

## Female Breast Cancer in South Dakota

*By the South Dakota Cancer Registry, South Dakota Department of Health*

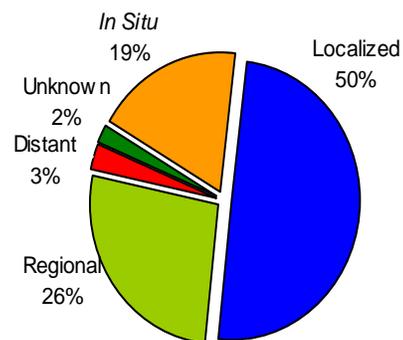
In 2007 there were 572 new invasive cases and 130 new *in situ* cases of female breast cancer diagnosed in South Dakota. A total of 113 South Dakota women died from breast cancer in 2007.

Incidence 2007		Mortality 2007	
Number of invasive cases		Number of deaths	
Total	572	Total	113
White	537	White	110
American Indian	32	American Indian	3
SD age-adjusted incidence rate	136.1	SD age-adjusted death rate	23.2
US SEER age-adjusted incidence rate	123.4	US SEER age-adjusted death rate	22.8

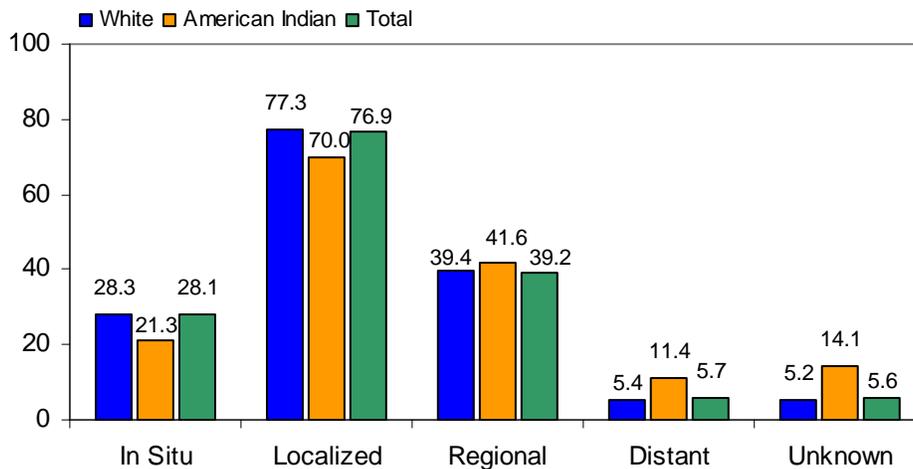
Rates per 100,000 U.S. 2000 standard population  
 Sources: South Dakota Department of Health and SEER.cancer.gov

The circle graph at the right displays the SEER Summary Stage at diagnosis for 2007 female breast cancer cases in South Dakota. If diagnosed at an early stage, the five-year survival rate is 98%.

See below for the 2003-2007 age-adjusted female breast cancer incidence rates for South Dakota by race and stage at diagnosis. As shown, the rates are higher for American Indian women diagnosed at the distant stage when treatment is less effective.

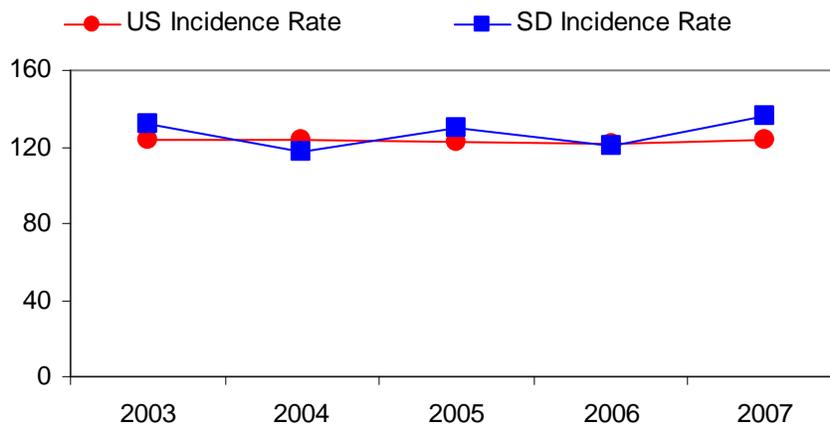


Source: South Dakota Department of Health



Rates per 100,000 U.S. 2000 standard population  
Source: South Dakota Department of Health

