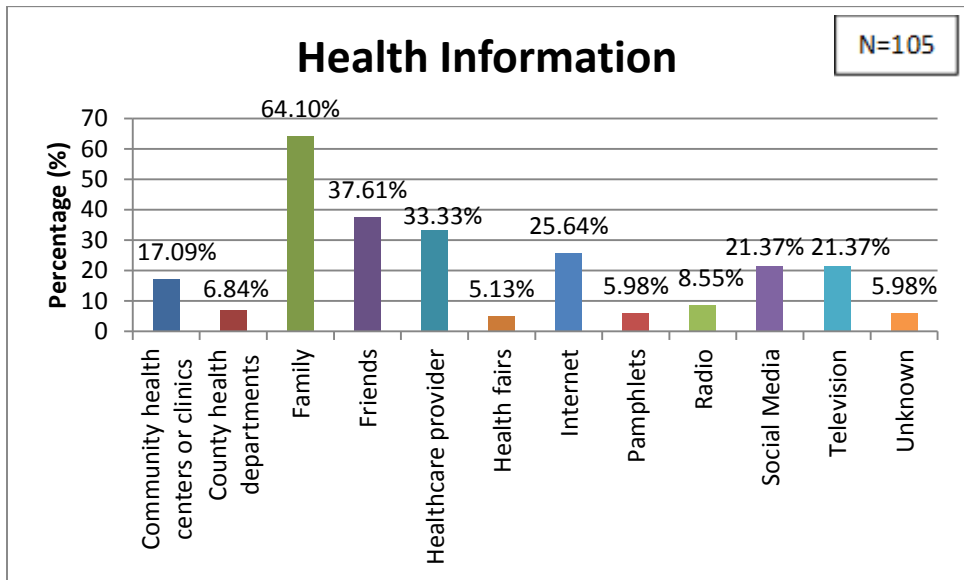
18% of respondents reported “rarely” or “never” having emotional support.

Figure 39: Satisfaction with life



13% of respondents reported being “dissatisfied” or “very dissatisfied” with life.

Figure 40: Source of Health Information



The majority of respondents reported that they receive information regarding health and health related topics from non-certified health care professional such as a friend and/or family member.

## Recommendations

The responses in this survey concluded, in general, that high risk Washoe County teenagers face a variety of disadvantages which could be partially combatted by regular physical activity, better nutrition, and regular dentist and medical visits. Teenagers in this survey spend more than the recommended daily amount of screen time, watching television and playing video games. Proper physical activity and nutrition have been proven to help decrease absenteeism during the school day. Adequate physical activity and nutrition can improve concentration, mental health, reduce disruptive behaviors, and improve academic scores. Students assessed in this re-engagement report may be more likely to not graduate high school, have poor mental health and be overweight or obese, which are all risk factors for chronic diseases.

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**This report is available on the Nevada Division of Public and Behavioral Health website at:**

[http://health.nv.gov/CD\\_Obesity.htm](http://health.nv.gov/CD_Obesity.htm)

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