

# **School Height & Weight Report Summary**

South Dakota Students

*2013-2014 School Year*



**South Dakota Department of Health**

**February 2015**

For the full report, go to <http://doh.sd.gov/Statistics>

For additional information, visit [www.HealthySD.gov](http://www.HealthySD.gov)





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 document summarizes the report of the data collected during the 2013-2014 school year.

Schools voluntarily submit height and weight measurements. Data submitted for the 2013-2014 school year was collected on 31.5 percent of the state's students from 175 schools. While American Indian students comprise 15.4 percent of the South Dakota enrollment population, they represent 9.3 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.

Data is analyzed for short stature, underweight, overweight and obesity using the current national standards. This document 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 the weight status of children and adolescents.

Children with a BMI-for-age between the 85th and 94th percentile are described as "overweight". If a child is at or above the 95th percentile, the term to describe the child is "obese".



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 in children and adolescents usually persists into adulthood. The higher the BMI in childhood the greater the chance the child will be obese when an adult.

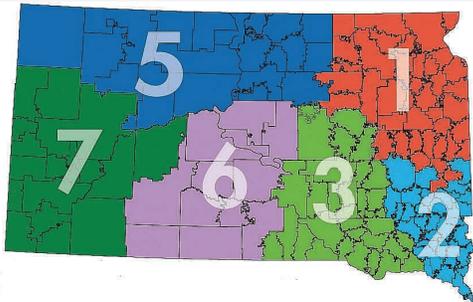
One of the objectives of the national Healthy People 2020 initiative is to "reduce the proportion of children and adolescents who are considered obese." The national target for the 6-11 year old age group is 15.7 percent or less and the 12-19 year old age group is 16.1 percent or less. The DOH has also 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 95<sup>th</sup> 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 2013-2014 Overweight and Obese Body Mass Index for Age				
Age	Number of Students	Overweight	Obese	Overweight and Obese Combined
5-8 years	18,863	15.2%	13.1%	28.3%
9-11 years	13,965	17.4%	17.9%	35.3%
12-14 years	9,337	17.7%	17.4%	35.1%
15-19 years	3,304	17.5%	18.2%	35.7%
Total	45,469	16.5%	15.8%	32.3%

School Year 2013-2014 Overweight and Obese Body Mass Index, by Race				
Race	Number of Students	Overweight	Obese	Overweight and Obese Combined
White	33,735	16.2%	13.6%	29.8%
American Indian	4,206	19.1%	29.3%	48.4%
Other Races	5,681	16.2%	19.2%	35.4%
Multi-race/Unspecified	1,847	18.0%	15.6%	33.6%
Total	45,469	16.5%	15.8%	32.3%

School Year 2013-2014 Overweight and Obese Body Mass Index, by Gender				
Gender	Number of Students	Overweight	Obese	Overweight and Obese Combined
Female	22,116	16.9%	14.9%	31.8%
Male	23,353	16.2%	16.7%	32.9%

### Regional Data



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

Region 2 is the only region that is significantly below the state low confidence interval rate of 15.4 percent. Regions 3 and 5 are significantly higher than the state rate. Regions 1, 6, and 7 are not significantly different as they fall into the statewide range of 15.4 to 16.2 percent.

School Year 2013-2014 Overweight and Obese Body Mass Index, by Region				
Region	Number of Students	Overweight	Obese	Overweight and Obese Combined
1	10,573	17.7%	15.4%	33.1%
2	18,943	15.8%	14.6%	30.4%
3	5,913	18.4%	18.5%	36.9%
5	1,794	16.8%	26.4%	43.2%
6	2,753	16.1%	15.7%	31.8%
7	5,493	15.2%	14.4%	29.6%
Total	45,469	16.5%	15.8%	32.3%

# SOUTH DAKOTA

## Standards and Grade-level Outcomes for K-12 Physical Education

Following the release of the National Standards for K-12 Physical Education by the National Association for Sport and Physical Education (NASPE), the South Dakota Department of Education (SDDOE) approved the reviewed and revised South Dakota Standards for K-12 Physical Education (SDSPE).

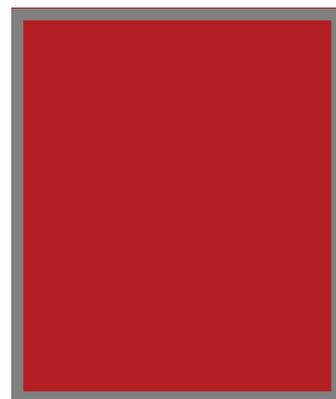
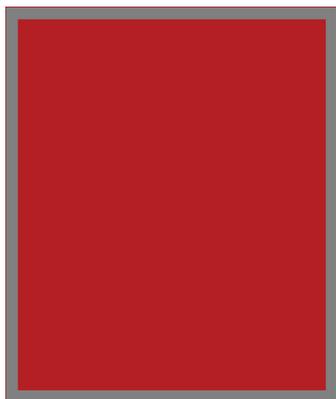
The School Health Program in the SDDOE the review and revision process of the SDSPE, which included teachers from elementary through post-secondary levels as well as individuals from outside agencies with expertise in physical activity and fitness. The revised standards include student outcomes in each grade from kindergarten through grades 8, and for two grade levels at high school. The standards address the following ideas:

- **Elementary Level**—the focus is on fundamental motor skills as the foundation for movement competency.
- **Middle School Level**—the focus is on application of fundamental motor skills and improving the balance of activities to retain interest of all students.
- **High School Level**—the focus is on fitness/wellness, lifetime activities and personal choice.

The standards identify what knowledge and skills students should know and be able to do, however they leave how this will be accomplished to the teachers and specialists who formulate, deliver and evaluate the curricula. The SDSPE are designed to provide a framework for curriculum, instruction, and assessment practices.

To access the **full document** of the SDSPE online, visit <http://doe.sd.gov> or <http://goodandhealthysd.org/schools>.

Printed copies are available through the School Health Program in the SDDOE.



## School Wellness Policy Update

Since the 2006-2007 school year, all school districts across the nation were required to establish a local school wellness policy. According to the USDA, a local school wellness policy is a written document of official policies that guide a local educational agency (LEA) or school district's efforts to establish a school environment that promotes students' health, well-being, and ability to learn by supporting healthy eating and physical activity.

For the 2013-2014 school year, LEA's are encouraged to continue **reviewing and assessing** their local wellness policies and implementing the new requirements. State agencies have two options for the Administrative Review, and LEAs will be held accountable for local school wellness policy implementation, assessment, and public updates. For more information on School Wellness Policy, visit <http://doe.sd.gov/schoolhealth/wellnesspolicy.aspx>.