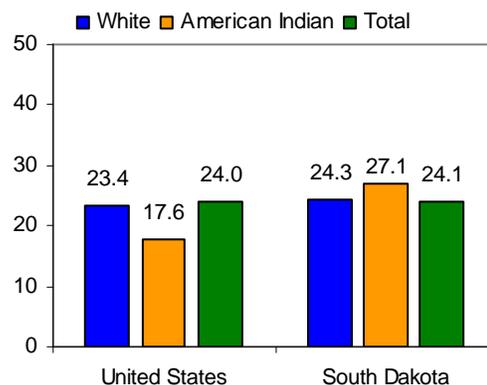
As shown, the South Dakota female breast cancer incidence rate has been comparable to the United States for several years. Please see the graph below.



Rates per 100,000 U.S. 2000 standard population  
Sources: South Dakota Department of Health and SEER.cancer.gov

See graph at right for the 2003-2007 age-adjusted female breast cancer death rates by race in the United States and South Dakota.

South Dakota women have help to cover the cost of breast and cervical cancer screening. Mammograms, Pap smears and related exams are available at no cost to eligible women. The *All Women Count!* Program is the Breast and Cervical Cancer Control Program for South Dakota women. It serves women age 30-64 for Pap smears and 40-64 for mammograms. If a cancer diagnosis is made, help is also available for treatment. For eligibility guidelines, please call toll-free 1-800-738-2301 or see at <http://GetScreened.SD.gov/count>.



Rates per 100,000 U.S. 2000 standard population  
Sources: South Dakota Department of Health and SEER.cancer.gov

For additional information, please contact Kay Dosch, SD Cancer Registry Coordinator, at 605-773-6345 or 800-592-1861 or see the website at <http://GetScreened.SD.gov/registry>.

# South Dakota School Height and Weight Report

*South Dakota Students  
2009-2010 School Year*



For the full report, go to <http://doh.sd.gov/SchoolWeight>  
For additional information, visit [www.HealthySD.gov](http://www.HealthySD.gov)

**South Dakota Department of Health  
November 2010**

**T**he South Dakota Department of Health, in cooperation with the South Dakota Department of Education has analyzed height and weight data on students since the 1998-1999 school year. This pamphlet summarizes the report of the data collected during the 2009-2010 school year.



Schools voluntarily submit height and weight measurements. Data submitted for the 2009-2010 school year was collected on 29.6 percent of the state's students from 205 schools.

While American Indian students comprise 16 percent of the South Dakota enrollment population, they represent 10.2 percent of the respondents in this report. Schools and/or school districts who submitted measurements on 100 or more students are receiving school specific and/or district specific data along with the aggregate data in the full report.

BMI-for-age is an excellent screening tool and the data presented here is for surveillance purposes. To determine if an individual student who is above the 95th percentile BMI-for-age is obese, the child's physician should make that determination.

## Risk of Pediatric Obesity

**O**besity in children and adolescents is associated with increased risk of psychological or psychiatric problems, cardio-vascular risk factors, chronic inflammation, type 2 diabetes mellitus, and asthma. Excess weight usually persists into adulthood. The higher the BMI in childhood the greater the chance the child will be obese when an adult.

## Overweight And Obese

**D**ata is analyzed for short stature, underweight, overweight and obesity using the current national standards. This pamphlet focuses on excess weight as South Dakota students as a whole are neither short nor underweight.

## Health Goals

The South Dakota Department of Health began using the new definitions of overweight and obese beginning with the 2006-2007 report to describe elevated BMI-for-age for children and adolescents. BMI-for-age is the preferred term to describe children and adolescents.

