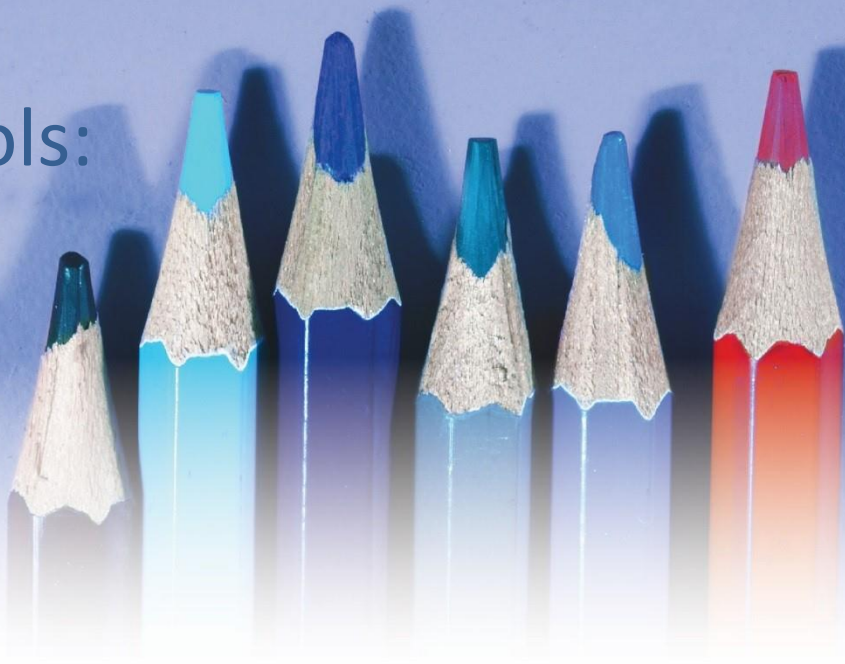


South Dakota Schools:

South Dakota Students

2018-2019

School Year



Height & Weight Report Summary




**South Dakota
Department of Health**

December 2019



For the full report, go to doh.sd.gov/statistics
For additional information, visit HealthySD.gov





The **Department of Health** (DOH) completed its twenty-first year of collecting data on the height and weight of students in South Dakota schools. This report summarizes obesity data collected on 28.5 percent (43,163 students) of the state's students from 138 schools during the 2018-2019 school year. The full report can be found on the DOH website.

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, 16.4 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 1970s and 1980s.

There are significant racial disparities in obesity prevalence. For American Indian children and adolescents in South Dakota, the obese percent is 28.7 compared to 14.0 percent for whites. While American Indian students comprise 14.3 percent of the South Dakota enrollment population, they represent 5.7 percent of the students surveyed which is an increase from previous years.

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 body mass index (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 to 11-year-old age group is 15.7 percent or less and the 12 to 19-year-old age group is 16.1 percent or less. The DOH has a goal to reverse the trend and reduce the percent of overweight and obese school-age children and adolescents in South Dakota. Our state is still working toward the South Dakota Department of Health 2020 goal of 14 percent overweight and obese in children and adolescents.

Childhood overweight and obesity is a multi-faceted problem that should be addressed by promoting healthy eating, 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.

Overweight and Obese Body Mass Index, by Age School Year 2018-2019

Age	Number of Students	Overweight	Obese	Overweight and Obese Combined
5-8 years	17,342	15.2%	13.2%	28.4%
9-11 years	14,180	16.0%	17.3%	33.3%
12-14 years	9,571	17.5%	20.0%	37.5%
15-19 years	2,070	16.2%	19.5%	35.7%
Total	43,163	16.0%	16.4%	32.4%

Overweight and Obese Body Mass Index, by Race School Year 2018-2019

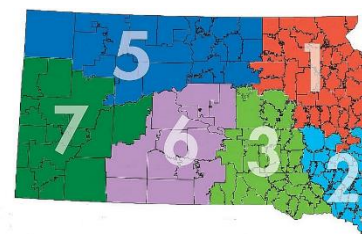
Race	Number of Students	Overweight	Obese	Overweight and Obese Combined
White	31,176	15.3%	14.0%	29.3%
American Indian	2,449	18.4%	28.7%	47.1%
Other Races	6,766	17.6%	20.8%	38.4%
Multi-race/Unspecified	2,772	18.3%	20.8%	39.1%
Total	43,163	16.0%	16.4%	32.4%

Overweight and Obese Body Mass Index, by Gender School Year 2018-2019

Gender	Number of Students	Overweight	Obese	Overweight and Obese Combined
Female	21,067	16.5%	15.1%	31.6%
Male	22,096	15.6%	17.6%	33.2%

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 16.0 percent. Regions 1, 3, and 5 are significantly higher than the state rate. Region 6 is not significantly different as it falls into the statewide range of 16.0 to 16.8 percent.



Overweight and Obese Body Mass Index, by Region School Year 2018-2019

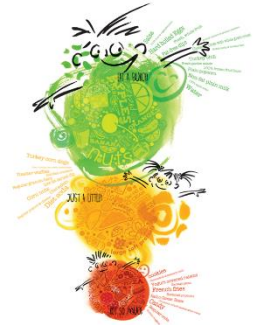
Region	Number of Students	Overweight	Obese	Overweight and Obese Combined
1	8,257	16.8%	18.8%	35.6%
2	21,750	15.2%	15.3%	30.5%
3	4,583	21.1%	20.6%	41.7%
5	586	15.7%	24.1%	39.8%
6	2,301	17.3%	17.5%	34.8%
7	5,686	13.8%	12.2%	26.0%
Total	43,163	16.0%	16.4%	32.4%



MUNCH CODE: HEALTHY CONCESSIONS

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 request a Munch Code Toolkit go to www.healthysd.gov/concessions-kit.



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, an assembly during school, or 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.sdharvestofthemonth.org.