

REPORT OF A HEALTH NEEDS ASSESSMENT

CONDUCTED FOR

ROANOKE CITY PUBLIC SCHOOLS

by

Timothy L. Overstreet

Project submitted to the Faculty of the Virginia  
Polytechnic Institute and State University in partial  
fulfillment of the requirement for the degree of


MASTER OF SCIENCE IN EDUCATION

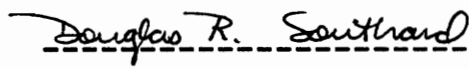
IN

HEALTH AND PHYSICAL EDUCATION

APPROVED:

  
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E. H. Howze, Chairperson

  
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K. J. Redican

  
-----  
D. R. Southard

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Blacksburg, Virginia

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## INTRODUCTION

### A. BACKGROUND

In the last several years businesses across Western Virginia have reported increases from 15% to as much as 75% in the cost of purchasing health insurance (Anderson, 1990). Many businesses and municipalities are developing work-site health promotion programs in order to control increasing health care costs.

Benefits of work-site health promotion programs have included improvements in productivity, such as decreased absenteeism, increased employee morale, improved ability to perform and the development of high quality staff. Work-site health promotion can lead to reduction in benefit costs, such as decreases in health, life and workers compensation insurance and to reduction in human resource development costs, such as decreased turnover and greater employee satisfaction (Rosen, 1985)

Work-site health promotion programs have grown at a constant pace during past several years. Studies report variously 21.1% (Fielding, 1983), 23% (Davis et. al. 1984), 29% (Reza, 1984), and 37.6% (Business Roundtable Task Force

on Health, 1985) of surveyed businesses had some type of health promotion program (Conrad, 1987).

This indicates that health promotion programs are becoming a permanent part of benefit packages for many private industry and for municipalities as well. Managers and administrators have considerable responsibility for choosing a health promotion program that will benefit employees, the organization and justify allocation of scarce resources.

During recent years, The Administration Office of Roanoke City Public Schools has been concerned with rising costs of health insurance. Premiums for Roanoke City Public Schools were increased 40% during the 1989-90 school year. In order to combat these rising costs, the school system focused on providing opportunities for employees to develop healthier lifestyles. For the last four years, the school system has provided a Wellness Day for employees. Initially, the Wellness Day was held at a central location. For the last two years, it has been offered at each school site. Team leaders from each individual school are paid a stipend to organize these health related events.

A subsidiary of Blue Cross / Blue Shield of Virginia, the insurance carrier for the school system, provided health screenings for employees during the 1988-1989 school year. These screenings provided individual health information, but

did not focus on system-wide health issues or provide information needed for the development of a health promotion program. During the Fall of 1990, Blue Cross / Blue Shield offered to subtract \$100.00 from premiums of employees participating in a health screenings conducted by the Roanoke City Health Department, (employees have an option of basic individual or family coverage). Health screenings conducted at each school or work location included a health risk appraisal, a stress survey, a body composition analysis, blood pressure and total serum cholesterol testing. Analysis based on employee self-reports, i.e., alcohol consumption, stress, exercise, are subject to self-reporting biases and should be considered only as estimates or rough indicators and not as precise measures. Similarly, blood pressure, body fat, and cholesterol measures are subject to measurement error and should be considered as approximations rather than precise measures.

This report summarizes the results of the health needs assessment undertaken for the Roanoke City Public Schools. It is divided into four sections. The first section presents system-wide findings for all participating employees. The second section presents findings and comparisons for high schools, middle schools, and elementary schools. The third section presents non-school-site findings for the transportation, maintenance and

administration departments of the school system. The fourth section presents implications, suggestions and recommendations. Figures can be found within the body of the text. Tables of school findings can be found in the appendices.

The Roanoke City Health Department and Virginia Tech are pleased to have collaborated with the Roanoke City Public Schools in its efforts to assess the health and well-being of its employees. We look forward to a collaborative relationship as the Roanoke City Public Schools plans health promotion programs to improve the health of its employees. We hope this report will be of value to Roanoke City Public Schools in the development of a health promotion program to meet the needs of employees at each of the administrative divisions and the schools.

#### B. APPROACH / METHODS

The business office of Roanoke City Public Schools announced on November 13, 1991 at the School Principal's In-service Meeting that Blue Cross / Blue Shield of Virginia would offer a \$100 reduction in premiums as an incentive to all full-time employees to participate in a health screening offered by the Roanoke City Health Department. All school



principals and other administrators notified their staffs by memos and at staff meetings about the screening. Screening dates were scheduled between November 19 and December 19 at each employee location and at times the school nurse was scheduled to be at the particular work-site. The administrators or principals scheduled employees in groups of 10 employees for every 15 minute time slot.

Three surveys, a health risk appraisal, stress profile questionnaire and a body composition questionnaire were distributed to interested employees at least three days prior to the scheduled date for the health screening. Employees brought the completed surveys to the screenings. The school nurse and two Certified Health Education Specialists from the Roanoke City and Salem Health Departments set up stations in a room or rooms provided by the school or work-site.

Blood pressure was measured using standard sphygmomanometer and stethoscope while the employee was in a seated position. Blood cholesterol was measured using a Reflotron. The Reflotron is approved by the Centers for Disease Control and quality controlled by the Medical College of Virginia. The non-fasting finger-stick method use used for the screening. Body fat measurements were obtained by Certified Health Education Specialists using skinfold calipers. Seven-site locations were used when

employees wore appropriate clothing and the alternate three locations were used otherwise. The nurse and health educators entered blood pressure, cholesterol, weight and body fat measurements in the corresponding sections of the survey questionnaires.

Each survey instrument used had a corresponding computer software program associated with it used for data entry and analysis. These programs which can be found in the Appendices were; "Healthier People," The Carter Center Health Risk Appraisal, "Body Composition" and "Stress Profile" both Wellsource copyright programs. Graduate students in Dr. Elizabeth Howze's Program Planning course at Virginia Tech entered the majority (approximately 75%) of the data and I entered the remaining portions. I prepared for each student instructions and a code-book for each of the three computer programs to help insure consistency in data entry.

Each of these computer programs has the capability to provide individual reports and limited capability to provide batch (school or department) reports. Individual and group reports were printed on a laser printer at the Salem Health Department and distributed to school employees during the months of February and March of 1991 by the Roanoke City Health Department. Interpretations of the assessments and

risk counseling were offered to any employee who requested this service.

The "Healthier People" program had no file merging capabilities built into it which could permit merging of all sites. I referred to the EXPORT.DOC (export documentation file) explaining how to export data files to other programs. I then concatenated (compiled data in a chain form) the files using the DOS command and created them to new export files. The export files were then imported into EpiInfo, a program developed by the Center for Disease Control. EpiInfo has the capability to provide a more comprehensive analysis of the data by using the "MERGE" function to compile the data into one file.

I then analyzed the data using the "ANALYSIS" program on EpiInfo. The ANALYSIS program had commands that produce means and percentages of responses to selected categories. It also produces graphics, however, the charts were of poor visual quality, so I chose the "Harvard Graphics" software program for the bar and pie charts used in this report.

A small number of case numbers (n=78), were one column out of alignment after exporting and importing the data. I manually adjusted the data, placing the correct data in its corresponding columns.

## SECTION I

### SUMMARY OF SYSTEM-WIDE FINDINGS

#### A. Employees Demographics

During the fall of 1990, the Roanoke City Health Department conducted health screenings for Roanoke City Public Schools' employees, which consist of two high schools, six middle schools, twenty elementary schools, and the transportation, maintenance, and administration departments. Of the 1,299 full-time employees with health insurance in the Roanoke City School System (RCSS), 1,129 participated in the health screenings offered by the Roanoke City Health Department. Eighty-seven percent of all full-time employee participated in health screenings and questionnaires. Employees who left key items blank on both their surveys or questionnaires such as; height, weight, age and etc., were not included in the total number of employees. Of the 1129 employees surveyed, 87% (n=977) completed their forms correctly; their answers are incorporated into this report and hereinafter will be referred to as the response of RCSS employees. There are

approximately 350 full-time employees who are not covered by the school health insurance and were not eligible to participate. Readers should be aware that not all employees are included in this profile.

### 1. Age of Employees

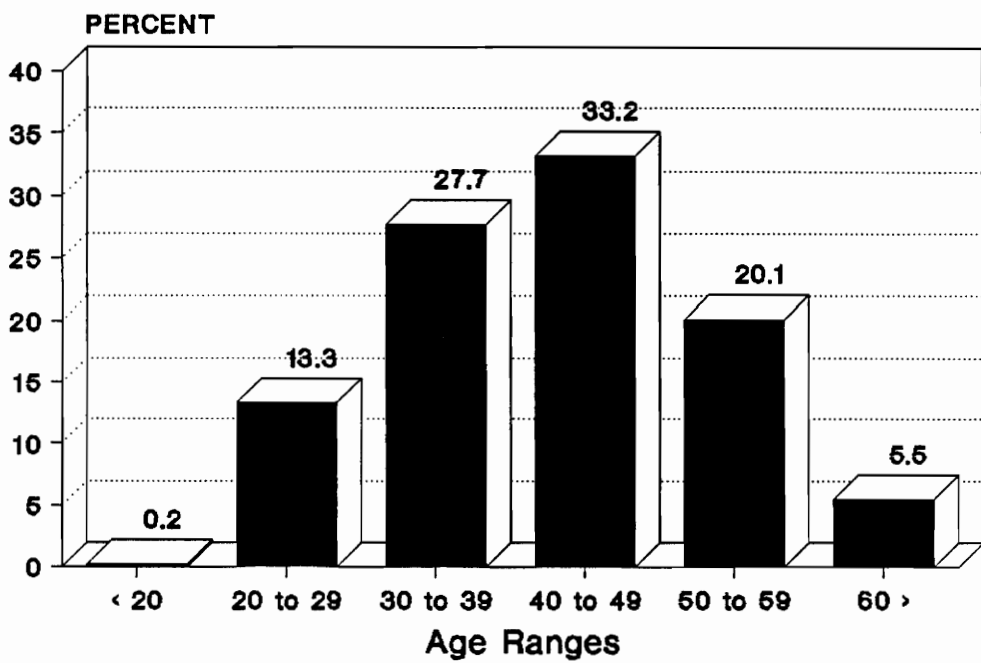
The largest percentage of employees surveyed, 33.2% were between 40 and 49 years of age (Figure 1). For purposes of comparison, the median age of Virginia state employees is 40 years, with 50% between 33 and 49 years of age (Personnel Communique 1990-1991). Because of the older age profile of RCSS employees, health promotion programs should be designed around, and specifically target, risk factors for chronic disease of employees in older age ranges.

### 2. Sex Composition

Seventy five percent of those who responded were female, and 25 percent were male. Thus, female employees comprise three fourths of the RCSS employees (Figure 2). By comparison, males comprise 48% and females comprise 52% of Virginia state employees (Personnel Communique 1990-1991). Health education on specific women's health issues such as,

menopause, breast cancer, and arthritis should be incorporated into any health education programs. Also, information pertinent to the prevention and management of chronic diseases women can experience such as heart disease and hypertension should be part of a health promotion program.

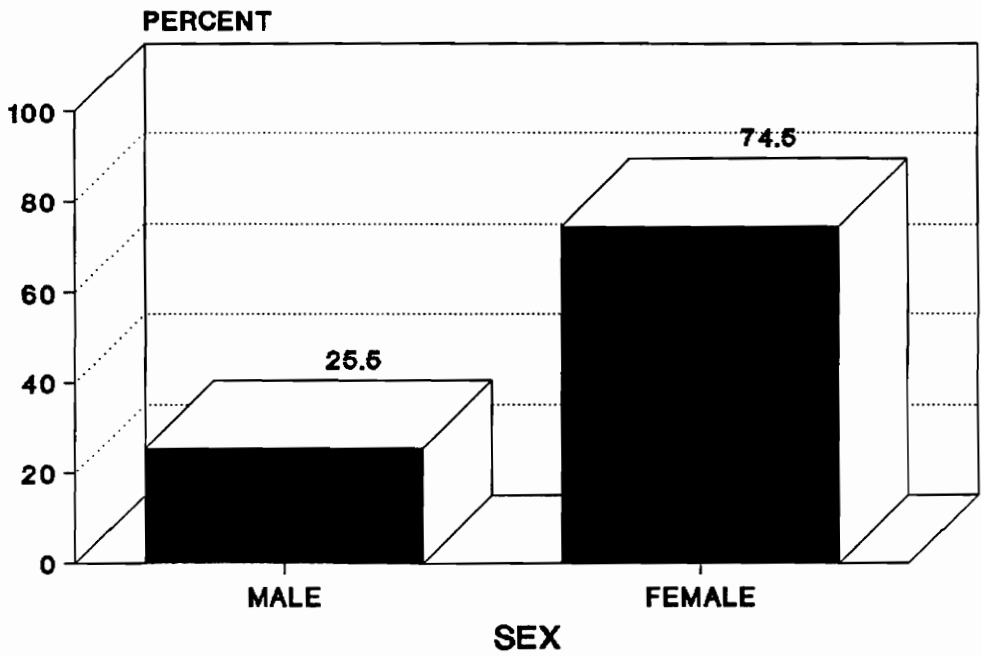
### AGE COMPOSITION



ROANOKE CITY PUBLIC SCHOOLS 1990-91

Figure 1. Age of Employees

# SEX RATIO



ROANOKE CITY PUBLIC SCHOOLS 1990-91

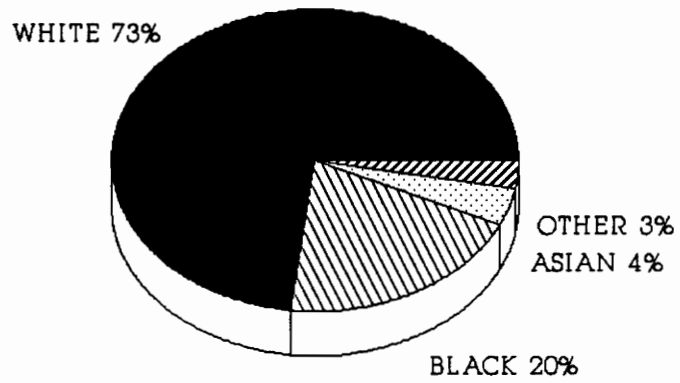
Figure 2. Sex Ratio



### 3. Racial Composition

Whites comprise 73%, Blacks 20%, Asians 4% and Others 3% of Roanoke City Public School full-time employees (Figure 3). By comparison, whites comprise 70%, Blacks 28%, Asians .9% and Others .8%, of Virginia state employees (Personnel Communique 1990-1991). Thus, the school system has racial proportions nearly comparable to the Virginia state personnel system. Since approximately one in five employees are black, special programs should be considered for black employees and their families. This is recommended in part because, Virginia is in the "stroke belt," where there is a higher incidence of strokes, blacks normally make less use of available health care regardless of their health status and because rates of many chronic diseases are higher among blacks.

## RACIAL GROUPS



ROANOKE CITY PUBLIC SCHOOLS 1990-91

Figure 3. Racial Composition

## B. **Blood Pressure and Cholesterol**

### 1. Blood Pressure

Approximately 25% of all American adults have borderline or definite high blood pressure (National Center of Health Statistics 1987). National ranges for systolic blood pressures are, normal blood pressure ( $< 140\text{mmHg}$ ), borderline isolated systolic hypertension ( $140\text{-}159\text{mmHg}$ ), and isolated systolic hypertension ( $\geq 160\text{mmHg}$ ). National ranges for diastolic are: normal blood pressure ( $< 85\text{mmHg}$ ), high normal blood pressure ( $85\text{-}89\text{mmHg}$ ), moderate hypertension ( $90\text{-}104\text{mmHg}$ ), and severe hypertension ( $\geq 115\text{mmHg}$ ) (L'Enfant, 1988).

Of the employees screened in the fall of 1990 by the Roanoke City Health Department, 17.3% had systolic blood pressures of  $140\text{mmHg}$  or greater. Twenty percent of the employees had diastolic blood pressures over  $90\text{mmHg}$ . However, 26.3% employees had diastolic blood pressures over  $85\text{mmHg}$  (Table 1). It is important to note that, the elevated readings found at a health screening do not provide a definitive diagnosis of hypertension, but suggest the need for continuing monitoring with referral to physicians for those employees with persistently elevated readings.

