

SEQUIM SCHOOL DISTRICT WELLNESS POLICY

Statement: The Sequim School District (SSD) has a role in each student learning and developing healthy life style practices and the prevention, early detection and early intervention of childhood obesity.

Goal of the Sequim School District Wellness Policy

The Sequim School District Wellness Policy supports the fulfillment of the District mission by establishing priority and focus on the school environment that promotes the health and physical potential of each student in District.

Mission Statement of Sequim School District

On behalf of the Sequim Community, the School District shall inspire and achieve excellence in the academic, creative, and physical potential of each student.

Scope of the SSD Wellness Program

An age appropriate Sequim School District Wellness Policy integrated throughout all District schools and locations that engages all school sites and departments.

Definitions

Wellness is the state or condition that includes healthy nutrition, physical fitness, mental/emotional fitness and healthy life style.

Wellness Policy Criteria

1. Achievable, sustainable and measurable
2. Positive opportunity to learn and practice healthy living
3. Integrated Districtwide
4. Age-appropriate
5. Equitable (non-discriminatory)

Wellness Policy Objectives

1. To make recommendations and continually define Sequim School District's role in improving/sustaining healthy nutrition, healthy physical activity and healthy choices of students in the District.
2. To create an environment in all Sequim School District settings that is supportive of students' awareness and efforts to eat healthy and be physically active by implementing policies, programs and practices that support healthy eating and regular physical activity
3. To standardize access to age appropriate nutrition and fitness education, and activities that positively contribute to wellness and the development of life long healthy choices.
4. To provide opportunities for students to learn about and practice learned wellness/fitness behaviors.
5. To provide opportunity for detection and early intervention in childhood obesity.

6. To individualize confidential plans to meet student health needs as requested by students and/or parent/guardian(s) of younger students related to preventable and treatable conditions of childhood obesity.
7. To seek partnerships in the community that will result in increased attention to making healthy choices in nutrition and physical activity, including collaborative programs for early intervention in childhood obesity.

Recommendations for Implementation and Sustainability

- Although, the Wellness Policy is primarily facilitated by Sequim School District Health Services, the program must be accepted/sponsored in all settings, by all departments, grade level representatives and at all levels of the District. Engagement of the interest and support of administration, each school's principal and department heads is essential to the success and sustainability of the Wellness Program.
- A Sequim School District Wellness Advisory Group be formally appointed by the Sequim School District Board to continue support, assess the effectiveness and recommend modifications to improve/expand the school's Wellness Policy.
 - ✓ Membership will consist of representatives from each school such as fitness and health educators, school staff, school administrators, Sequim School District food services representative, Sequim School District students and their parents, health care professional(s) and/or provider(s), and community members.
 - ✓ Interested volunteers must be willing and available to serve on the advisory group for a term of one year
 - ✓ The Wellness Advisory Group will be convened by SSD Health Services no less than three times during the school year
 - ✓ The Wellness Advisory Group will report regularly and no less than annually to the Board as determined by the District Superintendent.
- Sequim School District will collaborate with other community groups to gain and lend support to those community activities and resources that support an environment for learning and practicing healthy lifestyle choices.
- The Sequim School District Wellness Advisory Group will be responsible for identifying costs and funding sources for program activities not in the District's budget.

Specific Wellness Task Force Recommendations related to Program Objectives

To implement Sequim School District's role in improving/sustaining healthy nutrition and physical activity behaviors of students, and

To create a school environment that is supportive of students' efforts to eat healthy and be active by implementing policies and practices that support healthy eating and regular physical activity;

- It is recommended that the Sequim School District adopt "Ready Set Go! 5210" as the Sequim School District's Wellness Policy theme for the Districtwide integrated, age (developmentally) appropriate Wellness Program.

