

School Height & Weight Report Summary

South Dakota Students

2014-2015 School Year



South Dakota Department of Health

December 2015



Since the 1998-1999 school year, the Department of Health (DOH), in cooperation with the Department of Education (DOE), has collected data on the height and weight of students in South Dakota schools. The creation of this data collection system was a response to increasing rates of child obesity and its health risks. This document summarizes the report of the data collected during the 2014-2015 school year.

Schools voluntarily submit height and weight measurements. Data submitted for the 2014-2015 school year was collected on 37.3 percent of the state's students from 181 schools. While American Indian students comprise 15.3 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 childhood and adolescence usually persists into adulthood. The higher the BMI in childhood the greater the chance the child will be obese as an adult.

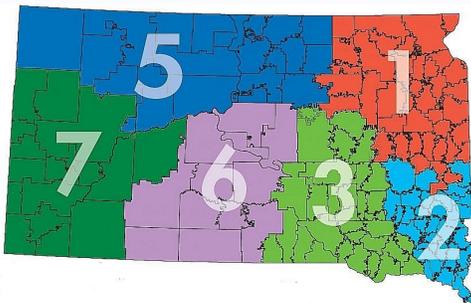
One of the objectives of the national Healthy People 2020 initiative is to "reduce the proportion of children and adolescents who are considered obese." The national target for the 6-11 year old age group is 15.7 percent or less and the 12-19 year old age group is 16.1 percent or less. The DOH has also 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 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 2014-2015 Overweight and Obese Body Mass Index for Age				
Age	Number of Students	Overweight	Obese	Overweight and Obese Combined
5-8 years	22,322	14.9%	12.9%	27.8%
9-11 years	16,651	16.6%	17.9%	34.5%
12-14 years	11,672	17.7%	18.3%	36.0%
15-19 years	3,718	17.0%	18.4%	35.4%
Total	54,363	16.2%	16.0%	32.2%

School Year 2014-2015 Overweight and Obese Body Mass Index, by Race				
Race	Number of Students	Overweight	Obese	Overweight and Obese Combined
White	39,844	15.6%	13.9%	29.5%
American Indian	5,080	19.4%	28.0%	47.4%
Other Races	6,825	16.3%	18.8%	35.1%
Multi-race/Unspecified	2,614	18.1%	17.8%	35.9%
Total	54,363	16.2%	16.0%	32.2%

School Year 2014-2015 Overweight and Obese Body Mass Index, by Gender				
Gender	Number of Students	Overweight	Obese	Overweight and Obese Combined
Female	26,371	16.4%	15.1%	31.5%
Male	27,992	15.9%	16.8%	32.7%

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.

Regions 2 and 7 are the only regions that is 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.

School Year 2014-2015 Overweight and Obese Body Mass Index, by Region				
Region	Number of Students	Overweight	Obese	Overweight and Obese Combined
1	11,921	16.9%	16.0%	32.9%
2	23,225	15.7%	14.8%	30.5%
3	6,680	18.5%	18.7%	37.2%
5	1,593	17.6%	28.2%	45.8%
6	2,687	15.8%	15.7%	31.5%
7	8,257	14.4%	14.7%	29.1%
Total	54,363	16.2%	16.0%	32.2%

Alliance for a Healthier Generation - Creating Healthier Environments

The Alliance for a Healthier Generation is one of the country's largest childhood obesity prevention efforts. Founded by the American Heart Association and the Clinton Foundation, the Alliance empowers kids to develop lifelong, healthy habits. The Alliance works with schools and other organizations to build healthier environments for millions of children. To learn more and join the movement, visit www.HealthierGeneration.org.

The Alliance has worked closely with the South Dakota Departments of Education and Health, which receive support from the Centers for Disease Control and Prevention, to increase training, technical assistance and resources for schools/school districts across the state.

Healthy Schools Program in South Dakota

The Alliance Healthy Schools Program provides schools professional development, access to national experts, and evidence-based resources and tools to help them create and sustain healthy school environments. Nearly 30% of SD schools participate in the Program. Over 100 schools receive on-site training and technical assistance. An additional 82 schools participate on-line, receiving virtual training and technical assistance.

The Alliance provides a Framework of Best Practices and uses the Centers for Disease Control & Prevention (CDC) School Health Index to help schools implement policies and practices that can help students stay healthy and ready to learn. The alliance supports schools in developing and implementing action plans that enable schools to create innovative solutions and overcome obstacles. Schools are improving policy, health education, physical education, student wellness, nutrition services and staff wellness.



Eight South Dakota Schools Receive National Recognition

The Alliance for a Healthier Generation annually recognizes schools that meet or exceed stringent standards set by the Alliance for a Healthier Generation's Healthy Schools Program. Schools are eligible for Bronze, Silver, or Gold National Awards based on their level of achievement.

In 2015, 376 schools were recognized across the nation with a National Healthy Schools Award. Eight of these schools were from South Dakota. These schools demonstrate a commitment to the health of their students, which is particularly important because research shows students' health has an impact on their academic and lifelong success. Each of the following received the National Healthy Schools Award at the bronze level:

- Beresford Elementary (Beresford School District 61-2)
- Black Hawk Elementary (Rapid City Area School District 51-4)
- Brandon Elementary (Brandon Valley School District 49-2)
- Buchanan K1 Center (Huron School District 2-2)
- Georgia Morse Middle (Pierre School District 32-2)
- Jefferson Elementary (Pierre School District 32-2)
- Jefferson Elementary (Huron School District 2-2)
- Knollwood Heights Elementary (Rapid City Area School District 51-4)



Join the Healthy Schools Program Today!

School staff, parents, students and community members can join online at www.schools.healthiergeneration.org.