Men are at increased risk of developing high blood pressure to age 55; after age 55, women are more likely to develop high blood pressure. Prevalence of high blood pressure among blacks is typically twice that of whites. Both men and women in the age group 45 - 75 with poorly controlled high blood pressure are at three times greater risk of developing coronary heart disease, four times greater risk of developing congestive heart failure, and seven times greater risk of having a stroke, (Herd, 1984, ; U.S. Department of Human Services, 1982).

**Table 1**  
**Systolic and Diastolic Blood Pressures**  
**of RCSS Employees**

**Systolic Blood Pressure Distribution**

<u>Range</u>	<u>Percentage</u>	<u>Number</u>	
< 124 mmHg	50%	488	
125 - 134	25%	244	
134 - 139	8%	78	
140 - 159	10%	98	(borderline hypertensive)
> 160 mmHg	7%	68	(hypertensive)

**Diastolic Blood Pressure Distribution**

<u>Range</u>	<u>Percentage</u>	<u>Number</u>	
< 78 mmHg	50%	488	
79 - 84	24%	234	
85 - 89	7%	68	(high normal B.P.)
90 - 104	7%	68	(moderate hypertensive)
> 104 mmHg	12%	117	(severe hypertensive)

## 2. Cholesterol

Of the employees screened, 49% had blood cholesterol levels of 200mg/dl or greater. Of that group, 39.1% had blood cholesterol levels of 240mg/dl or greater, (Table 2). Total serum cholesterol levels below 200 mg/dl are classified as "desirable blood cholesterol," levels of 200 to 239 mg/dl as "borderline-high blood cholesterol," and levels of 240 mg/dl and above as "high cholesterol." The number 240 mg/dl is the value at which the risk of coronary heart disease increases steeply; and corresponds approximately to the 75th percentile for the United States adult population. National cholesterol statistics for all races in the ages of 35-44 place, the 50th Percentile at 202mg/dl, the 75th Percentile at 231mg/dl, the 90th Percentile at 260mg/dl and the 95th Percentile at 276mg/dl (Lenfant, 1989).

Fifty-one percent of RCSS employees have blood cholesterol values in the range of  $\leq 200$ mg/dl; in the normal range. Another 29% of the employees have blood cholesterol between 201 and 239mg/dl, in the borderline-high blood cholesterol range. Another 20% of the employees have blood cholesterol  $\geq 240$ mg /dl, in the high cholesterol range. In summary, 49% of the RCSS employees have blood cholesterol in borderline-high to high range.

**Table 2****Blood Cholesterol Levels of RCSS Employees**

<u>Ranges</u>	<u>Percentages</u>	<u>Number</u>
< 200 mg/dl	51%	498
201 - 220	18%	176
221 - 239	12%	117 (borderline high)
240 - 280	15%	146 (high cholesterol)
> 281 mg/dl	4%	39 (very high)

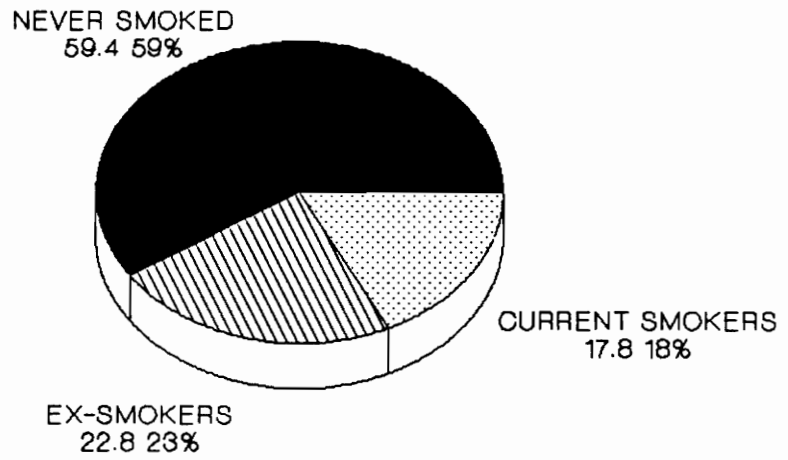
### C. Smoking Status

Of the RCSS employees surveyed in the fall of 1990 by the Roanoke City Health Department, 59.4% have never smoked cigarettes, 22.8% are ex-smokers and 17.8% are current smokers (Figure 4). By comparison, approximately 25% of Virginians smoke. In 1988 alone, as many as 6,102 deaths in Virginia may have been due to smoking cigarettes (Hyner, 1989). Of the current smokers, one third smoke less than ten cigarettes a day, another one third of the current smokers smoke over twenty cigarettes (one pack) a day (Figure 5).

Smoking is a major risk factor for cancer, stroke and heart disease. Smoking is also a major contributor to absenteeism and use of the medical care system for acute illnesses like upper respiratory infections by employees and family members. In summary, RCSS employees had 7% fewer smokers than the state average. However, the health objective for the nation for the year 2000 for smoking is that only 15% of the adult population should be smokers. RCSS would benefit substantially if it could reduce its portion of smokers to 10% or less.



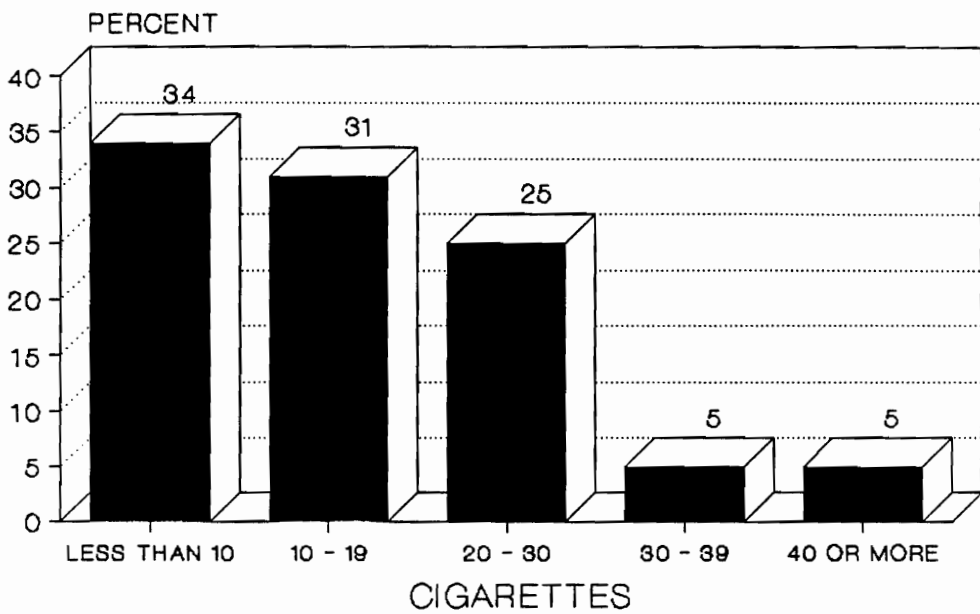
## SMOKING STATUS



ROANOKE CITY PUBLIC SCHOOLS 1990-91

Figure 4. Smoking Status

### CIGARETTES SMOKED PER DAY (CURRENT SMOKERS ONLY)



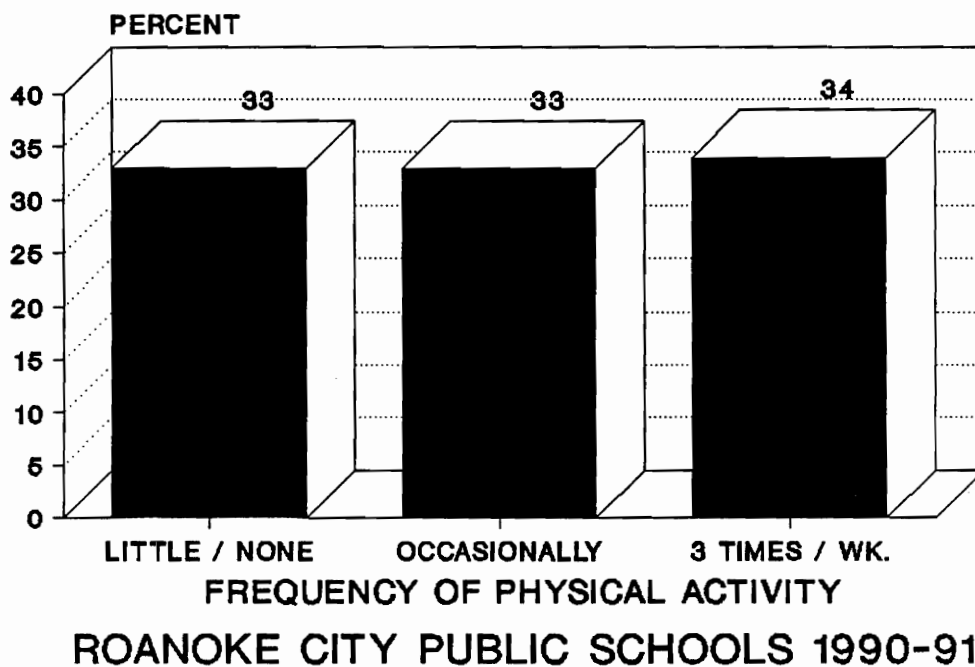
ROANOKE CITY PUBLIC SCHOOLS 1990-91

**Figure 5. Cigarettes Smoked Per Day**

#### D. **Exercise**

One third of the RCSS employees surveyed reported either exercising very little or getting no exercise at all. Another one third exercise occasionally (not on a routine basis). The last one third exercise three or more times per week (Figure 6). These results must be interpreted with caution due to varied interpretations of "exercise". One employee may view standing on his or her feet all day as exercise, whereas another employee would not view this as exercise at all. Lack of adequate exercise (at least three times a week for at least 20 minutes of sustained activity) is a risk factor for obesity and can lead to stroke and heart disease. In comparison, approximately 58% of Virginians do not exercise on a regular basis. In 1988 alone, as many as 1,694 deaths may have been due to the lack of adequate exercise in Virginia (Hyner, 1989). Sixty-six percent of Roanoke City Public Schools employees exercise occasionally or do not exercise at all. A higher proportion of Roanoke City Public Schools employees lack adequate exercise than do Virginians surveyed. Many RCSS employees expressed interest in exercise programs.

## ACTIVITY LEVEL OF EMPLOYEES (SELF REPORTED)



**Figure 6. Activity Level of Employees**

### E. Nutrition \ Body Fat

The health risk appraisal included questions dealing with high fat and fiber in the diets of employees. Ninety-two percent of the RCSS employees said their diets contained high amounts of fiber and 38% employees reported their diets contained high amounts of fat (Figure 7).

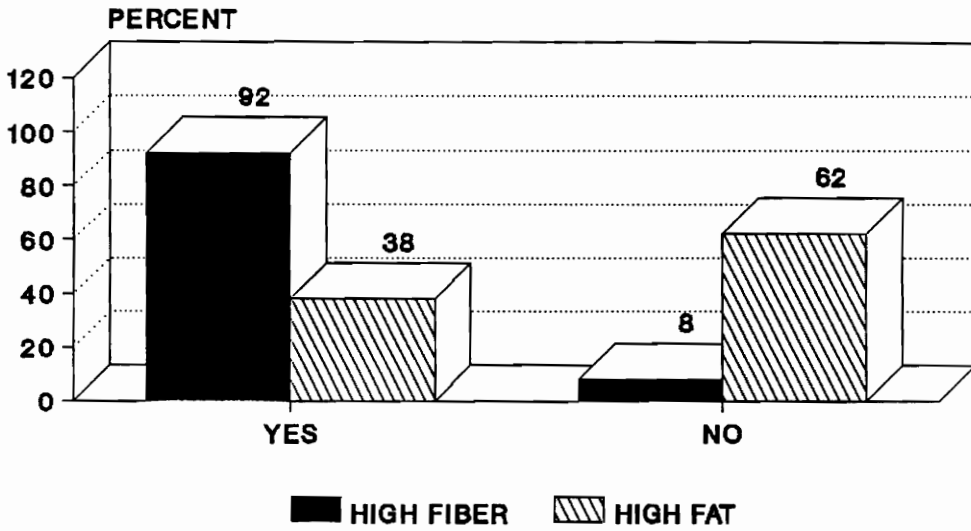
Male employees reported burning more calories than female employees. Only 5.6% of RCSS male employees were calculated by the body composition program at burning (less than 1700 per day), while 75.0% of RCSS female employees were calculated burning low amounts of calories. This may be the result of male employees consuming a greater quantity of calories per day and correspondingly burning more calories.

Twenty-three percent of male employees screened had body fat percentages over 25% of body mass. The national desirable percentage of fat for males, provided by the Wellsource Body Composition software program, is 19.2% of body mass. Twenty-three percent of female employees had body fat percentages of over 35% body mass. The national desirable percentage of fat for females is 27.9% of body mass. Employees that fall into the two ranges, over 25%

body fat for males and over 35% body fat for females, would normally be considered overweight.

Being overweight may lead to heart disease, and stroke and contribute to the diabetes, hypertension and elevated cholesterol. Approximately 25% of Virginians are overweight. In 1988 alone, as many as 3,663 deaths may have been due to excessive weight in Virginia (Hyner, 1989). Being overweight is a major factors for absenteeism and lower back problems. Roanoke City Public Schools employees were very interested in nutrition education and weight loss programs. Employees in general and teachers in particular who are better informed about nutrition and better able to maintain a desirable weight are in a better position to provide correct nutrition information to students, to be role models for students with respect to healthy lifestyles, and to have more stamina in the classroom.

### HIGH FIBER / HIGH FAT IN DIETS (PERCENT OF EMPLOYEES WHO ANSWERED YES OR NO)



ROANOKE CITY PUBLIC SCHOOLS 1990-91

Figure 7. High Fat / High Fiber in Diets of Employees

## F. **Seat Belt Use**

Fifty-five percent of RCSS employees reported buckling their seat belts 100% of the time, compared to 84% of Virginians. Seat belt usage among RCSS employees was 80.2% of the time. Twenty-three percent reported buckling their seat belts less than 50% of the time. By comparison, in Virginia 16% report they seldom or never use a seat belt. Little or no seat belt use may lead to increased deaths and injuries from automobile accidents. In 1988 alone, as many as 131 deaths in Virginia may have been due to not wearing seat belts. The Department of Motor Vehicles has reported that the non-use of seat belts played a part in over 570 traffic deaths in Virginia during 1988 (Hyner, 1989).

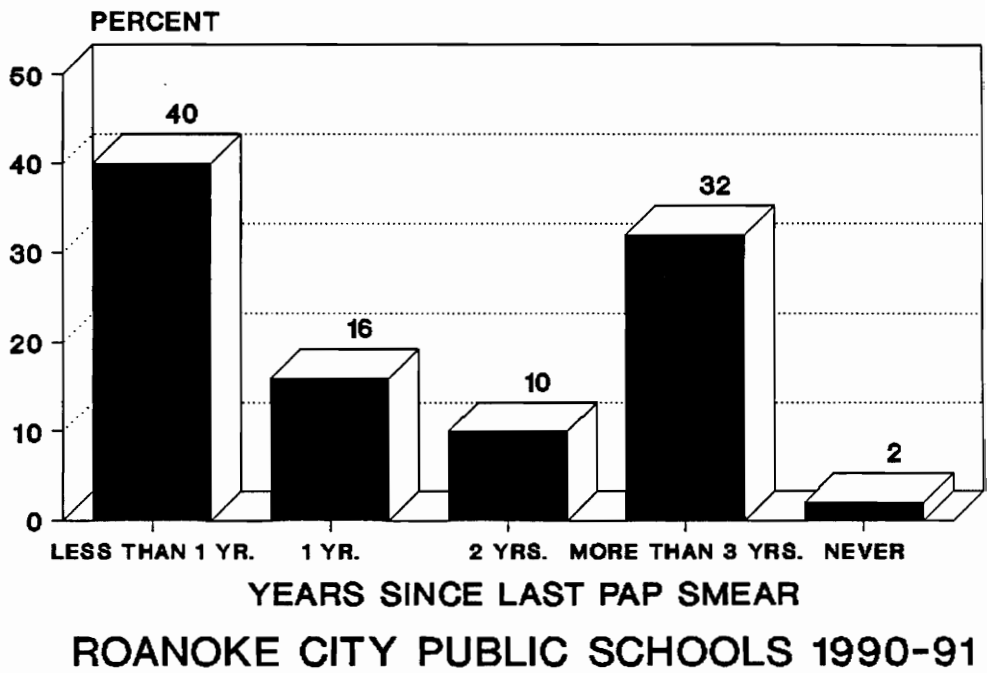
## G. **Preventive Exams**

### 1. Pap Smear Examinations

One-third of RCSS female employees surveyed had not had a Pap smear in over three years; only 2% had never had a Pap smear (Figure 8). This inexpensive examination should be performed on a frequent basis regardless of age for the early detection of cervical cancer.