Resource: 5-2-1-0 Let's Go! <http://www.letsgo.org/> (<http://www.letsgo.org/toolkits/hc-toolkits/>)

- ✓ 5 – eat 5 servings of fruits and vegetables each day
- ✓ 2 – limit recreational screen time to 2 hours or less each day
- ✓ 1 – have at least 1 hour of activity each day
- ✓ 0 – zero sugary drinks each day

Action plan:

1. To standardize access to age appropriate nutrition and fitness education, and activities that positively contribute to wellness and the development of life long healthy choices and
2. To provide opportunities for students to learn about and practice learned wellness/fitness behaviors.

Recommendations Related to Nutritional Fitness

“It isn't about weight; it's about wellness.”

1. Extend the Greywolf Elementary birthday celebration policy to Helen Haller Elementary.
 - a) Eliminate every student classroom birthday celebration with treats. Have instead an alternate celebration: 4 birthday celebrations at each elementary school during the school year in which students with birthdays in certain months are celebrated (i.e.: November, March, May and June).
 - b) School provides birthday treats that promote healthy choices and controls for allergens
2. Continue and evolve current efforts to recognize achievement in non-food ways. Limit the use of food as a reward and save high caloric sweets for very special and infrequent celebrations of success. In other events, at which food is part of the celebration, offer healthy choices.
3. Engage teachers/staff/students/parents by asking them to share stories of success in transitioning to healthy choice and to look for ways they can role model healthy choices to students
4. Plan for providing adequate breakfast and lunch time and facilities for healthy eating
5. Continue and evolve efforts to reduce sugar content in foods and drinks provided by the District with the goal of limiting unnecessary sugar intake. Future focus to include:
 - ✓ Reduction of processed foods with unnecessary sugar added
 - ✓ Reduction of sugary drinks such as fruit juices and chocolate milk
6. Recommend teachers and staff address a plan/time table to eliminate the sale of sugary and diet drinks through vending machines in staff lounges, and find alternatives to unhealthy fundraisers, to promote a healthier school environment.
7. Consider long term planning for program expansion that includes the concept of “from farm to table” (Involve local food providers/growers).
8. Consider evaluating the effectiveness of recommendations through measuring the increase, maintenance, or decrease in waste of school food.
9. Continue to encourage parents to provide water bottles for students.

10. Ensure convenient/accessible water bottle filling resources in each school.

Recommendations Related to Physical Fitness

“It isn’t about thinness; it’s about fitness.”

- **Grades K-5**

- ✓ K-5 Health and Fitness Educators to test each child at intervals. Standards test will be:
 - Cardio respiratory (PACER) with positive encouragement to achieve their best
 - Prior notice to be sent to parents that FitnessGram curriculum includes height and weight measurements. Measurements will be given to parent/guardian(s) (not child), see next recommendations.
 - Measurements will be collected as a whole, without identifying child, in order to establish a reliable baseline of prevalence of fitness problems and measure program effectiveness.
- ✓ K-5 Health and Fitness Educators to design and implement a pilot of FitnessGram curriculum which includes the above testing and notification of results to parents for each child. Notification will refer parent to teacher’s school website that will explain results and provide options for additional information by directing them to the following website: Web MD and Stanford present Raising Fit Kids: Healthy Nutrition, Exercise and Weight; Fit Kids BMI Calculator; <http://www.webmd.com/parenting/raising-fit-kids/weight/bmi/bmi-calculator>
 - Health and Fitness Educators to have FitnessGram training/re-training
 - Pilot design will include a timeline and evaluation metrics
 - Metrics will include results of a survey to parents regarding program
- Health and Fitness Educators may seek input from the SSD Wellness Advisory group in design, implementation and/or evaluation
- ✓ Health and Fitness Educators will track and monitor requests to be excused from PE from parent/guardian(s). Teacher will talk with student and determine level of participation.
- ✓ Health and Fitness Educators will refer excessive parent/guardian(s) requests and forward medical excuses and any observed health concerns to SSD Health Services for follow up, if needed, by school nurse.

