

School Height & Weight Report Summary

South Dakota Students
2015-2016 School Year



South Dakota
Department of Health

December 2016



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



The Department of Health (DOH) in partnership with the Department of Education (DOE) completed its 18th year of collecting data on the height and weight of students in South Dakota schools. This report summarizes obesity data collected on 34.6 percent of the state's students from 172 schools during the 2015-2016 school year. The full report can be found on the DOH and DOE websites.



Although slightly different age group categories are used for analysis, South Dakota's school-age obesity prevalence is currently lower than national trends. Approximately 17 percent of children and adolescents aged 2 to 19 years are obese in the United States. In comparison, 16.1 percent of South Dakota children and adolescents aged 5 to 19 years are obese. Since 1980, however, the obesity prevalence for children and adolescents has nearly tripled. While obesity trends in recent years have leveled off, they remain high for school-age children and are not returning to the lower levels seen in the 1970's and 1980's.

There are significant racial disparities in obesity prevalence. For American Indian children and adolescents in South Dakota, the obese percent is 28.9 compared to 14.2 percent for whites. While American Indian students comprise 15.2 percent of the South Dakota enrollment population, they represent 7.8 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.

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. Our state has not met the South Dakota Department of Health 2020 goal of 14 percent overweight and obese in children and adolescents.

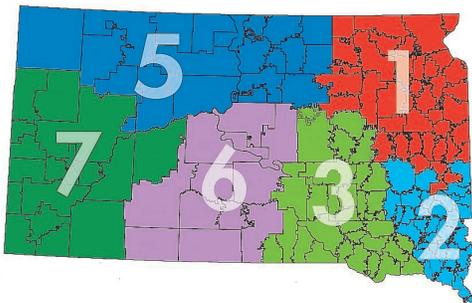
Child overweight and child obesity is a multi-faceted problem that should be addressed by promoting healthy eating and increasing physical activity and decreasing inactivity. While it will take all South Dakotans working together to overcome this increasing problem, schools can play a key role in providing education and healthy environments.

School Year 2015-2016 Overweight and Obese Body Mass Index for Age				
Age	Number of Students	Overweight	Obese	Overweight and Obese Combined
5-8 years	19,316	15.0%	12.9%	27.9%
9-11 years	16,214	15.6%	17.9%	33.5%
12-14 years	11,813	17.4%	17.6%	35.0%
15-19 years	3,524	17.8%	19.2%	37.0%
Total	50,867	16.0%	16.1%	32.1%

School Year 2015-2016 Overweight and Obese Body Mass Index, by Race				
Race	Number of Students	Overweight	Obese	Overweight and Obese Combined
White	37,040	15.5%	14.2%	29.7%
American Indian	3,979	20.2%	28.9%	49.1%
Other Races	5,986	15.7%	19.0%	34.7%
Multi-race/Unspecified	3,862	16.4%	16.2%	32.6%
Total	50,867	16.2%	16.0%	32.2%

School Year 2015-2016 Overweight and Obese Body Mass Index, by Gender				
Gender	Number of Students	Overweight	Obese	Overweight and Obese Combined
Female	24,804	16.2%	15.1%	31.3%
Male	26,063	15.7%	17.0%	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 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 16.5 percent.

School Year 2015-2016 Overweight and Obese Body Mass Index, by Region				
Region	Number of Students	Overweight	Obese	Overweight and Obese Combined
1	11,320	16.7%	16.6%	33.3%
2	21,527	15.4%	14.6%	30.0%
3	6,497	18.3%	18.2%	36.5%
5	1,632	16.5%	29.0%	45.5%
6	2,765	16.0%	17.3%	33.3%
7	7,126	14.3%	14.2%	28.5%
Total	50,867	16.0%	16.1%	32.1%



Promotion of Nutrition and Physical Education Trainings Make South Dakota Schools “Good & Healthy”

The South Dakota Department of Health (SD DOH) receives funds from the Centers for Disease Control and Prevention (CDC) to support the implementation of two school-based environmental approaches for the prevention of obesity and other chronic diseases in school-aged children. SD DOH refers to the CDC grant as the Good & Healthy South Dakota Grant. Two strategies, identified by CDC and included in the Good & Healthy SD Grant are to:

- 1.) *Promote the adoption of food service guidelines and nutrition standards in school; and*
- 2.) *Promote the adoption of physical education and physical activity in schools.*

Through a collaborative effort with the South Dakota Department of Education (SD DOE), the SD DOH provides training, technical assistance and evidenced-based resources and tools to schools/school districts across the state to help create and sustain healthy school environments. During the 2016 project year, the SD DOH and the SD DOE supported schools by:

- ◆ Collaborating with the SD DOE Child and Adult Nutrition Services (CANS) and South Dakota State University (SDSU) Extension’s Team Nutrition to provide the *Healthy School Meals* trainings. Eight, 2 day trainings were held at the SDSU Regional Extension Centers across the state. The trainings were designed to enhance understanding of the child nutrition regulations and to help school nutrition professionals meet the professional standards requirement. Participants included 103 school personnel representing 36 local education agencies (LEA’s).
- ◆ Utilizing the *SPARK PE* Speakers Bureau to provide two, 6 hour trainings to K-12 physical education teachers. The training, titled *MVPA Maximized!*, was provided to show teachers how to increase MVPA (moderate to vigorous physical activity) during physical education classes and in other environments. A total of 40 physical educators representing 23 LEA’s were in attendance.

Results from the 2016 South Dakota School Health Profiles Survey (*Profiles*) show the percentage of *secondary schools* in which physical education teachers or specialist received training on physical education/physical activity increased from 50.3% in 2014 to 66.7% in 2016. Additionally, the 2016 *Profiles* show an increase in the percentage of *secondary schools* that have implemented the following strategies for creating safe and supportive nutrition environments.

Strategy	% of Schools in 2014	% of Schools in 2016
Do not sell less healthy foods and beverages (soda pop or fruit drinks, sports drinks, baked goods, salty snacks, candy).	25.4%	46.0%
Provide information to students or families on the nutrition, caloric, and sodium content of foods available.	34.8%	51.3%
Place fruits and vegetables near the cafeteria cashier, where they are easy to access.	65.7%	70.1%
Allow students to purchase fruit and vegetables from vending machines or at the school store, canteen, or snack bar, or as a la carte items.	3.2%	9.1%

The Good & Healthy South Dakota Grant has helped to increase efforts to serve schools/school districts and to enhance coordination and collaboration among state agencies. While the SD DOH and SD DOE have taken great strides to improving the nutrition and physical activity for our youth, there is still much more work to be done.