### FREQUENCY OF PAP SMEAR EXAMS (FEMALE EMPLOYEES ONLY)



**Figure 8. Frequency of Pap Smears**

## 2. Breast Self Examinations

Breast self examination is recommended for early detection of breast cancer. Only 28% of RCSS female employees performed breast self examinations monthly and 42% of RCSS female employees reported rarely or never performed breast self examinations (Figure 9).

## 3. Medical Breast Examinations

Medical breast examination is recommended for all women for early detection of breast cancer. One third of RCSS female employees had not received a breast examination by a physician in over three years. Of that one third, 23% had never had a medical breast examination (Figure 10).

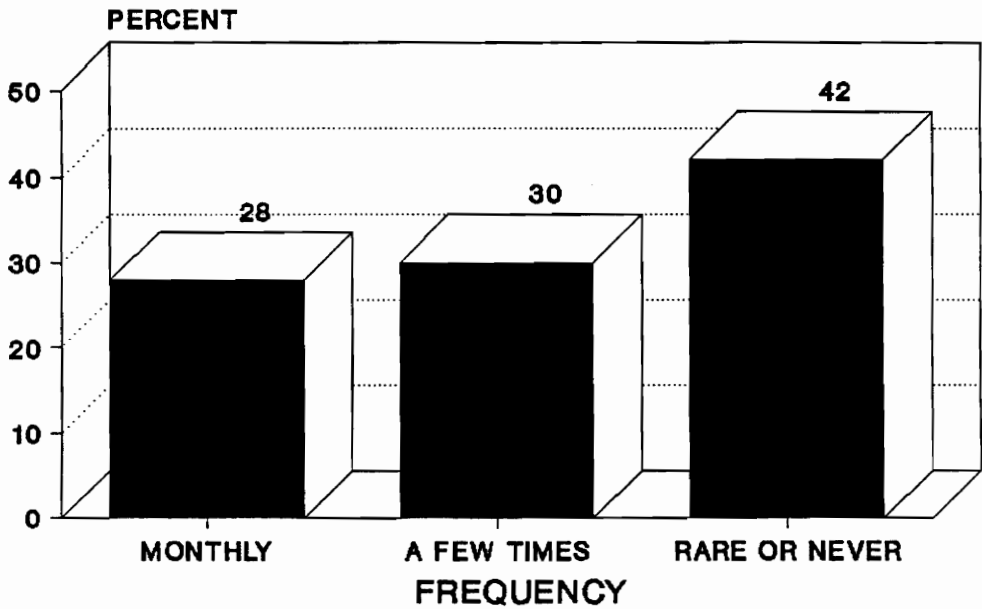
## 4. Mammograms

Mammograms or breast x-rays are recommended for women 35 years and older for the detection of breast cancer. Risk for women developing breast cancer is approximately one in ten over a lifetime.

Fifty-three percent of female employees surveyed have never had a mammogram (Figure 11). However, because mammograms are not recommended for women under 35 from this analysis, the figure 53% is probably an overestimate of the

women who are eligible to have a mammogram and who should be encouraged to have one.

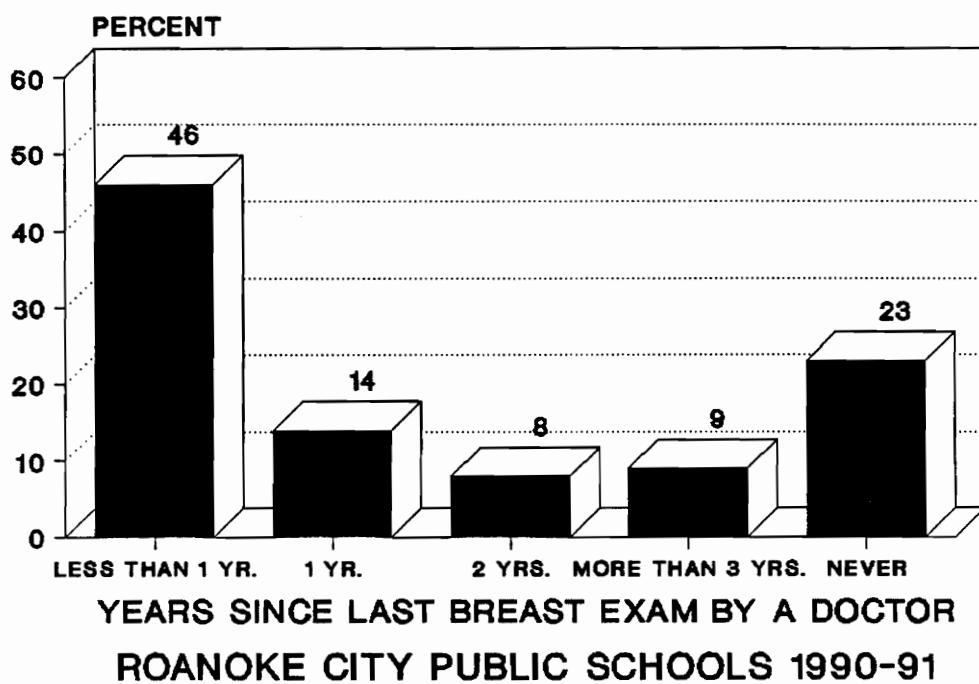
### FREQUENCY OF BREAST SELF EXAMS (FEMALE EMPLOYEES ONLY)



ROANOKE CITY PUBLIC SCHOOLS 1990-91

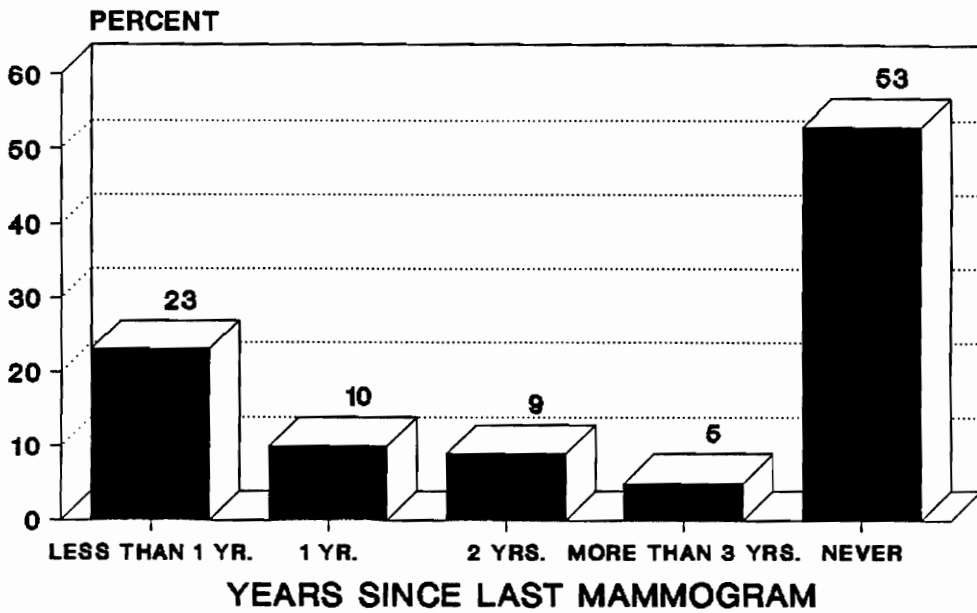
Figure 9. Frequency of Breast Self Exams

**FREQUENCY OF BREAST EXAMS BY DOCTORS  
(FEMALE EMPLOYEES ONLY)**



**Figure 10. Frequency of Breast Exams by Doctors**

### FREQUENCY OF MAMMOGRAM EXAMS (FEMALE EMPLOYEES ONLY)



ROANOKE CITY PUBLIC SCHOOLS 1990-91

Figure 11. Frequency of Mammogram Exams

## 5. Rectal Examinations

Rectal examinations are recommended for males and females over 40 years of age for the early detection of colon cancer. Rectal examinations can also detect prostate cancer in males.

Thirty percent of RCSS female employees surveyed and only 4% of RCSS male employees surveyed had a rectal exam in the past year. Over one third of RCSS female employees and 78% of RCSS male employees have never had rectal exams (Figure 12,13). As is the case for mammograms, the analysis program did not have the capability to filter out those employees under 40 years of age, so these percentages should be interpreted with caution.

### FREQUENCY OF RECTAL EXAMS (FEMALE EMPLOYEES ONLY)

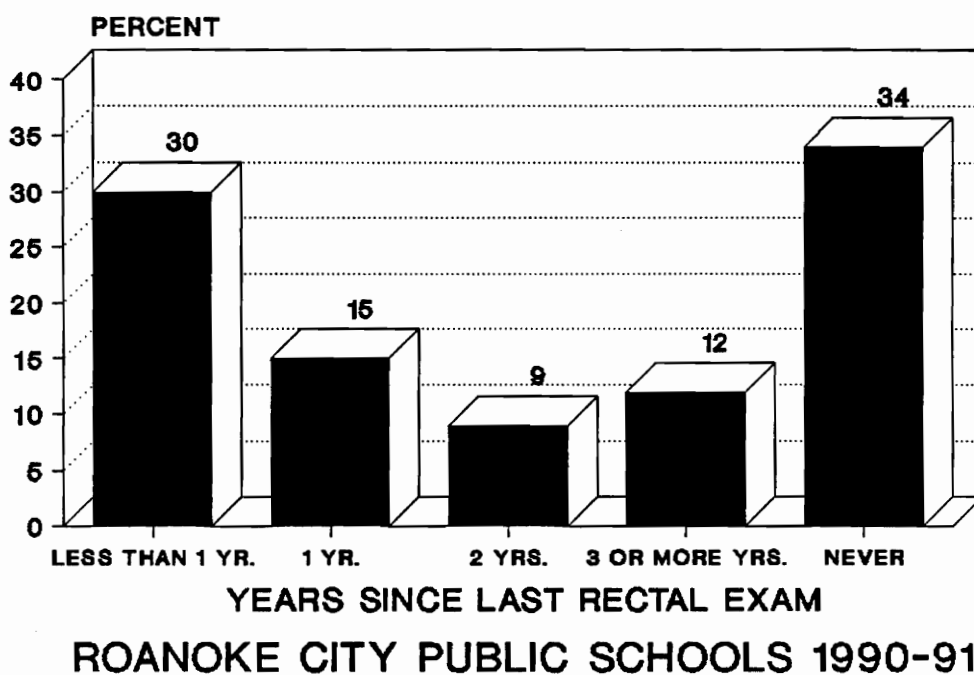
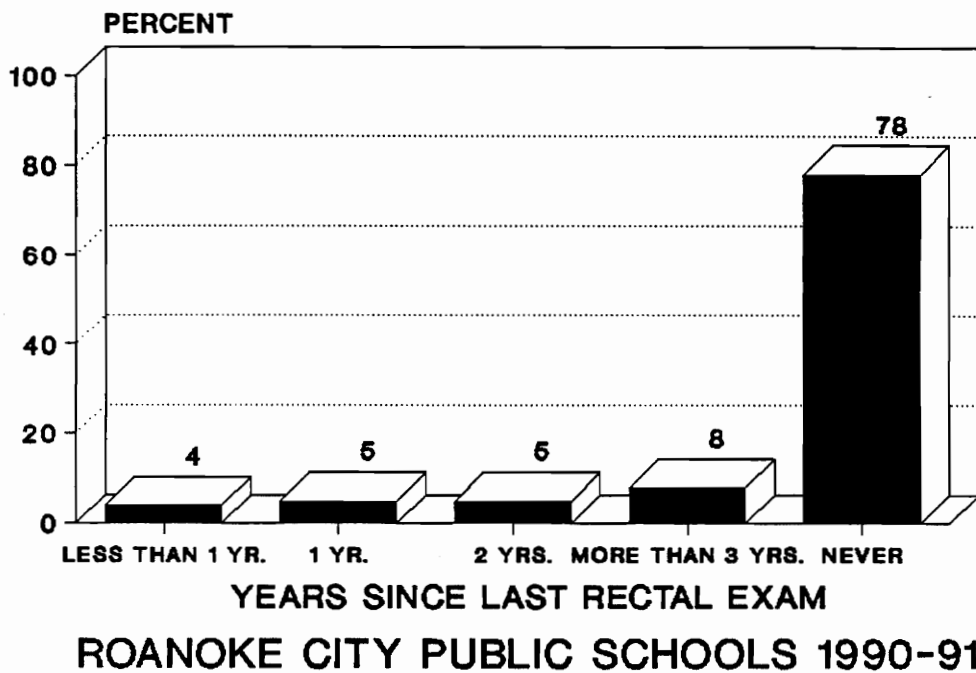


Figure 12. Frequency of Rectal Exams (Women Only)



## FREQUENCY OF RECTAL/PROSTATE EXAMS (MALE EMPLOYEES ONLY)



**Figure 13. Frequency of Rectal/Prostate Exams**

#### **F. Health Ratings / Stress**

Twenty-one percent of the RCSS employees reported they were in excellent physical health. Sixty-two percent employees reported they were in good health. Only 2% reported they were in poor health (Figure 14).

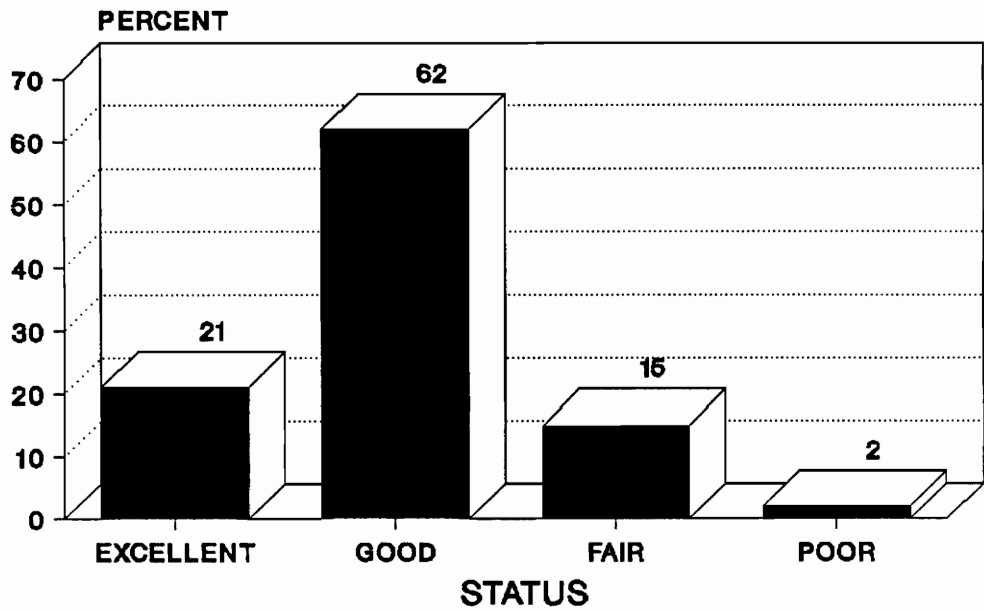
Most employees (76%) were mostly satisfied with their present life. Only 2% of the employees surveyed were not satisfied with their present life (Figure 15). Twenty-four percent experienced a death or serious misfortune in the last year. Seventy percent of the RCSS employees surveyed reported experiencing no deaths or misfortunes in the last year (Figure 16).

"Teacher burnout" is a term used to describe "physical, emotional and attitudinal exhaustion" which results in a significant decrease in teacher job satisfaction and performance. It can be caused by high levels of stress related to inordinate time demands, inadequate relationships, large class sizes, lack of resources, isolation, fear of violence, role ambiguity, limited promotional opportunities, and lack of support. Teacher burnout manifests itself in a number of physical and emotional problems as well as increased job turnover, absenteeism, mental, physical and emotional withdrawal and detachment, increased inter- and intraindividual conflict,

and a general reduction in individual and, ultimately, school performance (Cunningham, 1983).