- **Grades 6-12**

- ✓ Middle School students are tested for level of physical fitness at least 2 times/yearly.
- ✓ High School students are tested for level of physical fitness 2-3 times/semester.
- ✓ Standard tests are:
 - Push-ups
 - Sit-ups
 - Mile run
 - Sit and reach
 - Pacer (Cardio respiratory)
- ✓ Students are given the results of the tests and are encouraged to set goals and achieve their best.
- ✓ Health and Fitness Educators will track and monitor requests to be excused from PE from parent/guardian(s). Teacher will talk with student and determine level of participation.

- ✓ Health and Fitness Educators will refer excessive parent/guardian(s) requests and forward medical excuses and any observed health concerns to SSD Health Services for follow up, if needed, by school nurse.
- **Create positive opportunities to access outdoor recreation such as hiking clubs.**
 - ✓ To provide opportunity for detection and early intervention in childhood obesity and
 - ✓ To alert parents of potential health problems and be available to assist in individualizing action plans to meet student health needs as required by District policy and/or as requested by high school students and/or parent(s) of younger students related to preventable and treatable conditions of childhood obesity.
- **Focus on K-5 students**
 - ✓ The Wellness Program Task Force identified K-5 as the point for early intervention in unhealthy patterns of eating or physical activity that could be resulting in childhood obesity.
 - ✓ The goal is the integration of healthy nutrition and physical activity choices into daily life with the intention of taking advantage of the preadolescent growth spurt.
 - ✓ The Wellness Program Task Force recognizes the sensitivity surrounding obesity and fear of creating an unhealthy sense of self; therefore proposes confidential individual planning with concerned parents by the school nurse.
 - ✓ In order to determine the prevalence of obesity and have some measure of the impact of early identification and intervention, The Task Force proposes that Health and Fitness Educators measure height and weight of fourth and/or fifth grade students in a setting that assures confidentiality. The purpose is to develop a data base for prevalence over time. The results for all children measured will be sent to SSD Health Services for data base and calculation. Accepted calculation to determine child BMI (Body Mass Index) and place child on growth chart. Results will be held confidential and only reported in the aggregate. Resource: Web MD and Stanford present Raising Fit Kids: Healthy Nutrition, Exercise and Weight; Fit Kids BMI Calculator;
<http://www.webmd.com/parenting/raising-fit-kids/weight/bmi/bmi-calculator>
 - ✓ In addition, school staff will notify SSD Health Services of names of individual students with observed difficulties in participating in physical education classes. School nurse will evaluate growth chart metric for implications and initiate call to parent if needed for the purposes of additional screening and planning for student's health needs.
- School staff be encouraged to recognize the behaviors of individual students that are likely to contribute to the student's obesity, observable health concerns or limitations atypical for age level and refer to SSD Health Services for confidential follow up by school nurse.

Recommendations Related to Mental, Emotional and Social Fitness

- The Wellness Program Task Force recognizes the importance of mental, emotional and social fitness in making healthy choices.
- The Wellness Program Task Force recommends that if/when a permanent Wellness Advisory Group is established that the Group's scope be expanded to include mental, emotional and social fitness as it relates to making healthy choices.

- The Wellness Program Task Force recommends that the expanded scope address issues of drug abuse in school years leading to crippling addiction.
- The Wellness Program Task Force suggests that the Wellness Advisory Group review Healthy Youth Survey results and use them as a tool to suggest additions to the Wellness Program

Suggestions for forming a Sequim School District Wellness Advisory Group:

- One (1) year commitment
- May require efforts outside of the meetings
- Three (3) meetings annually plus a Board Meeting
- Suggested Members
 - ✓ Community members (OSPI mandates school engagement with community)
 - ✓ School nurse(s)
 - ✓ Health care professionals
 - ✓ Health care providers
 - ✓ Health and Fitness Educator from each school (5)
 - ✓ School staff
 - ✓ Parents
 - ✓ Students
 - ✓ District Administrators
 - ✓ Building Administrators
 - ✓ Food Services representatives

