2013-2014 BODY MASS INDEX SURVEILLANCE REPORT
Overweight and Obesity among DuPage County School Students
AUGUST 2014

KEY FINDINGS

DuPage rates were lower than national rates.¹

<table>
<thead>
<tr>
<th>Condition</th>
<th>DuPage Prevalence</th>
<th>National Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight or Obesity</td>
<td>29.6%</td>
<td>31.8%</td>
</tr>
<tr>
<td>Obesity</td>
<td>14.2%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Following a slight decrease in 2012-13, public school rates remained stable in 2013-14.

At least one in four kindergarteners entering public school were already overweight or obese and higher rates were observed in 6th and 9th grade students.

Female public school student rates were significantly lower than male student rates.

References


For additional information, visit www.dupagehealth.org/bmi.

FORWARD recommends the following:

- Increase opportunities for healthy eating and drinking.
- Increase physical activity opportunities.
- Implement changes where you or your family work, learn, play, worship, and live (your home and community).
- Implement policy, systems, and environmental (PSE) changes to make the healthy choice the easy choice.
- Policy, they are matched with policy, systems, and environmental change strategies

RECOMMENDATIONS

- Policy, systems, and environmental changes can broadly affect a large population
- They are matched with policy, systems, and environmental change strategies
- Given the magnitude of the obesity epidemic and the multitude of factors contributing to it, approaches targeting solely the individual are not sufficient
- Experts agree that “the environment, rather than biology, is driving this epidemic.”
- While “individual-level changes are important, individuals are more likely to behave better, are absent less, and have higher self-esteem.”
- “Healthier kids perform better on tests, are more focused in class, and are more likely to be sustainable.”
- Additionally, research supports focusing on systems, and environmental changes can broadly affect a large population

A Note on Sensitivity:

When talking with children about nutrition and physical activity, FORWARD agrees with many experts that weight should not be the primary focus; healthy food choices and increased physical activity should be the focus with a shared goal of promoting healthy self-esteem and a healthy body image.

For more details, please see the next page
OVERVIEW

In order to understand the prevalence of obesity in DuPage County, FORWARD partnered with the DuPage Regional Office of Education, 204 DuPage County public schools in 42 districts, Kane County School District U-46 and its eight schools in DuPage County, and 46 DuPage County private schools to obtain data to determine the prevalence of overweight and obesity among children and adolescents. The body mass index (BMI) data came from the students’ 2013-2014 State of Illinois Certificate of Child Health Examinations (school physical) forms. “Overweight or obese” is defined as a BMI at or above the 85th percentile while “obese” is defined by a BMI at or above the 95th percentile.

For 2013-14, of the 31,060 kindergarten, sixth grade and ninth grade students included, 29.6% were overweight or obese and 14.2% were obese. Records were received for 96.2% (227/236) of public school classes. Additional records were received for 19.3% of private school classes. FORWARD has collected 101,064 public and private school student records over the last four years with over 90% public schools participating for the past three consecutive academic years.

While national obesity prevalence in recent years has held steady, DuPage County experienced a 1% decrease in public school BMI percentile prevalence rates in 2012-13, with the 2013-14 rates remaining stable. Comprehensive approaches to preventing childhood obesity, like those being undertaken by FORWARD, are associated with modest declines in obesity rates.²

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**Participating Public School Students**

**Prevalence of Overweight and Obesity**

**In Kindergarten, Sixth Grade, and Ninth Grade**

**By Academic Year 2010 - 2014**

<table>
<thead>
<tr>
<th>Year</th>
<th>Overweight or Obesity</th>
<th>Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>31.1%</td>
<td>15.5%</td>
</tr>
<tr>
<td>2011-12</td>
<td>31.0%</td>
<td>14.5%</td>
</tr>
<tr>
<td>2012-13</td>
<td>29.9%</td>
<td>14%</td>
</tr>
<tr>
<td>2013-14</td>
<td>29.7%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

**By Class 2013 - 2014**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Overweight or Obesity</th>
<th>Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>32.2%</td>
<td>15.4%</td>
</tr>
<tr>
<td>6th Grade</td>
<td>30.2%</td>
<td>14.8%</td>
</tr>
<tr>
<td>9th Grade</td>
<td>26.5%</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

**By Sex 2013 - 2014**

**Overweight or Obesity**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>31.2%</td>
</tr>
<tr>
<td>Female</td>
<td>28.1%</td>
</tr>
</tbody>
</table>

**Obesity**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>16.1%</td>
</tr>
<tr>
<td>Female</td>
<td>12.5%</td>
</tr>
</tbody>
</table>
Public School Students Obesity Prevalence and Demographics by FORWARD Region for the 2013 - 14 Academic Year*

Includes only participating schools and their students (n=30,174)

<table>
<thead>
<tr>
<th>% Overweight or Obesity</th>
<th>North West</th>
<th>North East</th>
<th>Central East</th>
<th>South East</th>
<th>South West</th>
<th>All Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31.2</td>
<td>35.5</td>
<td>34.0</td>
<td>26.3</td>
<td>25.8</td>
<td>29.7</td>
</tr>
<tr>
<td>% Obesity</td>
<td>15.8</td>
<td>18.5</td>
<td>16.6</td>
<td>11.8</td>
<td>11.3</td>
<td>14.4</td>
</tr>
<tr>
<td>% Low Income‡</td>
<td>31.2</td>
<td>43.2</td>
<td>39.6</td>
<td>20.5</td>
<td>12.8</td>
<td>26.8</td>
</tr>
<tr>
<td>% Asian‡</td>
<td>10.6</td>
<td>4.8</td>
<td>9.4</td>
<td>9.7</td>
<td>18.0</td>
<td>11.4</td>
</tr>
<tr>
<td>% Black‡</td>
<td>5.8</td>
<td>2.3</td>
<td>8.7</td>
<td>7.9</td>
<td>8.8</td>
<td>6.7</td>
</tr>
<tr>
<td>% Hispanic‡</td>
<td>27.3</td>
<td>48.0</td>
<td>28.3</td>
<td>12.5</td>
<td>11.6</td>
<td>23.3</td>
</tr>
<tr>
<td>% White‡</td>
<td>53.0</td>
<td>42.0</td>
<td>50.4</td>
<td>66.4</td>
<td>56.8</td>
<td>54.9</td>
</tr>
</tbody>
</table>