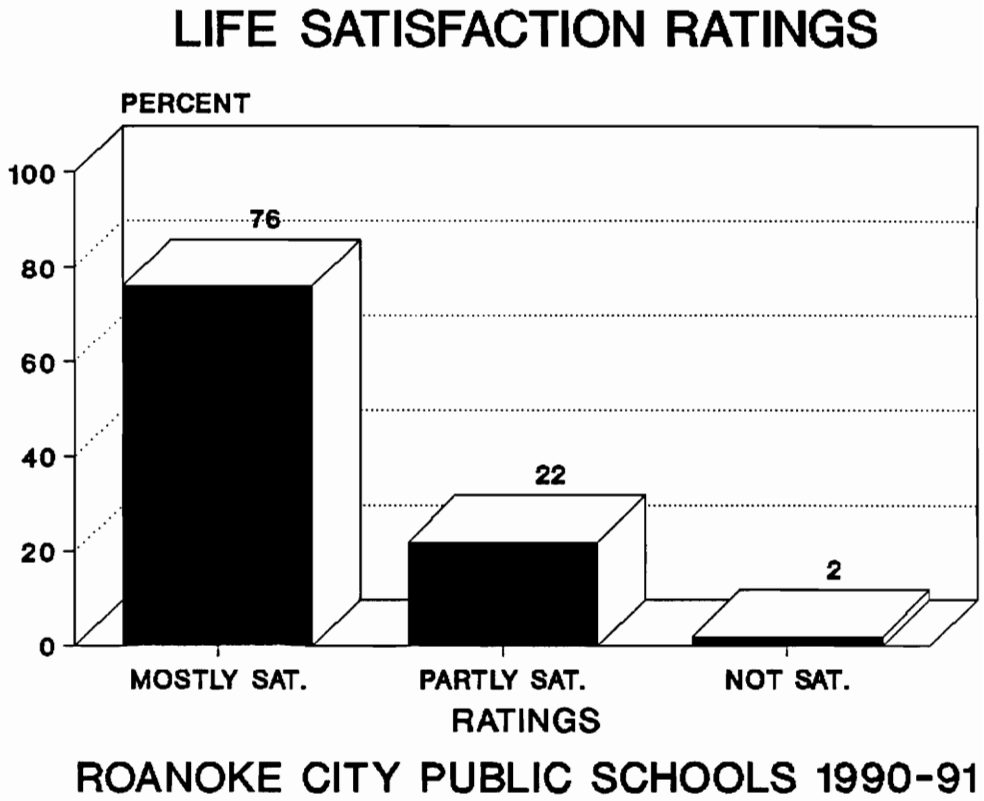
Two hundred seventy-nine RCSS employees, 29% of the (n=977) RCSS population, expressed they would like to attend a stress management program. Stress management programs were one of the top choices among program suggestions.

### OVERALL PHYSICAL HEALTH STATUS (SELF REPORTED BY EMPLOYEES)



ROANOKE CITY PUBLIC SCHOOLS 1990-91

Figure 14. Reported Health Status



**Figure 15. Life Satisfaction Ratings**

### SERIOUS LOSSES OR MISFORTUNES (WHICH OCCURRED LAST YEAR)

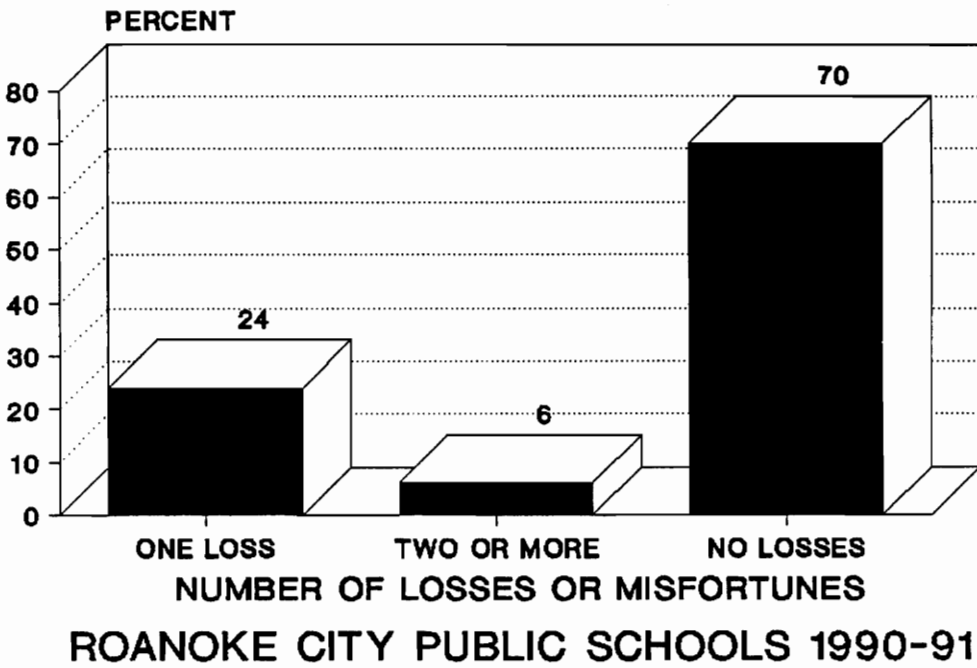
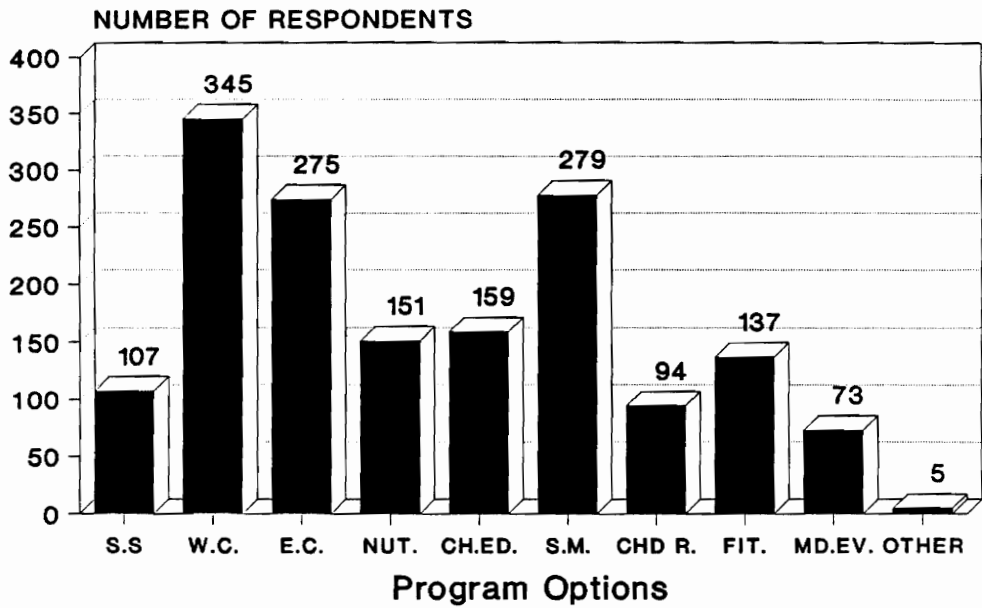


Figure 16. Personal Losses and Misfortunes

**G. Program Interests**

The greatest interest in options provided was expressed for a weight control program with 345 RCSS employees expressing interest. This was closely followed by interest in a stress management program (279 RCSS employees) and an exercise class (275 RCSS employees). Interest in a stop smoking program was expressed by 107 RCSS employees, or approximately 60% of those RCSS employees currently smoking (Figure 17).

## PROGRAM INTEREST SURVEY (Options Were Provided)



### ROANOKE CITY PUBLIC SCHOOLS 1990-91

INTEREST SURVEY	(n)	(%)
Stop Smoking Program	107	11.0
Weight Control Program	345	35.3
Exercise Class	275	28.1
Nutrition Education	151	15.5
Cholesterol Reduction	159	16.3
Stress Management	279	28.6
Coronary Risk Reduction	94	9.6
Comp. Fitness/Lifestyle	137	14.0
Comp. Medical Eval.	71	7.3
Other	5	0.5

**Figure 17. Program Interest Survey**



## SECTION II

### COMPARISON OF SCHOOL FINDINGS

The Roanoke City Public Schools are comprised of two high schools, six middle schools, and twenty elementary schools. This section will compare the schools and by category on selected health risk variables. Tables listing all school values and percentages are located in the Appendices of this report. These comparisons should be helpful in planning health promotion programs at individual school sites.

#### A. High School Comparisons:

##### 1. Demographics

Patrick Henry High School respondents were more likely to be female (69.9%, n=85) and somewhat older (mean age of 44.3) than respondents at William Fleming, where 53.7% (n=30) of the respondents were female and the mean age is 42 years (Tables 3,4). By comparison, RCSS employees responding to the survey were 74.5% female with a mean age of 41 years. There were a greater proportion of black employees at William Fleming with 25.5% (n=14), than at

Patrick Henry with 15.7% (n=19) (Table 5). Black employees comprised 20% of all RCSS employees surveyed.

## 2. Risk Factors

Average cholesterol levels were slightly higher for William Fleming with an average level of 211mg/dl compared to Patrick Henry with an average of 200 mg/dl (Table 7). The mean cholesterol level for all RCSS employees was 202 mg/dl. Patrick Henry had a higher percentage of current and ex-smokers than did William Fleming. Of all Patrick Henry respondents, 16.3% (n=19) were current smokers and 29.3% (n=34) were ex-smokers (Table 8). Of all William Fleming respondents, 9.5% (n=9) were current smokers and 19.6% ex-smokers (Table 8). By comparison, 17.8% of all RCSS employees were current smokers and 22.8% were ex-smokers. Fifty-seven percent (n=69) of Patrick Henry respondents and 57.7% (n=30) of William Fleming Respondents reported exercising occasionally or not at all during the week (Table 17). Sixty-six percent of all RCSS employees reported exercising occasionally to none during the week. William Fleming employees reported using their seat belts 80% of the time, whereas Patrick Henry employees buckled-up at a slightly lower rate of 86% of the time (Table 9). For the school system as a whole, respondents buckled an average of 80% of the time.

### 3. Health Status and Stress

Most respondents (about 95%) at each school reported their health to be good or excellent. At William Fleming 32.6% (n=17) of the employees reported excellent health ; 61.5% (n=32) reported good health. At Patrick Henry, 23.7% (n=29) of the employees reported excellent health and 71.3% (n=87) reported good health (Table 16). System-wide, 21% of RCSS employees reported excellent health and 62% reported good health.

Employees from each school completed a stress profile questionnaire. Answers for every question were analyzed by the stress profile computer program. Each school was provide with a stress score which could be matched with a stress score key. This key gives numerical ranges which indicate stress ratings for each school. William Fleming respondents scored 84.4 on the GWBS Stress Scores and fell into the 81-110 Positive Well-being range on the composite stress score. Patrick Henry respondents scored 78.5 on the GWBS Stress Scores and fell into the Low positive range. Life Satisfaction ratings for William Fleming respondents were slightly higher than Patrick Henry respondents. Eighty-seven percent (n=47) of William Fleming respondents were mostly satisfied with their current life, whereas 77.6%

(94) of Patrick Henry respondents were mostly satisfied with their current life. At both schools, only one percent of the employees were not satisfied with life, the remainder were partly satisfied (Table 21).

#### 4. Program Interests

A weight control program, an exercise class and a stress management program were the top choices for health promotion programs chosen by employees at both schools.

### B. Middle School Findings

#### 1. Demographics

Of all the middle schools, Jackson had the highest proportion of female employees (76.4%, n=26), and Ruffner lowest at 64.1% (n=25) (Tables 22,41). Seventy-five percent of RCSS employees were female. The highest mean age was at Breckinridge (44.08 years). The lowest mean age was at Jackson (39.26 years) (Tables 23,42). The mean age for RCSS employees was 41 years of age. The greatest proportion of black employees was at Addison with 48.8% (n=21) black employees, while Jackson had the lowest percentage of black employees with only 14.7% (n=5) (Tables 24,43). Overall, black employees comprise 20% of all RCSS employees.

## 2. Risk Factors

Mean cholesterol levels were highest at Ruffner (222mg/dl) and lowest at Madison (190mg/dl) (Tables 26,45). Mean cholesterol levels for all RCSS employees was 202mg/dl. The highest percentage of cigarette smokers were at Breckinridge (30.5%, n=11), while the lowest percentage of current cigarette smokers were at Addison (11.6%, n=5) (Tables 27,46). By comparison, 17.8% of RCSS employees were current smokers and 22.8% were ex-smokers. Of all RCSS employees, 21% reported excellent health and 62% reported good health. At Jackson the greatest percentage of employees (73.4%, n=25) reported the lack of adequate exercise, while at Madison the lowest percentage of employees (55.5%, n=20) reported lack of adequate exercise (Tables, 36,55). Sixty-six percent of RCSS employees reported the lack of adequate exercise.

Seat belt usage was highest at Jackson, where employees buckled 88% of the time. Seat belt usage was lowest at Breckinridge, where employees buckled 77% of the time (Tables 28,47). RCSS respondents buckled an average of 80% of the time.

### 3. Health Status and Stress

Most respondents at each school reported their health to be good or excellent. The highest proportion reporting excellent or good health was at Breckinridge (91.7%, n=33) while Madison had the lowest proportion (77.7%, n=26) (Tables 35,54).

Ruffner respondents scored the highest, 84.4 on the GWBS Stress Score and fell into the 81-110 Positive Well-being range. Jackson respondents scored the lowest, 77.1 on the GWBS Stress Score and fell into the 71-75 Marginal Stress Zone range. Life satisfaction ratings of employees were the highest at Wilson and lowest at Jackson. Eighty-five percent (n=35) of Wilson employees reported being mostly satisfied with their current life, whereas 70.5% (n=24) of Jackson employees reported being mostly satisfied with their current life (Tables 39,58). By comparison, 76% of all RCSS employees reported being mostly satisfied with their current life.

### 4. Program Interests

Weight control programs, stress management programs and exercise classes were the top choices for health promotion programs chosen by respondents at all middle schools. Other programs of high employee interest include stop smoking

programs, nutrition education and cholesterol reduction programs.

## C. Elementary School Findings

### 1. Demographics

Of all the elementary schools, Westside has the highest proportion of female employees (100%, n=27) , and Highland Park (n=20) and Raleigh Court (n=12) the lowest proportions (80.5%) (Tables 60,79,98,117,136). By comparison, RCSS employees are 74.5% female. The highest mean age is at Lincoln Terrace (46.96 years). The lowest mean age is at Huff Lane (35.17 years) (Tables 61,80,99,118,137). The mean age for RCSS employees is 41 years of age. The greatest proportion of black employees are at Round Hill with 50% (n=5) black employees, while Fishburne Park had the lowest proportion with only 8.7% (n=2). However, the highest number of black employees are 13 at Hurt Park. Black employees comprise 20% of all RCSS employees.

### 2. Risk Factors

Mean cholesterol levels are highest at Morningside (222mg/dl) and lowest at Garden City (185mg/dl) (Tables 64,83,102,121,140). Mean cholesterol levels for all RCSS was 202mg/dl. The highest percentage of cigarette smokers

are at Round Hill (30%, n=3), while the lowest percentages of current cigarette smokers (0%) are at Preston Park and Oakland (Tables 65,84,103,122,141). The highest number of current smokers are eight at Fallon Park. By comparison, 17.8% of RCSS employees are current smokers. Monterey reported the highest percentage of employees lacking adequate exercise at 87.4% (n=21). Huff Lane reported the lowest percentage lacking adequate exercise at 44.3% (n=12) (Tables 74,93,112,131,150). Sixty-six percent of RCSS employees lack adequate exercise. Seat belt usage is highest at Monterey, where employees buckle up 93% of the time. Seat belt usage is lowest at Monterey, where employees buckled only 75.8% of the time (Tables 66,85,104,123,142). RCSS employees buckled an average of 80% of the time.

Most respondents at each school reported their health to be good or excellent. The highest proportion reporting excellent health was at Huff Lane (27.7%, n=5) while Round Hill has the lowest proportion (0%) reporting excellent health (Tables 73,92,111,130,149). Of all RCSS employees, 21% reported excellent health and 62% reported good health.

### 3. Health Status and Stress

Most respondents at each school reported their health to be good or excellent. The highest proportion reporting



excellent or good health was at Oakland (100%, n=19) and Raleigh Court (100%, n=15) while Round Hill had the lowest proportion (80%, n=8) (Tables 73,92,111,130,149). Of all RCSS employees, 21% reported excellent health and 62% reported good health. Wasena employees scored highest, 88.2 on the GWBS Stress Score and fell into the 81-110 Positive Well-being range. Roanoke Academy respondents scored lowest, 70.8 on the GWBS Stress Score and fell into the 70-75 Marginal Stress Zone range.

#### 4. Program Interest

Weight control programs, stress management programs, and exercise classes were the top choices for health programs chosen among elementary school respondents. Other programs of high employee interest include cholesterol reduction, nutrition education and stop smoking programs.