CORE WELLNESS PROGRAM DEVELOPMENT TASK FORCE MEMBERS

- Bertha Cooper, Chair/Community
- Sonja Bittner RN, School Nurse, Co-facilitator/SSD
- Kerry Wyman-Webb RN, School Nurse, Co-facilitator/SSD
- Cherry Bibler RPT, SSD
- Laurie Campen, SSD Food Services
- Doug Hastings, Health and Fitness Educator, Greywolf;
- Kiara Pierson, HS Student
- Bridget Singleton, Health and Fitness Educator, HS
- Holly Thornton, Health and Fitness Educator, Helen Haller
- Jolie Will, Greywolf Para Educator
- Jacob Wright, Community
 - ❖ Task Force Consultants:
 - ❖ Monica Dixon PhD, RD
 - ❖ Michelle Turner ARNP/Peninsula Children's Clinic

SEQUIM SCHOOL DISTRICT WELLNESS POLICY RECOMMENDATIONS

APPENDIX A

“READY SET GO 5210” Implementation Strategy Recommendations

- Focus on engaging students
 - ✓ Engage parents through engaging students
 - ✓ Send mass e-mail to parents introducing “Ready Set Go 5210” activities they may hear about from their children in K-6 and middle/HS (Needs more discussion)
- Introduce to teachers at District Day for Teachers
- SSD Health Services adopt 5210 logos on all communication materials
- Each school to designate an adult champion or more if interest. Champions will be volunteers who have a particular interest in wellness and the program. HS may have student champions as well.
- K-6 schools have a large banner located in the activity/cafeteria to inspire interest, educate and involve
- Middle school and HS have large banners in gym and cafeteria to inspire interest, educate and involve
- Place pamphlets in area of cafeteria lines and snack bar
- Acquaint teachers of health/PE with “Ready Set Go 5210” tool kits as a resource for their curriculum development and including the program in classes
- Propose to HS leadership/marketing/art classes to become involved in “marketing “Ready Set Go 5210” as an exercise in leadership.
- Use existing methods of communication to promote such as:
 - ✓ Pop up ad on School website
 - ✓ Inform and enlist interest and participation from PTO and parent clubs
 - ✓ Postings on existing boards used for communication of important information
 - ✓ Hold “Ready Set Go 5210” dinner/activity night for parents/students
 - ✓ Periodic “Ready Set Go 5210” message on reader board
 - ✓ Creatively tie the theme “Ready Set Go 5210” into other existing activities such as health fair at beginning of school year
- Engage students in new ways such as:
 - ✓ Provide a coloring page with theme for children to take home and color
 - ✓ Hold “Ready Set Go 5210” poster contest
 - ✓ Hold health food recipe contest
 - ✓ Have opportunity for students to taste test for including in future menu
 - ✓ Have student groups plan a health meal for menu given guidelines
- Integrate 5210 activities/events with Sequim/Greater Dungeness Valley Healthy Communities Coalition

SEQUIM SCHOOL DISTRICT WELLNESS POLICY

APPENDIX B

REFERENCES AND RESOURCES

OSPI's School Wellness Policy: Best Practices for Policy Development, Implementation and Evaluation:

<http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiqlp-j5HLAhUH52MKHdeKDIcQFggdMAA&url=http%3A%2F%2Fwww.k12.wa.us%2FChildNutrition%2FSchoolWellness%2FSchoolWellnessManual.pdf&usg=AFQjCNHNBlumEyYdUnr6lewypezG7YrNSw>

OSPI - <http://www.k12.wa.us/ChildNutrition/SchoolWellness/>

Center for Disease Control and Prevention website:

<http://www.cdc.gov/healthyyouth/npao/index.htm>

Centers for Disease Control (CDC): Body Mass Index Measurement (BMI) in Schools:

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiFnZnHkJHLAhVU62MKHa_6CPEQFggdMAA&url=http%3A%2F%2Fwww.cdc.gov%2Fhealthyyouth%2Fobesity%2FBMI%2FBMI_measurement_schools.htm&usg=AFQjCNGKJajF4iHr5OOXhK2Znq6Msvvzpq