**T**he national Healthy People 2010 objective is to reduce the percentage of children aged 6 to 19 who are obese to 5%. The South Dakota Department of Health 2010 has a goal to "reverse the trend and reduce the percentage of school-age children and adolescents above the 95th percentile from 17% in 2003 to 15% by 2010". This report shows a slight decrease in the prevalence of overweight and obese children from the 2008-2009 school year however a positive statistic yet not significant. Therefore, South Dakota needs to continue working to make a substantially reduction in the number of obese children and adolescents to meet the goals.



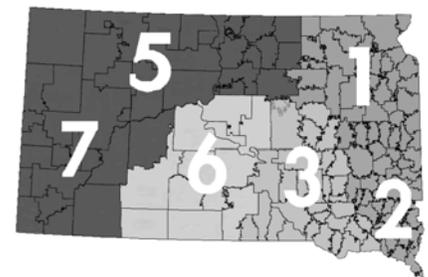
School Year 2009-2010 Overweight and Obese Body Mass Index for Age				
Age	Number of Students	Overweight	Obese	Overweight and Obese Combined
5-8 years	14,497	16.6%	13.4%	30.0%
9-11 years	13,608	16.6%	17.3%	33.9%
12-14 years	9,810	17.0%	17.4%	34.4%
15-19 years	3,030	16.4%	18.3%	34.7%
Total	40,945	16.7%	16.0%	32.7%

School Year 2009-2010 Overweight and Obese Body Mass Index, by Race				
Race	Number of Students	Overweight	Obese	Overweight and Obese Combined
White	33,369	16.2%	14.5%	30.7%
American Indian	4,128	19.6%	26.0%	45.6%
Other Races	2,921	16.7%	17.5%	34.2%
Race Unknown	508	18.1%	17.1%	35.2%
Total	40,945	16.7%	16.0%	32.7%

School Year 2009-2010 Overweight and Obese Body Mass Index, by Gender				
Gender	Number of Students	Overweight	Obese	Overweight and Obese Combined
Female	19,735	16.7%	14.6%	31.3%
Male	21,210	16.7%	17.3%	34.0%

## Regional Data

This report provides data reported by six educational service agency regions as they existed in the 2009-2010 school year. Beginning with the 2009-2010 school year, ESA region 4 school districts were distributed to the other regions and ESA 4 was eliminated. The composition of the regions varies in racial and age distribution. See the full report for school locations and additional information.



Education Service Agency Region 7 is the only region that is significantly below the state high confidence interval rate of 16.4 percent. Regions 3 and 5 are significantly higher than the state rate. Regions 1, 2, and 6 are not significantly different as they fall into the statewide range of 15.6 to 16.4 percent.

Source:  
South Dakota Department of Education

School Year 2009-2010 Overweight and Obese Body Mass Index, by Region				
Region	Number of Students	Overweight	Obese	Overweight and Obese Combined
1	11,165	17.1%	15.9%	33.0%
2	12,038	16.7%	14.9%	31.6%
3	5,792	17.5%	19.7%	37.2%
5	1,119	17.5%	22.7%	41.5%
6	2,588	19.4%	17.6%	37.0%
7	8,243	14.5%	13.6%	28.1%
Total	40,945	16.7%	16.0%	32.7%

# TAKE ACTION

**Let's face it.** Childhood obesity is not going away anytime soon. Over the past three decades, rates in America have tripled, and today, nearly one in three children in America are overweight or obese. One third of all children born in 2000 or later will suffer from diabetes at some point in their lives; many others will face chronic obesity-related health problems like heart disease, high blood pressure, cancer, and asthma.

**Let's take action.** We can solve the challenge of childhood obesity within a generation so that children born today will reach adulthood at a healthy weight if we all work together. It's **NECESSARY** and it's our **RESPONSIBILITY**. It won't be easy. But, with commitment and communities working together, we can address all the factors that lead to this epidemic.

**Parents & Caregivers, Schools, Mayors, Healthcare Providers, Community Leaders, and Students** have a key role in ending childhood obesity. Let's **Take Action** now!