## SECTION III

### NON-SCHOOL SITE FINDINGS

#### A. Transportation Employees

##### 1. Demographics

Transportation respondents were 72.8% (n=59) female and 27.1% (n=22) male. By comparison, RCSS employees were 74.5% female and 25.5% male. The mean age for transportation employees was 42.62 years of age with 48.8% (n=40) in the 40 to 59 age range and 42.7% (n=35) in the 20 to 39 age range. The mean age for all RCSS employees was 41 years of age with 33.2% in the 40 to 49 age range. Thirty-three percent (n=27) of transportation employees who responded are black compared to 20% of the total RCSS population. Twenty-six percent of the employees did not have a high school education. Fifty percent had a high school education. Twenty-five percent had some college or college degree.

##### 2. Risk Factors

The mean cholesterol level was 196mg/dl compared to 202mg/dl for all RCSS employees. Twenty-seven percent

(n=22) of the employees were current smokers, 22.2% (n=18) were ex-smokers compared to 17.8% current smokers and 22.8% ex-smokers of all RCSS employees. Transportation employees buckled their seat belts on average 86.1% of the time. RCSS employees buckled their seat belts 80% of the time. Of all employees surveyed, 74.0% (n=60) did not exercise on a regular basis compared to 66% of all RCSS employees.

### 3. Health Status and Stress

Sixteen percent (n=13) of the employees reported excellent health and 62.9% (n=51) of the employees reported good health. By comparison, 21% of all RCSS employees reported excellent health and 62% reported good health.

Transportation employees scored 78.3 on the GWBS Stress Score and fell into the 76-80 Low positive range. Seventy percent (n=57) of the employees reported being mostly satisfied with their current life compared to 76% of all RCSS employees.

### 4. Program Interests

Weight control programs, exercise classes, and stress management programs were the top choices among health promotion programs chosen by respondents from the Transportation Department. A stop smoking program would be helpful due to the high prevalence of current smokers.

## B. Maintenance Employees

### 1. Demographics

Maintenance respondents were 5.7% (n=2) female and 94.2% (n=33) male. By comparison, RCSS employees were 74.5% female and 25.5% male. The mean age for maintenance employees is 45.06 years of age with 35.1% (n=12) in the 30 to 39 age range, 27% (n=9) in the 40 to 49 age range and 27.0% (n=9) in the 50 to 59 age range. The mean age for all RCSS employees was 41 years of age with 33.2% in the 49 to 49 age range. Fifteen percent (n=5) of maintenance employees who responded are black compared to 20% in the total RCSS population. Twenty percent of the employees had less than a high school education. Fifty-nine percent had a high school education. Twenty-one percent had some college or a college degree.

### 2. Risk Factors

The mean cholesterol level for maintenance employees was 218mg/dl compared to 202mg/dl for all RCSS employees. Thirty-four percent (n=12) of the employees are current smokers, 28.5% (n=10) are ex-smokers compared to 17.8% current smokers and 22.8% ex-smokers of all RCSS employees. Of all maintenance employees, 85.3% did not exercise on a

regular basis compared to 66% of all RCSS employees. Maintenance employees buckled their seat belts on average 67.1% of the time. RCSS employees buckled their seat belts 80% of the time.

### 3. Health Status and Stress

Fifteen percent (n=5) of the employees reported excellent health and 69.7% reported good health. By comparison, 21% of all RCSS employees reported excellent health and 62% reported good health.

Maintenance employees scored 77.7 on the GWBS Stress Score and fell into the 76-80 Low Positive range. Only 55.8% (n=19) of the employees reported being mostly satisfied with their current life compared to 76% of all RCSS employees.

### 4. Program Interests

Weight control programs, exercise classes, and stop smoking programs were the top choices for health promotion programs chosen by respondents from the Maintenance Department. A stop smoking program would be helpful due to the high prevalence of current smokers.

## C. Administration Employees

### 1. Demographics

Administration employees were 61.8% (n=34) female and 38.1% (n=21) male. By comparison, RCSS employees were 74.5% female and 25.5% male. The mean age for administration employees was 43.24 years of age with 66.% (n=36) in the 40 to 59 age range and 34% (n=19) in the 20 to 39 age range. The mean age for all RCSS employees was 41 years of age with 33.2% in the 40 to 49 age range. Sixteen percent (n=9) of administration employees who responded are black compared to 20% of the total RCSS population.

### 2. Risk Factors

The mean cholesterol level for Administration employees was 198mg/dl compared to 202mg/dl for all RCSS employees. Fifteen percent (n=8) of the employees are current smokers and 25.9% are ex-smokers compared to 17.8% current smokers and 22.8% ex-smokers of all RCSS employees. Of all the administration employees surveyed, 69% (n=38) did not exercise on a regular basis compared to 66% of all RCSS employees. Administration employees buckled their seat belts on average 85.16% of the time. RCSS employees buckled their seat belts 80% of the time.

### 3. Health Status and Stress

Twenty-five percent (n=14) of the employees reported excellent health and 65.4% (n=36) reported good health. By comparison, 21% of all RCSS employees reported excellent health and 62% reported good health. Administration employees scored 79.2 on the GWBS Stress Score and fell into the 76-80 Low Positive range. Eighty-nine percent (n=49) of the employees were mostly satisfied with their current life compared to 76% of all RCSS employees.

### 4. Program Interests

Exercise classes, weight control programs and stress management programs were the top choices for health promotion programs chosen by respondents from the Administration Department.

## SECTION IV

### SUMMARY AND IMPLICATIONS

#### A. Summary

Roanoke City Public Schools has an aging population that is comprised three-fourths by women and 20% blacks. Health promotion programs should be designed around and specifically target risk factors for this group.

Approximately, 20% of RCSS employees have borderline high to high blood pressure. Thirty-one percent have borderline to very high cholesterol levels.

The prevalence of current cigarette smokers is much higher for Transportation employees (27%) and for Maintenance employees (34%) compared to RCSS employees (18%).

A large portion of RCSS employees, 66% lack adequate exercise (at least three times a week for at least 20 minutes of sustained activity). Twenty-three percent of male employees screened had body fat percentages of over 25% of body mass. Twenty-three percent of female employees screened had body fat percentages of over 35% of body mass.

Twenty-nine percent of the RCSS population expressed they would like to attend a stress management program.



## B. Health Risk Behavior Costs

During 1987, Roanoke City suffered 59,000 life-years lost due to preventable health risk factors leading to premature death. The state average for that same year was 40,000 (Hyner, 1990). Because of their older average age and elevated risk status, many RCSS employees are also at risk of experiencing premature death and disability or years of chronic disability. Employees of the RCSS can reduce their risks through by participating in effective health promotion programs.

Medical care claims from a Blue Cross of Indiana work-site health promotion study several years ago showed that health promotion program participants had more claims for care than non-participants, but their annual claims amounts were lower an average of \$227 versus \$287. The total five year cost of the program was \$867,000 with a overall savings of \$1,450,000 in paid claims and an additional \$180,000 saved in avoiding absences due to illnesses. The savings were estimated to be 8 to 10% of total claims. An analysis of Johnson and Johnson's Live for Life program found lower per capita inpatient hospital costs, (\$43 versus \$76 at sites without programs), and lower increases in hospital days and admissions (Conrad, 1989).

Health education has proven to be a cost effective strategy for reducing medical care utilization. Estimated savings on medical care utilization for every dollar spent on health education range from \$2.50-\$3.50, and subsequent medical care utilization has been shown to drop by 17%-35%, (Vickery, 1983).

Researchers have calculated the cost of employees who engage in risky health behaviors compared to those who do not engage in those same behaviors. For example, each employee who smokes has been estimated to cost his employer between \$300-800 a year more than each non-smoking employee, (Fielding 1986). Using estimates the projected cost of all RCSS smokers to Roanoke City Public Schools over five years could range from \$264,000 to \$704,000. These costs can be drastically reduced with an effective stop-smoking program and by hiring only non-smoking employees in the future. Family members (who contribute about three-fourths of the costs of health care claims) should also be the focus of stop smoking efforts.

Employees whose exercise is equivalent to climbing less than five flights of stairs or walking less than a half a mile a week, spend 114% more on health care claims than those who climb at least 15 flights of stairs or walk one and a half miles weekly. Health care costs for overweight / obese employees are reported to be 11% higher than for

normal weight to thin employees. Workers who routinely fail to use seat belts spend 54% more days on average in the hospital for recovery from injuries than those who usually buckle up (James, 1987)

Health promotion programs are one method of controlling health care costs. Other programs which can lead to controlling costs include "1) developing alternate delivery systems (including Health Maintenance Organizations and Preferred Provider Organizations), 2) altering the degree of cost sharing by employees, 3) providing choices in the structure and content of benefit packages, and, 4) reducing use of the health care system by initiating second opinion requirements before major care, and sharing information on self-help guidelines" (Bradford, 1988).

Organizational change to remove stressors is a fifth option and is considered the method most immediately responsible for reducing costs and improving on-the-job health and safety. While health promotion programs can help employees cope more effectively with stressors, organizational change can remove these stressors. Changes may include providing more autonomy in structuring of tasks and responsibilities, improving communication systems, giving rewards for performance, participation, autonomy

and physical safety. Wellness programs cannot supplant good organizational management, but can supplement it (Caudron, 1990).

Determining the best strategies and procedures to achieve the goals that are desired requires a careful review of what outcomes can be reasonably attributed to particular kinds of health promotion programs. This will also require carefully consideration of the most important outcomes both to the organization which is sponsoring the health promotion program and for those employees who are being asked to participate (Fielding, 1985).

### C. Strategies in Developing Health Promotion Programs

Roanoke City Public Schools, its employees and families could benefit significantly by establishing a comprehensive health promotion program. The program could be implemented in stages or as a complete package. The school system should incorporate health promotion as a budget line item to insure appropriate funding for an on-going program. Future funding should be allocated for developing and implementing a health promotion program and not for health screenings.

One approach which has been used successfully is to establish an employee health advisory committee whose

membership reflects the sex, race, age and income/occupation distribution of the employee population. Working with the health educator or administrator responsible for the program the committee can gather information on opportunities and barriers to developing certain health promotion programs for different employee groups and set goals and objectives for risk factor reduction based on this analysis and develop strategies which have a high probability of succeeding. This committee could also be responsible for proposing a budget and developing an implementation plan.

Focus groups can be used to gather information on particular health concerns and to assess the attitudes of employees about organizational stressors and programs to reduce health risks. These groups can address issues such as lower education among sectors of the workforce and address concerns of special population groups.

The employees at each school who presently receive a stipend for organizing Wellness Day can serve as the school's health team leaders. These leaders need to be actively engaged and supported by the Roanoke City Public Schools Administration Office.

A successful work-site program must focus on more than awareness and information. It must help employees and family members change their behaviors. Continuous evaluation must be built into the programs, to adapt to

changing needs and to determine cost effectiveness. Roanoke City Public Schools may want to hire a Masters trained Certified Health Education Specialist to develop and implement a comprehensive health program. The qualifications for this position would be experience in health promotion program planning and implementation, knowledge of community services, management and supervisory experience, and knowledge of evaluative techniques.

#### D. Programs Needs and Preferences

Stress management was the top choice of health promotion programs among employees. Teacher Burnout is a problem which affects employees and everyone they come in contact with. The "physical, emotional and attitudinal exhaustion" associated with continuous stress affects students who need guidance, attention and care. Stress management would not only have a beneficial effect for employees, but also benefit the children in the classrooms. A stress management program can address both internal and management caused problems. Internally, management may target communication systems for assessment and change. Research evidence increasingly points to the stress and health-related benefits of increasing individual control and

responsibility. Employee-centered programs can include mediation exercises, feedback seminars, decision making skills, physical relaxation techniques, or exercise and nutrition programs. Counseling may be provided through employee assistance programs (Goodspeed, 1990).

Employees also expressed a great interest in a weight control program. Nutrition and weight control programs affect two main health risks: heart attack (cardiovascular health) and cancer (specifically gastrointestinal, prostate, rectal, and breast cancer). Weight control programs offer the benefits of repeated opportunities to educate and support those who want to lose weight, and to provide follow-up and health monitoring. This monitoring includes: data on weight, diet, body fat, blood pressure, and cholesterol which this needs assessment can provide a baseline for future monitoring. One problem with in-house or employee only programs are that they ignore the importance of family influence. Most eating habits are reinforced at home. Programs that include family members are normally more effective (Berry, 1989).

Employees also expressed interest in exercise and fitness programs. Exercise programs provide benefits such as a sense of well being, relief from fatigue and tension, weight maintenance, reduced likelihood of drug and tobacco use, decreased risk of back injury and controlled blood

pressure and cholesterol levels. Methods like co-sponsorship of community centers or co-paying memberships at fitness centers may solve lack of proper facility problems. Walking programs and team competitions are very popular (Pfeiffer, 1989) . Competition between schools might stimulate risk reduction efforts and develop student support and involvement. Student involvement could lead to a two fold effect.

"Coordinated, integrated planning and program delivery can yield a much greater impact than the same level of efforts disaggregated into many separate activities" (Fielding, 1985). A start at implementing a simple health promotion program can be the stepping stone to the development of more advanced and comprehensive programs in the future, healthier employees, and a healthier, more stress free work environment in which students can learn.



## HIGH SCHOOL FINDINGS (TABLES 3 - 21)

TABLE 3

SEX OF RESPONDENTS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
MALE	37	30.3%	26	46.3%
FEMALE	85	69.9%	30	53.7%

TABLE 4

AGE OF RESPONDENTS

SCHOOL:	PATRICK HENRY	WILLIAM FLEMING
MEAN AGE	44.25	41.98

TABLE 5

RACIAL GROUPS OF RESPONDENTS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
BLACK	19	15.7%	14	25.4%
WHITE	102	84.3%	41	74.5%

## HIGH SCHOOL FINDINGS

TABLE 6  
BLOOD PRESSURE OF RESPONDENTS

SCHOOL:	PATRICK HENRY	WILLIAM FLEMING
MEAN SYSTOLIC BP	123.64	121.56
MEAN DIASYTOLIC BP	75.97	76.76

TABLE 7  
CHOLESTEROL LEVEL

SCHOOL:	PATRICK HENERY	WILLIAM FLEMING
MEAN CHOLESTEROL	199.72	211.5

TABLE 8  
SMOKING STATUS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
NEVER SMOKED	63	54.3%	36	64.9%
EX-SMOKER	34	29.3%	11	19.6%
CURRENT SMOKER	19	16.3%	9	9.5%

## HIGH SCHOOL FINDINGS

TABLE 9

SEAT BELT USE

SCHOOL:	PATRICK HENRY	WILLIAM FLEMING
MEAN SEAT BELT USE	86.56%	90.39%

TABLE 10

FREQUENCY OF MAMMOGRAM EXAMS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
LESS THAN 1 YEAR	29	34.1%	8	26.6%
1 YEAR	11	12.9%	7	23.3%
2 YEARS	11	12.9%	5	16.6%
3 OR MORE YEARS	3	3.5%	0	0.0%
NEVER	31	36.4%	10	33.3%

## HIGH SCHOOL FINDINGS

TABLE 11  
FREQUENCY OF PAP SMEAR EXAMS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
LESS THAN 1 YEAR	43	51.9%	16	53.3%
1 YEAR	21	25.0%	7	23.3%
2 YEARS	10	11.9%	6	20.0%
3 OR MORE YEARS	7	8.3%	1	3.3%
NEVER	3	3.5%	0	0.0%

TABLE 12  
FREQUENCY OF BREAST SELF EXAMS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
MONTHLY	27	32.5%	17	56.6%
EVERY FEW MONTHS	33	39.76	8	26.6%
RARE OR NEVER	23	27.71	5	16.6%

## HIGH SCHOOL FINDINGS

TABLE 13

FREQUENCY OF MD/NURSE BREAST EXAMS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
LESS THAN 1 YEAR	47	55.9%	17	56.6%
1 YEAR	19	22.6%	6	20.0%
2 YEARS	11	13.1%	6	20.0%
3 OR MORE YEARS	5	5.9%	1	3.3%
NEVER	2	2.3%	0	0.0%

TABLE 14

FREQUENCY OF WOMEN RECTAL EXAMS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
LESS THAN 1 YEAR	31	36.9%	13	43.3%
1 YEAR	17	20.2%	4	13.3%
2 YEARS	7	8.3%	2	6.6%
3 OR MORE YEARS	12	14.2%	4	13.3%
NEVER	17	20.2%	7	23.3%