CDC BMI measurement in Schools Executive Summary:

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwiFnZnHkJHLAhVU62MKHa_6CPEQFggIMAE&url=http%3A%2F%2Fwww.cdc.gov%2Fhealthyschools%2Fobesity%2FBMI%2Fpdf%2FBMI_execsumm.pdf&usg=AFQjCNHx1TodXkwqy9fT8sKglgrrKfYvew

World Health Organization Report on the Commission on Ending Childhood Obesity:

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=7&cad=rja&uact=8&ved=0ahUKEwienfeCk5HLAhWJMGMKHdiFAWAQFghMMAAY&url=http%3A%2F%2Fapps.who.int%2Firis%2Fbitstream%2F10665%2F204176%2F1%2F9789241510066_eng.pdf&usg=AFQjCNGQhZaf8uGxolXhwxrj1kV0nf599w

5-2-1-0 Goes to School Wellness Policy Guide-Let's Go!

http://www.letsgo.org/wp-content/uploads/LG_Wellness_Policy_Guide-2013_FINAL.pdf

5210 Let's Go Message - <http://www.letsgo.org/>

Greywolf Elementary Birthday celebration document

Fitness Gram - <http://www.fitnessgram.net/>

SSD Anaphylaxis Prevention and Response 3420P:

<http://www.sequim.k12.wa.us/cms/lib6/WA01000561/Centricity/Domain/16/3000%20-%20Students/3420Procedure%20Anaphylaxis%20Prevention%20and%20Response.pdf>

SSD's Nutrition and Food Services Policy #6700 & Procedure #6700P: (Federal and State (WACs) Regulation)

<http://www.sequim.k12.wa.us/cms/lib6/WA01000561/Centricity/Domain/16/6000%20-%20Management%20Support/6700.pdf>

<http://www.sequim.k12.wa.us/cms/lib6/WA01000561/Centricity/Domain/16/6000%20-%20Management%20Support/6700P.pdf>

OSPI Washington State k-12 Health and Fitness Learning Standards:

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjnjsS_nJHLAhUBxWMKHx98ABIQFggdMAA&url=http%3A%2F%2Fwww.k12.wa.us%2Fhealthfitness%2FStandards-GLEs%2FHealthFitnessStateStandards.pdf&usg=AFQjCNEoFHCYJy2P9u8girNbEJzIcRn_Ow

American Academy of Pediatrics:

<http://search.aap.org/?source=aap.org&k=childhood%20obesity%20in%20schools>

National Food Service Management Institute (NFSMI): Eating at School a summary of NFSMI Research on Time Required by Students to Eat Lunch:

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&ved=0CCcQFjADahUKEwj9ro-gsYTJAhUQ8WMKHfVNBmo&url=http%3A%2F%2Fwww.schoolwellnesspolicies.org%2Fresources%2Feating_at_school.pdf&usg=AFQjCNFTP66qkG_iYkQAickAvZs4dpZInA&bvm=bv.106923889,d.cGc

First Lady Michelle Obama Launches Let's Move: America's Move to Raise a Healthier Generation of Kids:

Healthy Hunger-Free Kids Act (HHFKA) of 2010:

<http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjHmcedyJPLAhUN2GMKHXYEDUwQFggdMAA&url=http%3A%2F%2Fwww.fns.usda.gov%2Fschool-meals%2Fhealthy-hunger-free-kids-act&usg=AFQjCNHznxBZdDdSI-73GnjdPh0EOyHTKg>

<http://www.letsmove.gov/>

http://www.letsmove.gov/sites/letsmove.gov/files/TaskForce_on_Childhood_Obesity_May2010_FullReport.pdf

“Fighting Obesity in Public Schools”, Policy Brief 2006 website:

http://www.princeton.edu/futureofchildren/publications/docs/16_01_PolicyBrief.pdf

