

School Height and Weight Report Summary

*South Dakota Students
2012-2013 School Year*



For the full report, go to <http://doh.sd.gov/Statistics>
For additional information, visit www.HealthySD.gov

South Dakota Department of Health
February 2014

The South Dakota Department of Health (DOH), 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 2012-2013 school year.

Schools voluntarily submit height and weight measurements. Data submitted for the 2012-2013 school year was collected on 35.6 percent of the state's students from 190 schools.

While American Indian students comprise 15.4 percent of the South Dakota enrollment population, they represent 9.8 percent of the students surveyed.

The DOH is able to provide school specific data, aggregate data in this report, and county specific data to schools who submitted measurements on 100 or more students. Schools submitting data on less than 100 students are given the aggregate data in this report and county specific data, provided there are 100 or more student measurements from all schools in that county.



Overweight And Obese

Data 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.

The DOH began using the definitions of overweight and obesity 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.



If a child's BMI-for-age is between the 85th and 94th percentile in the CDC reference population of children matched for age and gender, the term to describe the child is "overweight". If a child is at or above the 95th percentile for children of that age and gender, the term to describe the child is "obese".

Risk of Pediatric Obesity

Obesity in children and adolescents is associated with increased risk of psychological or psychiatric problems, cardiovascular 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.

Health Goals

One of the objectives of the national Healthy People 2020 initiative is to "reduce the proportion of children and adolescents who are considered obese." The national target for the 6-11 year old age group is 15.7 percent or less and the 12-19 year old age group is 16.1 percent or less. The DOH has also identified a South Dakota goal to reverse the trend and reduce the percent of school-age children and adolescents who are at or above the 95th percentile BMI-for-age (obese) to 14 percent by 2020. There are multiple causes of childhood obesity, most of which are associated with poor nutritional habits and physical inactivity. Conditions of obesity and overweight are difficult and expensive to treat and cure. The key to addressing this national epidemic will be to prevent this condition in children.

School Year 2012-2013 Overweight and Obese Body Mass Index for Age				
Age	Number of Students	Overweight	Obese	Overweight and Obese Combined
5-8 years	20,146	15.2%	13.5%	28.7%
9-11 years	15,273	17.5%	17.7%	35.2%
12-14 years	11,621	17.6%	17.9%	35.5%
15-19 years	3,805	17.1%	17.1%	34.2%
Total	50,845	16.6%	16.0%	32.6%

School Year 2012-2013 Overweight and Obese Body Mass Index, by Race				
Race	Number of Students	Overweight	Obese	Overweight and Obese Combined
White	38,313	16.0%	13.8%	29.8%
American Indian	4,985	20.3%	28.3%	48.6%
Other Races	6,005	17.0%	19.3%	36.3%
Multi-race/Unspecified	1,542	16.9%	17.8%	34.7%
Total	50,845	16.6%	16.0%	32.6%

School Year 2012-2013 Overweight and Obese Body Mass Index, by Gender				
Gender	Number of Students	Overweight	Obese	Overweight and Obese Combined
Female	24,726	17.0%	15.1%	32.1%
Male	26,119	16.2%	16.9%	33.1%

Regional Data

As in previous years, the data was again analyzed by education service agency regions (ESA). These educational regions reflect public, private, and tribal schools located in the geographic areas in the map to the right.

Regions 2 and 7 are the only regions that are significantly below the state low confidence interval rate of 15.7 percent. Regions 3 and 5 are significantly higher than the state rate. Regions 1 and 6 are not significantly different as they fall into the statewide range of 15.7 to 16.3 percent.