## HIGH SCHOOL FINDINGS

TABLE 15  
FREQUENCY OF MEN RECTAL/PROSTATE EXAMS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
LESS THAN ONE YEAR	7	17.5%	4	17.3%
1 YEAR	9	22.5%	6	26.0%
2 YEARS	7	17.5%	4	17.3%
3 OR MORE YEARS	9	22.5%	7	30.43
NEVER	8	20.0%	2	8.7%

TABLE 16  
OVERALL HEALTH STATUS OF RESPONDENTS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
EXCELLENT	29	23.7%	17	32.6%
GOOD	87	71.3%	32	61.5%
FAIR	6	4.9%	3	5.7%
POOR	0	0.0%	0	0.0%

## HIGH SCHOOL FINDINGS

TABLE 17

ACTIVITY LEVEL OF RESPONDENTS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
LITTLE / NONE	31	25.4%	14	26.9%
OCCASIONALLY	38	31.1%	16	30.7%
3 TIMES PER WEEK	53	43.4%	22	42.3%

TABLE 18

HIGH FIBER IN DIET OF RESPONDENTS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
YES	113	92.6%	52	94.5%
NO	9	7.3%	3	5.4%

TABLE 19

HIGH FAT IN DIET OF RESPONDENTS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
YES	46	38.0%	22	40.7%
NO	75	61.9%	31	59.2%

## HIGH SCHOOL FINDINGS

TABLE 20

LIFE SATISFACTION RATING OF RESPONDENTS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
MOSTLY SATISFIED	94	77.6%	47	87.0%
PARTLY SATISFIED	26	21.4%	6	11.1%
NOT SATISFIED	1	.8%	1	1.8%

TABLE 21

PERSONAL LOSSES OF RESPONDENTS

SCHOOL:	PATRICK HENRY		WILLIAM FLEMING	
	(N)	%	(N)	%
ONE LOSS	25	20.6%	12	22.6%
TWO OR MORE LOSSES	5	4.1%	0	0.0%
NO LOSSES	91	75.2%	41	77.3%



## MIDDLE SCHOOL FINDINGS I (TABLES 22 - 40)

TABLE 22

SEX OF RESPONDENTS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
MALE	14	31.8%	14	35.9%	11	30.5%
FEMALE	30	68.1%	25	64.1%	25	69.4%

TABLE 23

AGE OF RESPONDENTS

SCHOOL:	ADDISON	RUFFNER	BRECKINRIDGE
MEAN AGE	41.84	39.92	44.08

TABLE 24

RACIAL GROUPS OF RESPONDENTS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
BLACK	21	48.8%	12	30.7%	9	25.0%
WHITE	21	48.8%	27	69.2%	26	72.2%
OTHER	1	2.3%				
DON'T KNOW					1	2.7%

## MIDDLE SCHOOL FINDINGS I

TABLE 25  
BLOOD PRESSURE OF RESPONDENTS

SCHOOL:	ADDISON	RUFFNER	BRECKINRIDGE
MEAN SYSTOLIC BP	125.41	123.79	129.00
MEAN DIASYTOLIC BP	78.84	80.13	84.29

TABLE 26  
CHOLESTEROL LEVEL

SCHOOL:	ADDISON	RUFFNER	BRECKINRIDGE
MEAN CHOLESTEROL	201.73	221.92	212.53

TABLE 27  
SMOKING STATUS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
NEVER SMOKED	27	62.7%	17	43.5%	19	52.7%
EX-SMOKER	11	25.5%	12	30.7%	6	16.6%
CURRENT SMOKER	5	11.6%	10	25.6%	11	30.5%

## MIDDLE SCHOOL FINDINGS I

TABLE 28

SEAT BELT USE

SCHOOL:	ADDISON	RUFFNER	BRECKINRIDGE
MEAN SEAT BELT USE	87.16%	82.28	76.75

TABLE 29

FREQUENCY OF MAMMOGRAM EXAMS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	11	36.6%	10	40.0%	6	24.0%
1 YEAR	2	6.6%	2	8.0%	3	12.0%
2 YEARS	1	3.3%	3	12.0%	3	12.0%
3 OR MORE YEARS	1	3.3%	1	4.0%	2	8.0%
NEVER	15	50.0%	9	36.0%	11	44.0%

## MIDDLE SCHOOL FINDINGS I

TABLE 30

FREQUENCY OF PAP SMEAR EXAMS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	21	70.0%	17	68.0%	10	40.0%
1 YEAR	4	13.3%	3	12.0%	3	12.0%
2 YEARS	3	10.0%	2	8.0%	5	20.0%
3 OR MORE YEARS	2	6.6%	2	8.0%	7	28.0%
NEVER	0	0.0%	1	4.0%	0	0.0%

TABLE 31

FREQUENCY OF BREAST SELF EXAMS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
MONTHLY	14	46.6%	6	24.0%	9	36.0%
EVERY FEW MONTHS	8	26.6%	11	44.0%	11	44.0%
RARE OR NEVER	8	26.6%	8	32.0%	5	20.0%

## MIDDLE SCHOOL FINDINGS I

TABLE 32

FREQUENCY OF MD/NURSE BREAST EXAMS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	22	73.3%	18	69.2%	12	48.0%
1 YEAR	3	10.0%	2	7.6%	3	12.0%
2 YEARS	4	13.3%	2	.6%	4	16.0%
3 OR MORE YEARS	1	3.3%	3	11.5%	6	24.0%
NEVER	0	0.0%	1	3.8%	0	0.0%

TABLE 33

FREQUENCY OF WOMEN RECTAL EXAMS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	13	44.8%	11	42.3%	4	16.0%
1 YEAR	6	20.6%	5	19.2%	4	16.0%
2 YEARS	4	13.7%	2	7.6%	2	8.0%
3 OR MORE YEARS	2	6.9%	4	15.3%	8	32.0%
NEVER	4	13.7%	4	15.3%	7	28.0%

## MIDDLE SCHOOL FINDINGS I

TABLE 34  
FREQUENCY OF MEN RECTAL/PROSTATE EXAMS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
LESS THAN ONE YEAR	4	28.5%	2	12.5%	2	18.1%
1 YEAR	2	14.2%	3	18.7%	2	18.1%
2 YEARS	4	18.5%	1	6.2%	1	9.0%
3 OR MORE YEARS	2	14.2%	5	31.2%	3	27.2%
NEVER	2	14.2%	5	31.2%	3	27.2%

TABLE 35  
OVERALL HEALTH STATUS OF RESPONDENTS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
EXCELLENT	9	21.9%	8	20.5%	8	22.2%
GOOD	27	65.8%	21	53.8%	25	69.4%
FAIR	5	12.2%	8	20.55	3	8.3%
POOR	0	0.0%	2	5.1%	0	0.0%

## MIDDLE SCHOOL FINDINGS I

TABLE 36

ACTIVITY LEVEL OF RESPONDENTS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
LITTLE / NONE	18	43.9%	12	30.7%	9	25.0%
OCCASIONALLY	8	19.5%	16	41.3%	16	44.4%
3 TIMES PER WEEK	15	36.5%	11	28.2%	11	30.5%

TABLE 37

HIGH FIBER IN DIET OF RESPONDENTS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
YES	39	90.7%	38	97.4%	33	91.6%
NO	4	9.3%	1	2.5%	3	8.3%

TABLE 38

HIGH FAT IN DIET OF RESPONDENTS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
YES	16	39.0%	15	38.4%	17	47.2%
NO	25	60.9%	24	61.5%	19	52.7%

## MIDDLE SCHOOL FINDINGS I

TABLE 39

LIFE SATISFACTION RATING OF RESPONDENTS

SCHOOL:	ADDISON		RUFFNER		BRECKINRIDGE	
	(N)	%	(N)	%	(N)	%
MOSTLY SATISFIED	32	76.1%	24	61.5%	27	75.0%
PARTLY SATISFIED	9	21.4%	14	35.9%	9	25.0%
NOT SATISFIED	1	2.3%	1	2.5%	0	0.0%

TABLE 40

PERSONAL LOSSES OF RESPONDENTS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
ONE LOSS	9	21.4	8	20.5%	6	16.7%
TWO OR MORE LOSSES	4	9.5%	3	7.6%	4	11.1%
NO LOSSES	29	69.0%	28	71.7%	26	72.2%



## MIDDLE SCHOOL FINDINGS II (TABLE 41 - 59)

TABLE 41  
SEX OF RESPONDENTS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
MALE	11	26.1%	12	33.3%	8	23.5%
FEMALE	31	73.8%	24	66.6%	26	76.4%

TABLE 42  
AGE OF RESPONDENTS

SCHOOL:	WILSON	MADISON	JACKSON
MEAN AGE	42.98	39.97	39.26

TABLE 43  
RACIAL GROUPS OF RESPONDENTS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
BLACK	13	30.9%	6	16.7%	5	14.7%
WHITE	29	69.0%	30	83.3%	29	85.2%
OTHER						
DON'T KNOW						

## MIDDLE SCHOOL FINDINGS II

TABLE 44  
BLOOD PRESSURE OF RESPONDENTS

SCHOOL:	WILSON	MADISON	JACKSON
MEAN SYSTOLIC BP	123.57	115.44	125.94
MEAN DIASYTOLIC BP	72.76	75.67	78.94

TABLE 45  
CHOLESTEROL LEVEL

SCHOOL:	WILSON	MADISON	JACKSON
MEAN CHOLESTEROL	204.64	190.36	197.12

TABLE 46  
SMOKING STATUS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
NEVER SMOKED	21	51.2%	18	50.0%	17	50.0%
EX-SMOKER	12	29.7%	11	30.5%	7	20.5%
CURRENT SMOKER	3	19.5%	7	19.4%	10	29.4%

## MIDDLE SCHOOL FINDINGS II

TABLE 47

SEAT BELT USE

SCHOOL:	WILSON	MADISON	JACKSON
MEAN SEAT BELT USE	81.17%	84.26	88.12

TABLE 48

FREQUENCY OF MAMMOGRAM EXAMS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	14	45.1%	9	37.5%	7	25.0%
1 YEAR	3	9.6%	6	25.0%	2	7.1%
2 YEARS	0	0.0%	3	12.5%	6	21.4%
3 OR MORE YEARS	3	9.6%	0	0.0%	0	0.0%
NEVER	11	35.4%	6	25.0%	13	46.4%

## MIDDLE SCHOOL FINDINGS II

TABLE 49

FREQUENCY OF PAP SMEAR EXAMS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	20	64.5%	14	58.3%	15	53.5%
1 YEAR	4	12.9%	6	25.0%	6	21.4%
2 YEARS	4	12.9%	1	4.1%	3	10.7%
3 OR MORE YEARS	3	9.6%	2	8.3%	3	10.7%
NEVER	0	0.0%	1	4.1%	1	3.5%

TABLE 50

FREQUENCY OF BREAST SELF EXAMS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
MONTHLY	19	61.2%	11	45.8%	13	46.4%
EVERY FEW MONTHS	7	22.5%	7	29.1%	8	28.5%
RARE OR NEVER	5	16.1%	6	25.0%	7	25.0%

## MIDDLE SCHOOL FINDINGS II

TABLE 51

FREQUENCY OF MD/NURSE BREAST EXAMS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	21	67.7%	15	62.5%	16	57.1%
1 YEAR	2	6.5%	6	25.0%	6	21.4%
2 YEARS	3	9.6%	1	4.1%	3	10.7%
3 OR MORE YEARS	5	16.3%	1	4.1%	2	7.1%
NEVER	0	0.0%	1	4.1%	1	3.5%

TABLE 52

FREQUENCY OF WOMEN RECTAL EXAMS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	13	41.9%	7	29.1%	14	50.0%
1 YEAR	3	9.6%	8	33.3%	3	10.7%
2 YEARS	4	12.9%	2	8.3%	3	10.7%
3 OR MORE YEARS	5	16.1%	2	8.3%	3	10.7%
NEVER	6	19.3%	5	20.8%	5	17.8%

## MIDDLE SCHOOL FINDINGS II

TABLE 53

FREQUENCY OF MEN RECTAL/PROSTATE EXAMS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
LESS THAN ONE YEAR	0	0.0%	1	8.3%	1	10.0%
1 YEAR	2	18.1%	5	41.6%	0	0.0%
2 YEARS	4	36.3%	2	8.3%	4	40.0%
3 OR MORE YEARS	5	45.4%	3	25.0%	2	20.0%
NEVER	0	0.0%	1	8.3%	3	30.0%

TABLE 54

OVERALL HEALTH STATUS OF RESPONDENTS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
EXCELLENT	14	33.3%	6	16.6%	8	23.5%
GOOD	22	52.3%	22	61.1%	21	61.7%
FAIR	6	14.2%	8	22.2%	5	14.7%
POOR	0	0.0%	0	0.0%	0	0.0%

## MIDDLE SCHOOL FINDINGS II

TABLE 55

ACTIVITY LEVEL OF RESPONDENTS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
LITTLE / NONE	11	26.1%	9	25.0%	12	35.2%
OCCASIONALLY	11	26.1%	11	30.5%	13	38.2%
3 TIMES PER WEEK	20	27.6%	16	44.4%	9	26.4%

TABLE 56

HIGH FIBER IN DIET OF RESPONDENTS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
YES	41	97.6%	32	88.8%	33	97.0%
NO	1	2.3%	4	11.1%	1	2.9%

TABLE 57

HIGH FAT IN DIET OF RESPONDENTS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
YES	15	37.5%	14	38.8%	14	41.1%
NO	25	62.5%	22	61.1%	19	58.8%

## MIDDLE SCHOOL FINDINGS II

TABLE 58

LIFE SATISFACTION RATING OF RESPONDENTS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
MOSTLY SATISFIED	35	85.3%	29	80.5%	24	70.5%
PARTLY SATISFIED	5	12.2%	5	13.8%	9	29.4%
NOT SATISFIED	1	2.4%	2	5.5%	0	0.0%

TABLE 59

PERSONAL LOSSES OF RESPONDENTS

SCHOOL:	WILSON		MADISON		JACKSON	
	(N)	%	(N)	%	(N)	%
ONE LOSS	8	19.0%	11	30.5%	10	29.4%
TWO OR MORE LOSSES	3	7.1%	0	0.0%	1	2.9%
NO LOSSES	31	73.8%	25	69.4%	23	67.6%





## ELEMENTARY SCHOOL FINDINGS I

TABLE 63

BLOOD PRESSURE OF RESPONDENTS

SCHOOL:	ROANOKE ACADEMY	FAIRVIEW	HURT PARK	FALLON PARK
MEAN SYSTOLIC BP	117.94	126.61	130.84	121.49
MEAN DIASYTOLIC BP	75.69	73.57	84.58	71.96

TABLE 64

CHOLESTEROL LEVEL

SCHOOL:	ROANOKE ACADEMY	FAIRVIEW	HURT PARK	FALLON PARK
MEAN CHOLESTEROL	186.89	188.96	200.81	212.49

TABLE 65

SMOKING STATUS

SCHOOL:	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
NEVER SMOKED	22	61.1%	14	50.0%	10	64.5%	30	66.6%
EX-SMOKER	7	19.4%	11	39.2%	9	29.0%	7	15.5%
CURRENT SMOKER	7	19.4%	3	10.7%	2	6.4%	8	17.7%

## ELEMENTARY SCHOOL FINDINGS I

TABLE 66

SEAT BELT USE

SCHOOL :	ROANOKE ACADEMY	FAIRVIEW	HURT PARK	FALLON PARK
MEAN SEAT BELT USE	86.69%	90.61%	91.40%	88.04%

TABLE 67

FREQUENCY OF MAMMOGRAM EXAMS

SCHOOL :	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	7	20.5%	6	24.0%	1	3.4%	16	39.0%
1 YEAR	5	14.1%	2	8.0%	5	17.2%	4	9.7%
2 YEARS	4	11.7%	2	8.0%	9	31.0%	4	9.7%
3 OR MORE YEARS	2	5.8%	1	4.0%	2	6.9%	0	0.0%
NEVER	16	47.0%	14	56.0%	12	41.3%	17	41.4%

## ELEMENTARY SCHOOL FINDINGS II

TABLE 68

FREQUENCY OF PAP SMEAR EXAMS

SCHOOL:	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	19	55.8%	14	56.0%	8	27.5%	24	58.5%
1 YEAR	9	26.4%	7	28.0%	10	34.4%	7	17.0%
2 YEARS	3	8.8%	2	8.0%	9	31.0%	3	7.3%
3 OR MORE YEARS	1	2.9%	2	8.0%	1	3.4%	6	14.6%
NEVER	2	5.8%	0	0.0%	1	3.4%	1	2.4%

