

South Dakota School Height and Weight Report

*South Dakota Students
2010-2011 School Year*



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

South Dakota Department of Health
September 2011

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 2010-2011 school year.

Schools voluntarily submit height and weight measurements. Data submitted for the 2010-2011 school year was collected on 35.2 percent of the state's students from 193 schools.

While American Indian students comprise 15.8 percent of the South Dakota enrollment population, they represent 10.1 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 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 2010-2011 Overweight and Obese Body Mass Index for Age				
Age	Number of Students	Overweight	Obese	Overweight and Obese Combined
5-8 years	17,998	14.9%	13.0%	27.9%
9-11 years	15,717	16.5%	16.3%	32.8%
12-14 years	11,573	17.4%	17.0%	34.4%
15-19 years	3,858	15.4%	16.3%	31.7%
Total	49,146	16.1%	15.2%	31.3%

School Year 2010-2011 Overweight and Obese Body Mass Index, by Race				
Race	Number of Students	Overweight	Obese	Overweight and Obese Combined
White	38,708	15.5%	13.2%	28.7%
American Indian	4,830	19.4%	26.9%	46.3%
Other Races	4,576	16.8%	18.7%	35.4%
Race Unknown	696	17.1%	20.5%	37.6%
Total	49,146	16.1%	15.2%	31.3%

School Year 2010-2011 Overweight and Obese Body Mass Index, by Gender				
Gender	Number of Students	Overweight	Obese	Overweight and Obese Combined
Female	23,721	16.0%	14.4%	30.4%
Male	25,425	16.1%	16.0%	32.0%

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. Beginning with the 2009-2010 school year, ESA region 4 school districts were distributed to the other regions and ESA 4 was eliminated.



Source: SD Department of Education

Region 2 is the only region that is significantly below the state low confidence interval rate of 14.9 percent. Regions 3, 5, and 6 are significantly higher than the state rate. Regions 1 and 7 are not significantly different as they fall into the statewide range of 14.9 to 15.5 percent.

School Year 2010-2011 Overweight and Obese Body Mass Index, by Region				
Region	Number of Students	Overweight	Obese	Overweight and Obese Combined
1	10,639	17.2%	16.1%	33.3%
2	19,681	14.8%	12.9%	27.7%
3	5,091	18.8%	19.3%	38.1%
5	1,491	17.0%	23.1%	40.1%
6	2,944	18.8%	18.3%	37.1%
7	9,300	14.9%	14.5%	29.4%
Total	49,146	16.1%	15.2%	31.3%

What is the problem?

The 2009 South Dakota Youth Risk Behavior Survey indicates that among high school students:

Unhealthy Dietary Behaviors

- 85% ate fruits and vegetables less than five times per day during the 7 days before the survey.
- 74% ate fruit or drank 100% fruit juices less than two times per day during the 7 days before the survey.
- 89% ate vegetables less than three times per day during the 7 days before the survey.
- 29% drank a can, bottle, or glass of soda pop at least one time per day during the 7 days before the survey.

Physical Inactivity

- 14% did not participate in at least 60 minutes of physical activity on any day during the 7 days before the survey.
- 74% were physically active at least 60 minutes per day on less than 7 days during the 7 days before the survey.
- 71% did not attend physical education (PE) classes in an average week when they were in school.
- 81% did not attend PE classes daily when they were in school.
- 23% watched television 3 or more hours per day on an average school day.

What is the status?

The 2010 South Dakota School Health Profiles indicates that among high schools:

Health and Physical Education

- 11% required students to take 2 or more health education courses.
- 48% had a health education curriculum that addresses all 8 national standards for health education.
- 58% taught 14 key nutrition and dietary behavior topics in a required course.
- 50% taught 12 key physical activity topics in a required course.
- 85% did not allow students to be exempted from taking a required PE course for certain reasons.
- 34% offered opportunities for all students to participate in intramural activities or physical activity clubs.

School Environment

- 26% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 56% did not sell soda pop or fruit drinks that are not 100% juice from vending machines or at the school store, canteen, or snack bar.
- 5% always offered fruits or non-fried vegetables in vending machines and school stores, canteens, or snack bars, and during celebrations when foods and beverages are offered.
- 33% used the School Health Index or similar self-assessment tool to assess their policies, activities and programs in nutrition & physical activity.

MyPyramid gets a NEW Look!

In early June, USDA released a new graphic design to help Americans more easily understand the principles of good nutrition outlined in its *Dietary Guidelines for Americans 2010*. *MyPlate* replaces the old MyPyramid graphic.

The new *MyPlate* fits nicely with Fruits and Veggies— More Matters in that the plate shows consumers the proportions of fruits and vegetables in relation to other foods, and it provides inspiration, tips, information, and other types of interactive support for consumers.

ChooseMyPlate.gov provides practical information to individuals, health professionals, nutrition educators, and the food industry. It offers consumers the resources and tools they need to make healthier food choices for themselves, their families, and their children.

