

School Height and Weight Report Summary

*South Dakota Students
2011-2012 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 2012

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 2011-2012 school year.

Schools voluntarily submit height and weight measurements. Data submitted for the 2011-2012 school year was collected on 35.6 percent of the state's students from 187 schools.

While American Indian students comprise 15.6 percent of the South Dakota enrollment population, they represent 10.7 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 2011-2012 Overweight and Obese Body Mass Index for Age				
Age	Number of Students	Overweight	Obese	Overweight and Obese Combined
5-8 years	20,030	16.2%	13.8%	30.0%
9-11 years	15,477	16.7%	17.4%	34.1%
12-14 years	11,286	17.5%	17.1%	34.6%
15-19 years	3,285	15.3%	16.8%	32.1%
Total	50,078	16.6%	15.9%	32.5%

School Year 2011-2012 Overweight and Obese Body Mass Index, by Race				
Race	Number of Students	Overweight	Obese	Overweight and Obese Combined
White	37,517	15.8%	13.8%	29.6%
American Indian	5,297	21.3%	26.8%	48.1%
Other Races	5,316	16.5%	18.8%	35.4%
Race Unknown	1,079	20.6%	17.2%	37.8%
Total	50,078	16.6%	15.9%	32.5%

School Year 2011-2012 Overweight and Obese Body Mass Index, by Gender				
Gender	Number of Students	Overweight	Obese	Overweight and Obese Combined
Female	24,228	16.8%	14.9%	31.7%
Male	25,850	16.4%	16.8%	33.2%

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 15.6 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 15.6 to 16.2 percent.



Source: SD Department of Education

School Year 2011-2012 Overweight and Obese Body Mass Index, by Region				
Region	Number of Students	Overweight	Obese	Overweight and Obese Combined
1	9,931	17.2%	16.4%	33.6%
2	20,468	16.2%	14.4%	30.6%
3	5,057	19.5%	20.6%	40.1%
5	1,650	17.2%	26.4%	43.6%
6	3,023	18.6%	17.4%	36.0%
7	9,949	14.5%	13.8%	28.3%
Total	50,078	16.6%	15.9%	32.5%

Changes in School Meals

Legislation authorized funding and set policy for USDA's core child nutrition programs. As a result, USDA was given the opportunity for the first time in more than a decade to reform school breakfast & lunch programs. To meet the new standards, schools must serve more whole grains, fruits, vegetables, beans, low-fat milk, and lean protein. You can support the new standards by encouraging students to make healthy choices, help students adjust to the new nutrition standards by discussing these healthy food changes, provide nutrition education in the classroom and encouraging students to try new foods. Well-nourished students are more likely to succeed in the classroom. For more information visit <http://www.doe.sd.gov/cans/cnr.aspx>

Old

- ½-¾ cup fruit and vegetable combined per day
- Whole grain encouraged
- Milk variety fat content

New

- ¾-1 cup vegetable plus ½-1 cup fruit per day; specific vegetables
- ½ grains whole grain now; 2014 all whole grain rich
- Milk: Must be fat-free (unflavored/flavored) or 1% unflavored

Let's all strive to provide healthier food options to our youth!

Having a variety of healthy, flavorful and affordable food choices is a great way to ensure that our snack foods contribute to our health, and the health of our children. We need to make foods available that contain vitamins, protein and fiber such as fresh produce, lean meats and cheeses and whole grain bread products.

The Healthy Concessions Model Policy and its Munch Code Toolkit are a statewide effort led by the South Dakota Department of Health. The DOH provides free start-up materials and technical assistance for those interested in implementing the Healthy Concessions policy. For more information go to www.healthysd.gov or find our policy book at <http://healthysd.gov/Communities/PDF/ModelConcessions.pdf>

To order your Munch Code Toolkit go to www.munchcode.org. Also, while you're there play the Munch Code Game and learn about healthier snack options.



Harvest of the Month

In just 15 minutes a month you can get kids to eat more fruits and veggies! Harvest of the Month is an adaptable, easy to use program that gets kids excited about eating fruits and vegetables and has them asking for more. Through a short presentation and produce sampling, children learn about the importance of eating fruits and vegetables every day. The fun and quick presentation explains the history, peak seasons, vitamins, and minerals, and how to choose the produce at the store. Implementation can be done in individual classrooms, health classes, PE classes, or as an assembly for the school, or even in after-school programs.

Resources available include:

- Outline for the presenter
- Talking points
- PowerPoint for students
- Student take-home handout with recipes and produce selection

For more information and where to find Harvest of the Month resources visit www.sdhavestofthemoth.org