## Parents

- ▶ Buy healthy snacks
- ▶ Plan Healthy meals
- ▶ Reduce TV and screen time
- ▶ Organize school health team
- ▶ Make physical activity apart of family time

## Schools

- ▶ Start health council
- ▶ Make your school a healthier workplace
- ▶ Plant a garden
- ▶ Incorporate nutrition education and PE into each day

## Community Leaders

- ▶ Promote affordable, accessible food
- ▶ Start community garden
- ▶ Help children get more physical activity
- ▶ Advocate for healthier schools

## Mayors & Local Officials

- ▶ Help parents make healthier choices
- ▶ Create physical activity opportunities
- ▶ Make healthier food available and accessible



## Students

- ▶ Move more everyday
- ▶ Eat fruits & veggies
- ▶ Help make dinner
- ▶ Drink lots of water
- ▶ Cut back on TV time

## Healthcare Providers

- ▶ Talk to patients about breastfeeding
- ▶ Become a leader in your community
- ▶ Prescribe healthy eating and healthy habits

**South Dakota Department of Health - Infectious Disease Surveillance**

**Selected Morbidity Report, 1 January – 30 November 2010**

(provisional numbers) see <http://doh.sd.gov/ID/site.aspx>

	<b>Disease</b>	<b>2010 year- to-date</b>	<b>5-year median</b>	<b>Percent change</b>
<b>Vaccine-Preventable Diseases</b>	Diphtheria	0	0	n/a
	Tetanus	0	0	n/a
	Pertussis	30	58	-48%
	Poliomyelitis	0	0	n/a
	Measles	0	0	n/a
	Mumps	2	2	0%
	Rubella	0	0	n/a
	<i>Haemophilus influenzae</i> type b	0	0	n/a
<b>Sexually Transmitted Infections and Blood-borne Diseases</b>	HIV infection	32	27	+19%
	Hepatitis B, acute	0	0	0%
	Chlamydia	2857	2516	+14%
	Gonorrhea	412	320	+29%
	Syphilis, early	4	4	0%
<b>Tuberculosis</b>	Tuberculosis	15	15	0%
<b>Invasive Bacterial Diseases</b>	<i>Neisseria meningitidis</i>	0	0	n/a
	Invasive Group A <i>Streptococcus</i>	36	22	+64%
<b>Enteric Diseases</b>	<i>E. coli</i> , Shiga toxin-producing	32	50	-36%
	Campylobacteriosis	218	237	-8%
	Salmonellosis	155	151	+3%
	Shigellosis	7	93	-92%
	Giardiasis	79	107	-26%
	Cryptosporidiosis	105	84	+25%
	Hepatitis A	1	3	-67%
<b>Vector-borne Diseases</b>	Animal Rabies	30	36	-17%
	Tularemia	11	7	+57%
	Rocky Mountain Spotted Fever	0	0	n/a
	Malaria (imported)	3	-	n/a
	Hantavirus Pulmonary Syndrome	0	0	n/a
	Lyme disease	1	1	0%
	West Nile Virus disease	20	113	-82%
<b>Other Diseases</b>	Legionellosis	9	4	+125%
	<i>Streptococcus pneumoniae</i> , drug-resistant	10	3	+233%
	Additionally, the following were reported: Chicken Pox (55); Hepatitis B, chronic (26); Hepatitis C, chronic (281); Listeriosis (3); MRSA, invasive (89), Strep B, invasive (35), Typhoid Fever (1); Q-Fever (3)			

Communicable diseases are obligatorily reportable by physicians, hospitals, laboratories, and institutions.

The **Reportable Diseases List** is found at <http://doh.sd.gov/Disease/report.aspx> or upon request.

Diseases are reportable by telephone, mail, fax, website or courier.

**Telephones:** 24 hour answering device 1-800-592-1804; for a live person at any time call 1-800-592-1861; after hours emergency 605-280-4810. **Fax** 605-773-5509.

**Mail** in a sealed envelope addressed to the DOH, Office of Disease Prevention, 615 E. 4th Street, Pierre, SD 57501, marked "Confidential Medical Report". **Secure website:** [www.state.sd.us/doh/diseasereport.htm](http://www.state.sd.us/doh/diseasereport.htm).