Source: SD Department of Education

School Year 2012-2013 Overweight and Obese Body Mass Index, by Region				
Region	Number of Students	Overweight	Obese	Overweight and Obese Combined
1	9,770	17.6%	16.8%	34.4%
2	21,882	15.8%	14.7%	30.5%
3	5,706	18.8%	19.1%	37.9%
5	1,693	18.5%	26.6%	45.1%
6	3,409	18.4%	17.6%	36.0%
7	8,385	14.8%	13.7%	28.5%
Total	50,845	16.6%	16.0%	32.6%

Smart Snacks in Schools

The Healthy, Hunger-Free Kids Act of 2010 requires USDA to establish nutrition standards for all foods sold in schools, beyond the federally supported meals programs. These would include foods sold in vending machines and at snack bars, and will become effective in 2014-2015 school year. To build on the healthier school lunches offered across the nation, the *Smart Snacks in School* standards will build on those healthy advancements and ensure kids are offered tasty and nutritious foods during the school day. The standards require healthier foods, including more whole grains, low fat dairy, fruits, vegetables and leaner protein. Food items will need to be lower in fat, sugar, and sodium and provide more nutrients. Students' homemade lunches are not affected. Nor are treats for activities like birthday parties, holidays, other celebrations, fundraisers, or bake sales. Foods sold at afterschool sporting events or other activities will not be subject to these requirements either.

Highlights of the smart snacks in schools nutrition standards include:

- More of foods we should encourage
- Less of foods we should avoid
- Targeted beverage standards, varying by age group
- Flexibility for important traditions
- Ample time for implementation

Food Nutrition Standards

Any food sold in school must:

- Be a whole-grain rich grain product; or
- Have as the first ingredient a fruit, a vegetable, a dairy product, or a protein food; or
- Be a combination food that contains at least 1/4 cup of fruit and/or vegetable; or
- Contain 10% of the Daily Value of one of the nutrients of public health concern in the 2010 Dietary Guidelines for Americans (calcium, potassium, vitamin D, or dietary fiber).

Foods must also meet several nutrient requirements, read more here:

<http://www.fns.usda.gov/cnd/governance/legislation/allfoods.htm>

Beverage Nutrition Standards

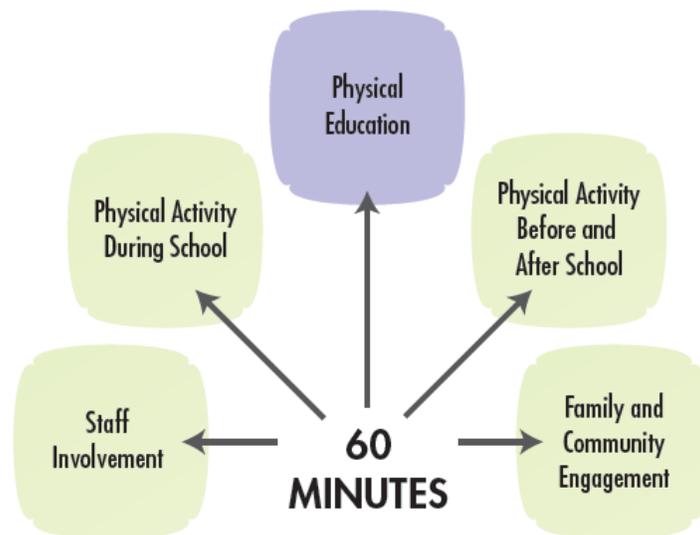
All schools may sell:

- Plain water (with or without carbonation)
- Unflavored low fat milk
- Unflavored or flavored fat free milk and milk alternatives permitted by NSLP/SBP
- 100% fruit or vegetable juice and
- 100% fruit or vegetable juice diluted with water (with or without carbonation), and no added sweeteners

Comprehensive School Physical Activity Program

Developed in collaboration between the Center for Disease Control and Prevention and the American Alliance for Health Physical Education and Dance and experts in the field of school-based physical activity, this guide includes steps to engage multiple stakeholders in developing a comprehensive school physical activity program (CSPAP) to help students meet the recommended 60 minutes or more of physical activity each day. A CSPAP is one that includes physical education, physical activity during school, physical activity before and after school, staff involvement, and family and community engagement. This guided process can be used by schools to develop an action plan, implement strategies, and evaluate their CSPAP.

The Center for Disease Control released this resource for schools to transform into more active environments, where all students have the opportunity to be physically active at different times and places throughout the school day. Schools can be confident that investing more time on physical education and opportunities for students to stay active does not hurt academic achievement, but can improve attendance, grades, and classroom behavior. Visit the <http://www.cdc.gov/> to access the full guide.



COMPREHENSIVE SCHOOL
PHYSICAL ACTIVITY PROGRAM