TABLE 69

FREQUENCY OF BREAST SELF EXAMS

SCHOOL:	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
MONTHLY	12	35.2%	5	20.0%	16	55.1%	12	29.2%
EVERY FEW MONTHS	13	38.2%	16	64.0%	6	20.6%	14	34.1%
RARE OR NEVER	9	26.4%	4	16.0%	7	24.1%	15	36.5%

## ELEMENTARY SCHOOL FINDINGS I

TABLE 70

FREQUENCY OF MD/NURSE BREAST EXAMS

SCHOOL:	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	18	52.9%	15	60.0%	9	31.0%	25	60.9%
1 YEAR	9	26.4%	5	20.0%	10	34.4%	8	19.8%
2 YEARS	4	11.7%	2	8.0%	7	24.1%	2	4.8%
3 OR MORE YEARS	2	5.8%	3	12.0%	2	6.9%	6	14.6%
NEVER	1	2.9%	0	0.0%	1	3.4%	0	0.0%

TABLE 71

FREQUENCY OF WOMEN RECTAL EXAMS

SCHOOL:	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	14	41.1%	12	48.0%	6	21.4%	16	39.0%
1 YEAR	5	14.7%	6	24.0%	8	28.5%	5	12.2%
2 YEARS	5	14.7%	3	12.0%	8	28.5%	3	7.3%
3 OR MORE YEARS	4	11.7%	2	8.0%	1	3.5%	10	24.3%
NEVER	6	17.6%	2	8.0%	5	17.8%	7	17.0%

## ELEMENTARY SCHOOL FINDINGS I

TABLE 72

FREQUENCY OF MEN RECTAL/PROSTATE EXAMS

SCHOOL:	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN ONE YEAR	0	0.0%	0	0.0%	0	0.0%	0	0.0%
1 YEAR	0	0.0%	1	16.6%	1	33.3%	1	25.0%
2 YEARS	2	100.0%	3	50.0%	1	33.3%	1	25.0%
3 OR MORE YEARS	0	0.0%	1	16.6%	1	33.3%	0	0.0%
NEVER	0	0.0%	1	16.6%	0	0.0%	2	50.0%

TABLE 73

OVERALL HEALTH STATUS OF RESPONDENTS

SCHOOL:	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
EXCELLENT	4	11.1%	6	21.4%	5	16.1%	11	24.4%
GOOD	25	69.4%	20	71.4%	22	70.9%	26	57.7%
FAIR	6	16.6%	1	3.5%	4	12.9%	7	15.5%
POOR	1	2.7%	1	3.5%	0	0.0%	1	2.2%

## ELEMENTARY SCHOOL FINDINGS I

TABLE 74

ACTIVITY LEVEL OF RESPONDENTS

SCHOOL :	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LITTLE/NONE	12	33.3%	12	42.8%	7	22.5%	15	33.3%
OCCASIONALLY	13	36.1%	9	32.1%	10	32.2%	15	33.3%
3 TIMES/WEEK	11	30.5%	7	25.0%	14	45.1%	15	33.3%

TABLE 75

HIGH FIBER IN DIET OF RESPONDENTS

SCHOOL :	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
YES	32	88.8%	26	92.8%	28	90.3%	44	97.7%
NO	4	11.1%	2	7.1%	3	9.6%	1	2.2%

TABLE 76

HIGH FAT IN DIET OF RESPONDENTS

SCHOOL :	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
YES	17	47.2%	11	39.2%	6	20.0%	13	28.8%
NO	19	52.7%	17	60.7%	24	80.0%	32	71.1%

## ELEMENTARY SCHOOL FINDINGS I

TABLE 77

LIFE SATISFACTION RATING OF RESPONDENTS

SCHOOL:	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
MOSTLY SAT.	24	66.6%	23	82.1%	25	80.6%	36	80.0%
PARTLY SAT.	12	33.3%	5	17.8%	6	19.3%	9	20.0%
NOT SAT.	0	0.0%	0	0.0%	0	0.0%	0	0.0%

TABLE 78

PERSONAL LOSSES OF RESPONDENTS

SCHOOL:	ROANOKE ACADEMY		FAIRVIEW		HURT PARK		FALLON PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
ONE LOSS	7	19.4%	7	25.0%	4	13.3%	10	22.2%
TWO OR MORE	3	8.3%	2	7.1%	2	6.6%	2	4.4%
NO LOSSES	26	72.2%	19	67.8%	24	80.0%	33	73.3%



## ELEMENTARY SCHOOL FINDINGS II (TABLES 79 - 97)

TABLE 79

SEX OF RESPONDENTS

SCHOOL:	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
MALE	3	12.0%	0	0.0%	5	20.0%	2	8.0%
FEMALE	22	88.0%	27	100.0%	20	80.0%	23	92.0%

TABLE 80

AGE OF RESPONDENTS

SCHOOL:	LINCOLN TERRACE	WESTSIDE	HIGHLAND PARK	FOREST PARK
MEAN AGE	46.96	43.78	38.16	39.20

TABLE 81

RACIAL GROUPS OF RESPONDENTS

SCHOOL:	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOERST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
BLACK	10	40.0%	4	14.8%	4	16.0%	12	48.0%
WHITE	15	60.0%	22	81.4%	20	80.0%	13	52.0%
ASIAN			1	3.7%				
OTHER					1	4.0%		

## ELEMENTARY SCHOOL FINDINGS II

TABLE 82

BLOOD PRESSURE OF RESPONDENTS

SCHOOL :	LINCOLN TERRACE	WESTSIDE	HIGHLAND PARK	FOREST PARK
MEAN SYSTOLIC BP	135.40	122.37	124.60	127.68
MEAN DIASYTOLIC BP	84.16	76.30	79.04	82.96

TABLE 83

CHOLESTEROL LEVEL

SCHOOL :	LINCOLN TERRACE	WESTSIDE	HIGHLAND PARK	FOREST PARK
MEAN CHOLESTEROL	201.96	199.59	190.24	199.76

TABLE 84

SMOKING STATUS

SCHOOL :	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
NEVER SMOKED	12	48.0%	16	59.2%	20	80.0%	14	56.0%
EX-SMOKER	7	28.0%	5	18.5%	2	8.0%	5	20.0%
CURRENT SMOKER	6	24.0%	6	22.2%	3	12.0%	6	24.0%

## ELEMENTARY SCHOOL FINDINGS II

TABLE 85

SEAT BELT USE

SCHOOL :	LINCOLN TERRACE	WESTSIDE	HIGHLAND PARK	FOREST PARK
MEAN SEAT BELT USE	90.44%	82.20%	93.92%	88.68%

TABLE 86

FREQUENCY OF MAMMOGRAM EXAMS

SCHOOL :	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	9	40.9%	12	44.4%	3	15.0%	4	17.3%
1 YEAR	5	22.7%	3	11.1%	1	5.0%	5	21.7%
2 YEARS	3	13.6%	2	7.4%	4	20.0%	2	8.7%
3 OR MORE YEARS	0	0.0%	2	7.4%	3	15.0%	2	8.7%
NEVER	5	22.7%	8	29.6%	9	45.0%	10	43.4%

## ELEMENTARY SCHOOL FINDINGS II

TABLE 87

FREQUENCY OF PAP SMEAR EXAMS

SCHOOL :	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	10	45.4%	17	62.9%	9	45.0%	10	43.4%
1 YEAR	8	36.3%	4	14.8%	6	30.0%	7	30.4%
2 YEARS	2	9.0%	0	0.0%	4	20.0%	2	8.7%
3 OR MORE YEARS	1	4.5%	6	22.2%	1	5.0%	4	17.3%
NEVER	1	4.5%	0	0.0%	0	0.0%	0	0.0%

TABLE 88

FREQUENCY OF BREAST SELF EXAMS

SCHOOL :	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
MONTHLY	9	40.9%	9	33.3%	3	15.0%	6	26.0%
EVERY FEW MONTHS	8	36.3%	13	48.1%	10	50.0%	11	47.8%
RARE OR NEVER	5	22.7%	5	18.5%	7	35.0%	6	26.0%

## ELEMENTARY SCHOOL FINDINGS II

TABLE 89

FREQUENCY OF MD/NURSE BREAST EXAMS

SCHOOL:	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	15	68.1%	18	66.6%	11	55.0%	13	56.5%
1 YEAR	5	22.7%	7	25.9%	5	25.0%	4	17.3%
2 YEARS	2	9.0%	1	3.7%	3	15.0%	3	13.0%
3 OR MORE YEARS	0	0.0%	1	3.7%	1	5.0%	3	13.0%
NEVER	0	0.0%	0	0.0%	0	0.0%	0	0.0%

TABLE 90

FREQUENCY OF WOMEN RECTAL EXAMS

SCHOOL:	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	10	45.4%	10	38.4%	6	30.0%	8	34.7%
1 YEAR	5	22.7%	7	26.9%	3	15.0%	4	17.3%
2 YEARS	3	13.6%	1	3.8%	3	15.0%	2	8.7%
3 OR MORE YEARS	2	9.0%	6	23.0%	1	5.0%	3	13.0%
NEVER	2	9.0%	2	7.6%	7	35.0%	0	0.0%

## ELEMENTARY SCHOOL FINDINGS II

TABLE 91

FREQUENCY OF MEN RECTAL/PROSTATE EXAMS

SCHOOL :	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN ONE YEAR	0	0.0%	0	0.0%	4	57.1%	2	100.0%
1 YEAR	1	33.3%	0	0.0%	0	0.0%	0	0.0%
2 YEARS	0	0.0%	0	0.0%	1	14.2%	0	0.0%
3 OR MORE YEARS	1	33.3%	0	0.0%	2	28.5%	0	0.0%
NEVER	1	33.3%	0	0.0%	0	0.0%	0	0.0%

TABLE 92

OVERALL HEALTH STATUS OF RESPONDENTS

SCHOOL :	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
EXCELLENT	4	16.0%	4	14.8%	5	20.0%	5	20.0%
GOOD	20	80.0%	19	70.3%	18	72.0%	16	64.0%
FAIR	1	4.0%	4	14.8%	2	8.0%	4	16.0%
POOR	0	0.0%	0	0.0%	0	0.0%	0	0.0%

## ELEMENTARY SCHOOL FINDINGS II

TABLE 93  
ACTIVITY LEVEL OF RESPONDENTS

SCHOOL:	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
LITTLE/NONE	9	36.0%	9	33.3%	8	32.0%	6	24.0%
OCCASIONALLY	9	36.0%	7	25.9%	8	32.0%	7	28.0%
3 TIMES/WEEK	7	28.0%	11	40.7%	9	36.0%	12	48.0%

TABLE 94  
HIGH FIBER IN DIET OF RESPONDENTS

SCHOOL:	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
YES	23	92.0%	27	100.0%	24	96.0%	25	100.0%
NO	2	8.0%	0	0.0%	1	4.0%	0	0.0%

TABLE 95  
HIGH FAT IN DIET OF RESPONDENTS

SCHOOL:	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
YES	15	60.0%	7	25.9%	10	40.0%	8	32.0%
NO	10	40.0%	20	74.0%	15	60.0%	17	68.0%

## ELEMENTARY SCHOOL FINDINGS II

TABLE 96

LIFE SATISFACTION RATING OF RESPONDENTS

SCHOOL :	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK		(N)	%
	(N)	%	(N)	%	(N)	%	(N)	%		
MOSTLY SAT.	22	88.0%	18	66.6%	20	80.0%	18	72.0%		
PARTLY SAT.	3	12.0%	9	33.3%	4	16.0%	7	28.0%		
NOT SAT.	0	0.0%	0	0.0%	1	4.0%	0	0.0%		

TABLE 97

PERSONAL LOSSES OF RESPONDENTS

SCHOOL :	LINCOLN TERRACE		WESTSIDE		HIGHLAND PARK		FOREST PARK	
	(N)	%	(N)	%	(N)	%	(N)	%
ONE LOSS	7	28.0%	4	14.8%	4	16.0%	6	24.0%
TWO OR MORE	2	8.0%	2	7.4%	0	0.0%	0	0.0%
NO LOSSES	16	64.0%	21	77.7%	21	84.0%	19	76.0%





## ELEMENTARY SCHOOL FINDINGS III

TABLE 101

BLOOD PRESSURE OF RESPONDENTS

SCHOOL:	VA. HEIGHTS	MONTEREY	FISHBURNE PARK	MORNINGSIDE
MEAN SYSTOLIC BP	125.74	121.50	127.04	125.30
MEAN DIASYTOLIC BP	71.13	81.38	82.70	78.30

TABLE 102

CHOLESTEROL LEVEL

SCHOOL:	VA. HEIGHTS	MONTEREY	FISHBURNE PARK	MORNINGSIDE
MEAN CHOLESTEROL	191.52	195.29	187.43	222.30

TABLE 103

SMOKING STATUS

SCHOOL:	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
NEVER SMOKED	15	65.2%	14	58.3%	15	65.2%	14	70.0%
EX-SMOKER	3	13.0%	5	20.8%	4	17.3%	4	20.0%
CURRENT SMOKER	5	21.7%	5	20.8%	4	17.3%	2	10.0%

## ELEMENTARY SCHOOL FINDINGS III

TABLE 104

SEAT BELT USE

SCHOOL:	VA. HEIGHTS	MONTEREY	FISHBURNE PARK	MORNINGSIDE
MEAN SEAT BELT USE	88.87%	75.88%	89.04%	81.50%

TABLE 105

FREQUENCY OF MAMMOGRAM EXAMS

SCHOOL:	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	4	19.0%	13	56.5%	5	26.3%	5	27.7%
1 YEAR	5	23.8%	3	13.0%	3	15.7%	3	16.6%
2 YEARS	3	14.2%	4	17.3%	1	5.2%	3	16.6%
3 OR MORE YEARS	2	9.5%	2	8.7%	1	5.2%	1	5.5%
NEVER	5	33.3%	1	4.3%	9	47.3%	6	33.3%

## ELEMENTARY SCHOOL FINDINGS III

TABLE 106  
FREQUENCY OF PAP SMEAR EXAMS

SCHOOL:	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	11	52.3%	18	78.2%	12	63.1%	9	50.0%
1 YEAR	2	9.5%	2	8.7%	3	15.7%	5	27.7%
2 YEARS	4	19.0%	1	4.3%	1	5.2%	2	11.1%
3 OR MORE YEARS	3	14.2%	2	8.7%	3	15.7%	2	11.1%
NEVER	1	4.7%	1	4.3%	0	0.0%	0	0.0%

TABLE 107  
FREQUENCY OF BREAST SELF EXAMS

SCHOOL:	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
MONTHLY	9	42.8%	7	30.4%	7	36.8%	7	38.8%
EVERY FEW MONTHS	9	42.8%	10	43.4%	6	31.5%	5	27.7%
RARE OR NEVER	3	14.2%	6	26.0%	6	31.5%	6	33.3%

## ELEMENTARY SCHOOL FINDINGS III

TABLE 108

FREQUENCY OF MD/NURSE BREAST EXAMS

SCHOOL :	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	10	47.6%	19	82.6%	13	68.4%	12	66.6%
1 YEAR	5	23.8%	3	13.0%	5	15.7%	2	11.1%
2 YEARS	3	14.2%	0	0.0%	1	5.2%	3	16.6%
3 OR MORE YEARS	3	14.2%	1	4.3%	2	10.5%	1	5.5%
NEVER	0	0.0%	0	0.0%	0	0.0%	0	0.0%

TABLE 109

FREQUENCY OF WOMEN RECTAL EXAMS

SCHOOL :	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	7	33.3%	12	52.1%	7	36.8%	8	44.4%
1 YEAR	0	0.0%	4	17.3%	4	21.0%	5	27.7%
2 YEARS	2	9.5%	1	4.3%	1	5.2%	1	5.5%
3 OR MORE YEARS	8	38.1%	0	0.0%	4	21.0%	2	11.1%
NEVER	4	19.0%	6	26.0%	3	15.7%	2	11.1%

## ELEMENTARY SCHOOL FINDINGS III

TABLE 110

FREQUENCY OF MEN RECTAL/PROSTATE EXAMS

SCHOOL:	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN ONE YEAR	0	0.0%	0	0.0%	0	0.0%	1	50.0%
1 YEAR	1	50.0%	0	0.0%	3	75.0%	0	0.0%
2 YEARS	0	0.0%	1	33.3%	0	0.0%	1	50.0%
3 OR MORE YEARS	1	50.0%	0	0.0%	1	25.0%	0	0.0%
NEVER	0	0.0%	2	66.6%	0	0.0%	0	0.0%