* Although this report provides low income and race/ethnicity demographics at the school or grade population level, respectively, FORWARD could not collect that information for individual students when collecting BMI data. It cannot be determined if the overweight or obese children are the low income children or if they are Asian, Black, Hispanic, or White. Thus, correlations cannot be made between the effect of being low income or of being from any specific race/ethnicity on the prevalence of overweight or obesity. Observations may be made, however, of overweight and obesity rates among regional student populations of various low income and racial/ethnic compositions.
† Low income data were available at the school level, based on all enrolled students.
‡ Race/ethnicity data were available at the class level (e.g., grades K, 6, or 9) per school.

In the 2013-14 academic year, the Northeast region had the highest rate (35.5%) of overweight or obese public school students as well as the highest rate of obesity (18.5%).

The Southwest region had the lowest overweight or obesity rate (25.8%) and the lowest obesity rate (11.3%).

Public School Students Prevalence of Overweight and Obesity by FORWARD Region for the 2013 - 14 Academic Year

98 of 100 United States are obese. Changes made now will not only affect today’s children but will have a positive, compounding effect as those children enter adulthood and have their own families.

31.2% Overweight or Obesity
15.8% Obesity
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11.3% Obesity
26.3% Overweight or Obesity
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30.5% Overweight or Obesity
14.5% Obesity
31% Overweight or Obesity
15% Obesity
29% Overweight or Obesity
13% Obesity

IMPORTANCE

With at least one in four kindergarteners entering school already overweight or obese, and even higher rates observed in subsequent grades, reducing obesity rates is critical to improving the health of DuPage County. Obese children are more likely to develop high blood pressure, high cholesterol, type 2 diabetes, and other serious health, social, and psychological problems as compared to healthy weight children. Due to these obesity-related issues, many are predicting that the life expectancy of today’s children may be shorter than that of their parents. Children who are obese during childhood are more likely to be obese as adults. Additionally, if either parent is obese, the child has a significantly greater risk of obesity in adulthood. This is especially concerning since more than one-third of adults in the United States are obese. Changes made now will not only affect today’s children but will have a positive, compounding effect as those children enter adulthood and have their own families.
RECOMMENDATIONS

Given the magnitude of the obesity epidemic and the multitude of factors contributing to it, approaches targeting solely the individual are not sufficient. Experts agree that “the environment, rather than biology, is driving this epidemic.” While “individual-level changes are important, individuals are more likely to sustain healthy lifestyles when the environment in which they live supports those behaviors. Individual level approaches are most effective if they are matched with policy, systems, and environmental change strategies” with efforts directed toward making the healthy choice the easy choice. Policy, systems, and environmental changes can broadly affect a large population and are more likely to be sustainable. Additionally, research supports focusing prevention efforts on children and getting them on a healthy path early in life.

FORWARD recommends the following:

- Implement policy, systems, and environmental (PSE) changes to make the healthy choice the easy choice.
- Implement changes where you or your family work, learn, play, worship, and live (your home and community).
- Increase opportunities for healthy eating and drinking.
- Increase physical activity opportunities.
- Support schools in promoting healthy eating and physical activity. “Healthier kids perform better on tests, are more focused in class, behave better, are absent less, and have higher self-esteem.”

A Note on Sensitivity: When talking with children about nutrition and physical activity, FORWARD agrees with many experts that weight should not be the primary focus; healthy food choices and increased physical activity should be the focus with a shared goal of promoting healthy self-esteem and a healthy body image.

FORWARD (Fighting Obesity Reaching healthy Weight Among Residents of DuPage) is a countywide coalition comprised of leaders in communities, schools, health care, faith, and businesses working together to reverse the obesity trend. FORWARD strives to make policy, systems and environmental changes so all children and families in DuPage County can achieve and maintain a healthy lifestyle. FORWARD invites anyone working towards a similar goal to join us in this effort.

For additional information, visit www.dupagehealth.org/bmi.

References
3. Illinois State Board of Education (ISBE). 2013-14 Students Housed by Serving School: Students Housed by Grade, Gender, Race/Ethnicity. http://www.isbe.state.il.us/research/html/fall_housing.htm (accessed April 9, 2014). Per the ISBE, low income is calculated as follows: Low socioeconomic status (SES), or low-income students, are pupils aged 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds, or eligible to receive free or reduced-price lunches.
5. Hoffman J, Salerno JA, Moss A. The Weight Of The Nation: To Win We Have To Lose (pp. 21-22). New York: St. Martin’s Press. 2012.
10. The 5-4-3-2-1 Go!® message was created by the Consortium to Lower Obesity in Chicago’s Children (CLOCC). 5-4-3-2-1 Go!® is a registered trademark and Copyright © 2004 Ann & Robert H. Lurie Children’s Hospital of Chicago. All rights reserved. www.clocc.net.
11. Follow the 5-4-3-2-1 Go!® guidelines.