TABLE 111

OVERALL HEALTH STATUS OF RESPONDENTS

SCHOOL:	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
EXCELLENT	5	21.7%	6	25.0%	5	21.7%	3	15.0%
GOOD	16	69.5%	12	50.0%	15	65.2%	16	80.0%
FAIR	2	8.7%	6	25.0%	3	13.0%	1	5.0%
POOR	0	0.0%	0	0.0%	0	0.0%	0	0.0%

## ELEMENTARY SCHOOL FINDINGS III

TABLE 112

ACTIVITY LEVEL OF RESPONDENTS

SCHOOL:	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
LITTLE/NONE	8	34.7%	11	45.8%	8	34.7%	8	40.0%
OCCASIONALLY	12	52.1%	10	41.6%	6	26.0%	9	45.0%
3 TIMES/WEEK	3	13.0%	3	12.5%	9	39.1%	3	15.0%

TABLE 113

HIGH FIBER IN DIET OF RESPONDENTS

SCHOOL:	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
YES	21	91.3%	22	91.6%	21	91.3%	18	90.0%
NO	2	8.7%	2	8.3%	2	8.7%	2	10.0%

TABLE 114

HIGH FAT IN DIET OF RESPONDENTS

SCHOOL:	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
YES	7	30.4%	10	41.6%	4	17.3%	4	20.0%
NO	16	69.5%	14	58.3%	19	81.6%	16	80.0%

## ELEMENTARY SCHOOL FINDINGS III

TABLE 115

LIFE SATISFACTION RATING OF RESPONDENTS

SCHOOL:	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
MOSTLY SAT.	18	78.2%	18	75.0%	14	60.8%	15	75.0%
PARTLY SAT.	5	21.7%	9	25.0%	9	39.1%	4	20.0%
NOT SAT.	0	0.0%	0	0.0%	0	0.0%	1	5.0%

TABLE 116

PERSONAL LOSSES OF RESPONDENTS

SCHOOL:	VA. HEIGHTS		MONTEREY		FISHBURNE PARK		MORNINGSIDE	
	(N)	%	(N)	%	(N)	%	(N)	%
ONE LOSS	3	13.0%	12	50.0%	5	21.7%	4	20.0%
TWO OR MORE	1	4.3%	0	0.0%	1	4.3%	0	0.0%
NO LOSSES	19	82.6%	12	50.0%	17	73.9%	16	80.0%





## ELEMENTARY SCHOOL FINDINGS IV

TABLE 120

BLOOD PRESSURE OF RESPONDENTS

SCHOOL :	GRANDIN COURT	OAKLAND	GARDEN CITY	HUFF LANE
MEAN SYSTOLIC BP	117.90	123.47	121.89	133.56
MEAN DIASYTOLIC BP	76.60	83.89	78.33	80.94

TABLE 121

CHOLESTEROL LEVEL

SCHOOL :	GRANDIN COURT	OAKLAND	GARDEN CITY	HUFF LANE
MEAN CHOLESTEROL	198.30	191.95	184.94	193.94

TABLE 122

SMOKING STATUS

SCHOOL :	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
NEVER SMOKED	12	60.0%	17	89.4%	11	61.1%	10	55.5%
EX-SMOKER	5	25.0%	2	10.5%	4	22.2%	4	22.2%
CURRENT SMOKER	3	15.0%	0	0.0%	3	16.6%	4	22.2%

## ELEMENTARY SCHOOL FINDINGS IV

TABLE 123

SEAT BELT USE

SCHOOL:	GRANDIN COURT	OAKLAND	GARDEN CITY	HUFF LANE
MEAN SEAT BELT USE	92.60%	93.00%	85.28%	90.22%

TABLE 124

FREQUENCY OF MAMMOGRAM EXAMS

SCHOOL:	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	8	47.0%	5	31.2%	6	40.0%	1	6.2%
1 YEAR	5	29.4%	2	12.5%	0	0.0%	3	18.7%
2 YEARS	1	5.8%	0	0.0%	1	6.6%	2	12.5%
3 OR MORE YEARS	0	0.0%	1	6.2%	1	6.6%	3	18.7%
NEVER	3	17.6%	8	50.0%	7	46.6%	7	43.7%

## ELEMENTARY SCHOOL FINDINGS IV

TABLE 125  
FREQUENCY OF PAP SMEAR EXAMS

SCHOOL :	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	11	61.1%	9	56.2%	11	73.3%	5	31.2%
1 YEAR	2	11.1%	4	25.0%	3	20.0%	1	6.2%
2 YEARS	3	16.6%	1	6.2%	0	0.0%	2	12.5%
3 OR MORE YEARS	2	11.1%	2	12.5%	1	6.6%	7	43.7%
NEVER	0	0.0%	0	0.0%	0	0.0%	1	6.2%

TABLE 126  
FREQUENCY OF BREAST SELF EXAMS

SCHOOL :	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
MONTHLY	6	33.3%	3	18.7%	6	40.0%	7	43.7%
EVERY FEW MONTHS	7	38.8%	7	43.7%	7	46.6%	3	18.7%
RARE OR NEVER	5	27.7%	6	37.5%	2	13.3%	6	37.5%

## ELEMENTARY SCHOOL FINDINGS IV

TABLE 127

FREQUENCY OF MD/NURSE BREAST EXAMS

SCHOOL:	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	10	55.5%	11	68.7%	11	73.3%	5	31.2%
1 YEAR	3	16.6%	2	12.5%	3	20.0%	1	6.2%
2 YEARS	3	16.6%	0	0.0%	0	0.0%	2	12.5%
3 OR MORE YEARS	1	5.5%	3	18.7%	1	6.6%	8	50.0%
NEVER	1	5.5%	0	0.0%	0	0.0%	0	0.0%

TABLE 128

FREQUENCY OF WOMEN RECTAL EXAMS

SCHOOL:	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	9	56.2%	6	37.5%	6	40.0%	3	18.7%
1 YEAR	2	12.5%	3	18.7%	5	33.3%	4	25.0%
2 YEARS	1	6.2%	2	12.5%	1	6.6%	1	6.2%
3 OR MORE YEARS	1	6.2%	2	12.5%	3	20.0%	4	25.0%
NEVER	3	18.7%	3	18.7%	0	0.0%	4	25.0%

## ELEMENTARY SCHOOL FINDINGS IV

TABLE 129

FREQUENCY OF MEN RECTAL/PROSTATE EXAMS

SCHOOL :	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN ONE YEAR	1	33.3%	0	0.0%	0	0.0%	0	0.0%
1 YEAR	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2 YEARS	1	33.3%	0	0.0%	0	0.0%	0	0.0%
3 OR MORE YEARS	0	0.0%	3	100.0%	2	66.6%	2	100.0%
NEVER	1	33.3%	0	0.0%	1	33.3%	0	0.0%

TABLE 130

OVERALL HEALTH STATUS OF RESPONDENTS

SCHOOL :	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
EXCELLENT	5	25.0%	6	31.5%	2	11.1%	5	27.7%
GOOD	12	60.0%	13	68.4%	13	72.2%	10	55.5%
FAIR	3	15.0%	0	0.0%	3	16.6%	3	16.6%
POOR	0	0.0%	0	0.0%	0	0.0%	0	0.0%

## ELEMENTARY SCHOOL FINDINGS IV

TABLE 131

ACTIVITY LEVEL OF RESPONDENTS

SCHOOL :	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
LITTLE/NONE	5	25.0%	5	26.3%	8	44.4%	5	27.7%
OCCASIONALLY	8	40.0%	7	36.8%	4	22.2%	7	16.6%
3 TIMES/WEEK	7	35.0%	7	36.8%	6	33.3%	10	55.5%

TABLE 132

HIGH FIBER IN DIET OF RESPONDENTS

SCHOOL :	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
YES	19	95.0%	16	84.2%	17	94.4%	25	88.8%
NO	1	5.0%	3	15.7%	1	5.5%	2	11.1%

TABLE 133

HIGH FAT IN DIET OF RESPONDENTS

SCHOOL :	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
YES	3	15.0%	6	31.5%	8	44.4%	3	16.6%
NO	17	85.0%	13	68.4%	10	55.5%	15	83.3%

## ELEMENTARY SCHOOL FINDINGS IV

TABLE 134

LIFE SATISFACTION RATING OF RESPONDENTS

SCHOOL:	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
MOSTLY SAT.	12	60.0%	14	73.6%	15	83.3%	14	77.7%
PARTLY SAT.	7	35.0%	4	21.0%	3	16.6%	3	16.6%
NOT SAT.	1	5.0%	1	5.2%	0	0.0%	1	5.5%

TABLE 135

PERSONAL LOSSES OF RESPONDENTS

SCHOOL:	GRANDIN COURT		OAKLAND		GARDEN CITY		HUFF LANE	
	(N)	%	(N)	%	(N)	%	(N)	%
ONE LOSS	1	5.0%	5	26.3%	5	27.7%	4	22.2%
TWO OR MORE	2	10.0%	0	0.0%	1	5.5%	0	0.0%
NO LOSSES	17	85.0%	14	73.6%	12	66.6%	14	77.7%



## ELEMENTARY SCHOOL FINDINGS V (TABLES 136 - 154)

TABLE 136

SEX OF RESPONDENTS

SCHOOL :	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
MALE	3	20.0%	1	7.1%	0	0.0%	1	10.0%
FEMALE	12	80.0%	13	92.8%	14	100.0%	9	90.0%

TABLE 137

AGE OF RESPONDENTS

SCHOOL :	RALEIGH COURT	WASENA	PRESTON PARK	ROUND HILL
MEAN AGE	41.13	46.14	40.21	43.00

TABLE 138

RACIAL GROUPS OF RESPONDENTS

SCHOOL :	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
BLACK	2	13.3%	3	21.4%	3	21.4%	5	50.0%
WHITE	12	80.0%	10	71.4%	11	78.5%	4	40.0%
ASIAN	1	6.6%	1	7.1%				
OTHER							1	10.0%

## ELEMENTARY SCHOOL FINDINGS V

TABLE 139

BLOOD PRESSURE OF RESPONDENTS

SCHOOL:	RALEIGH COURT	WASENA	PRESTON PARK	ROUND HILL
MEAN SYSTOLIC BP	124.00	126.23	116.43	123.00
MEAN DIASYTOLIC BP	75.60	77.14	78.79	79.80

TABLE 140

CHOLESTEROL LEVEL

SCHOOL:	RALEIGH COURT	WASENA	PRESTON PARK	ROUND HILL
MEAN CHOLESTEROL	185.67	202.36	189.57	216.50

TABLE 141

SMOKING STATUS

SCHOOL:	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
NEVER SMOKED	9	60.0%	9	64.2%	11	78.5%	4	40.0%
EX-SMOKER	3	20.0%	3	21.4%	3	21.4%	3	30.0%
CURRENT SMOKER	3	20.0%	2	14.2%	0	0.0%	3	30.0%

## ELEMENTARY SCHOOL FINDINGS V

TABLE 142

SEAT BELT USE

SCHOOL :	RALEIGH COURT	WASENA	PRESTON PARK	ROUND HILL
MEAN SEAT BELT USE	85.27%	85.14%	86.50%	87.50%

TABLE 143

FREQUENCY OF MAMMOGRAM EXAMS

SCHOOL :	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	2	16.6%	3	23.0%	5	35.7%	2	22.2%
1 YEAR	3	25.0%	3	23.0%	3	21.4%	2	22.2%
2 YEARS	1	8.3%	1	7.6%	1	7.1%	1	11.1%
3 OR MORE YEARS	1	8.3%	2	15.3%	0	0.0%	0	0.0%
NEVER	5	41.6%	4	30.7%	5	35.7%	4	44.4%

## ELEMENTARY SCHOOL FINDINGS V

TABLE 144

FREQUENCY OF PAP SMEAR EXAMS

SCHOOL:	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	6	50.0%	7	53.8%	7	50.0%	5	55.5%
1 YEAR	3	25.0%	4	30.7%	4	28.5%	1	11.1%
2 YEARS	1	8.3%	0	0.0%	1	7.1%	2	22.2%
3 OR MORE YEARS	2	16.7%	2	15.3%	2	14.2%	1	11.1%
NEVER	0	0.0%	0	0.0%	0	0.0%	0	0.0%

TABLE 145

FREQUENCY OF BREAST SELF EXAMS

SCHOOL:	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
MONTHLY	4	33.3%	6	46.1%	6	42.8%	3	33.3%
EVERY FEW MONTHS	6	50.0%	5	38.4%	5	35.7%	3	33.3%
RARE OR NEVER	2	16.6%	2	15.3%	3	21.4%	3	33.3%

## ELEMENTARY SCHOOL FINDINGS V

TABLE 146  
FREQUENCY OF MD/NURSE BREAST EXAMS

SCHOOL :	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	6	50.0%	8	61.5%	9	64.2%	6	66.6%
1 YEAR	3	25.0%	4	30.7%	4	28.5%	2	22.2%
2 YEARS	1	8.3%	0	0.0%	0	0.0%	1	11.1%
3 OR MORE YEARS	2	16.6%	1	7.6%	1	7.1%	0	0.0%
NEVER	0	0.0%	0	0.0%	0	0.0%	0	0.0%

TABLE 147  
FREQUENCY OF WOMEN RECTAL EXAMS

SCHOOL :	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN 1 YEAR	4	33.3%	4	30.7%	3	21.4%	3	33.3%
1 YEAR	4	33.3%	4	30.7%	4	28.5%	1	11.1%
2 YEARS	0	0.0%	0	0.0%	1	7.1%	0	0.0%
3 OR MORE YEARS	4	33.3%	4	30.7%	3	21.4%	2	22.2%
NEVER	0	0.0%	1	7.6%	3	21.4%	3	33.3%

## ELEMENTARY SCHOOL FINDINGS V

TABLE 148

FREQUENCY OF MEN RECTAL/PROSTATE EXAMS

SCHOOL:	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
LESS THAN ONE YEAR	0	0.0%	1	100.0%	0	0.0%	0	0.0%
1 YEAR	1	33.3%	0	0.0%	0	0.0%	0	0.0%
2 YEARS	1	33.3%	0	0.0%	0	0.0%	1	100.0%
3 OR MORE YEARS	1	33.3%	0	0.0%	0	0.0%	0	0.0%
NEVER	0	0.0%	0	0.0%	0	0.0%	0	0.0%

TABLE 149

OVERALL HEALTH STATUS OF RESPONDENTS

SCHOOL:	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
EXCELLENT	4	26.6%	3	21.3%	4	28.5%	0	0.0%
GOOD	11	73.3%	10	71.4%	8	57.1%	8	80.0%
FAIR	0	0.0%	1	7.1%	2	14.2%	2	20.0%
POOR	0	0.0%	0	0.0%	0	0.0%	0	0.0%

## ELEMENTARY SCHOOL FINDINGS V

TABLE 150

ACTIVITY LEVEL OF RESPONDENTS

SCHOOL :	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
LITTLE/NONE	9	60.0%	5	35.7%	6	42.8%	4	40.0%
OCCASIONALLY	2	13.3%	5	35.7%	4	28.5%	2	20.0%
3 TIMES/WEEK	4	26.6%	4	28.5%	4	28.5%	4	40.0%

TABLE 151

HIGH FIBER IN DIET OF RESPONDENTS

SCHOOL :	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
YES	14	93.3%	14	100.0%	11	78.5%	8	80.0%
NO	1	6.6%	0	0.0%	3	21.4%	2	20.0%

TABLE 152

HIGH FAT IN DIET OF RESPONDENTS

SCHOOL :	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
YES	5	33.3%	4	28.5%	5	35.7%	5	50.0%
NO	10	66.6%	10	71.4%	9	64.2%	5	50.0%

## ELEMENTARY SCHOOL FINDINGS V

TABLE 153

LIFE SATISFACTION RATING OF RESPONDENTS

SCHOOL:	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
MOSTLY SAT.	12	80.0%	10	71.4%	13	92.8%	7	70.0%
PARTLY SAT.	2	13.3%	4	28.5%	1	7.1%	2	20.0%
NOT SAT.	1	6.6%	0	0.0%	0	0.0%	1	10.0%

TABLE 154

PERSONAL LOSSES OF RESPONDENTS

SCHOOL:	RALEIGH COURT		WASENA		PRESTON PARK		ROUND HILL	
	(N)	%	(N)	%	(N)	%	(N)	%
ONE LOSS	2	13.3%	4	28.5%	3	21.4%	0	0.0%
TWO OR MORE	3	20.0%	2	14.2%	1	7.1%	0	0.0%
NO LOSSES	10	66.6%	8	57.1%	10	71.4%	10	100.0%



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