Washington State School Directors' Association (WSSDA) **JUNE 2015 POLICY AND PROCEDURE 6700 Nutrition and Physical Fitness policy and procedure updated to address conflicts of interest, equity, standards.**

www.wssda.org

TIME Magazine, March 3, 2014

http://search.time.com/results.html?N=45&Ns=p_date_range|1&Ntt=obesity&Nf=p_date_range%7cBTWN+20140301+20140431

JAMA Pediatrics, online April 07, 2014

<http://archpedi.jamanetwork.com/article.aspx?articleid=1856480>

APPENDIX C
SEQUIM SCHOOL DISTRICT DATA
RELATED TO RATES OF CHILDHOOD OBESITY
DRAFT 04/16/14 (bdc)

REPORT PREPARED BY: Bertha D. Cooper, Volunteer Health Program Development Planner to School District

PREPARED UNDER DIRECTION OF: Sonja Bittner, RN, School District Nurse

PURPOSE OF REPORT: To determine incidence/baseline of childhood obesity and overweight as a factor in engaging the school system and/or community at large in assessing current and planning future programs/services for children.

Data Base: Data gathered from routine height and weight check of students in third, fourth and fifth grade in April/May 2013 (n=285)

Data Calculation and Related Assumptions:

- Children are not identified except by school grade, gender, height, weight and birthdate
- Recorded birthdate, gender, weight and height were used to calculate children BMI and BMI percentile (placement on range of BMI compared to other children of same age)
- Web MD site used to calculate: <http://www.webmd.com/parenting/raising-fit-kids/weight/bmi/bmi-calculator> The website is available to any parent to evaluate child's height and weight and provides information related to any problems seen such as obesity, overweight and underweight.
- The data and calculations replace those given in March 10, 2014 report when birthdates not included in data.
 - Data used was from measure taken in the spring of 2013. One year was added to birthdate year in order since calculation on website uses present date. For example a birthday of 01/12/03 was advanced to 01/12/14.
 - 4-5 weights/heights were calculated without accurate birthdate so birthdate used was the birthdate of the child that preceded them on the list.
 - Note that children BMIs are not comparable to adult BMIs.
 - BMI Percentile ranges:
 - Below 5 – underweight
 - 5 to 85 – healthy weight
 - 85 to 95 – overweight
 - 95 to 99 - obese

Examples of Calculation:

- Boy child 8 years old (dob: 07/04/05) 4'7" 82 pounds has 19.1 BMI and in 89 percentile (overweight)
- Boy child 8 years old (dob: 07/04/05) 4'7" 107 pounds has 24.9 BMI and in 98 percentile (obese)

- Girl child 8 years old (dob: 07/04/05) 4'8" 80 pounds has 17.9 BMI and in 77 percentile (healthy weight)
- Girl Child 8 years old (dob: 07/04/05) 4'10" 120 pounds has 25.1 BMI and in 98 percentile (obese)
- Boy child 8 years old (dob: 05.04.05) 4'0" 45 pounds has 13.7 BMI and in 3 percentile (underweight)
- Girl Child 8 years old (dob: 07/04/05) 4'3" 73 pounds 19.7 BMI and in 89 percentile (overweight)

Consequences of obesity in children:

Obese children are more likely to have or be at risk for (CDC "Basic about Childhood Obesity")

- ✓ high blood pressure and high cholesterol
- ✓ Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- ✓ Breathing problems such a sleep apnea and asthma
- ✓ Joint problems and musculoskeletal discomfort
- ✓ Fatty liver disease, gallstones, and gastro esophageal reflux
- ✓ Social and psychological problems such as discrimination and poor self-esteem
- ✓ Obese Children are more likely to become obese adults

**SEQUIM SCHOOL DISTRICT SPECIFIC GRADE DATA
RELATED TO RATES OF CHILDHOOD OBESITY
Addendum DRAFT 04/16/14 (bdc)**

REPORT PREPARED BY: Bertha D. Cooper, Volunteer Health Program Development
Consultant to School District

PREPARED UNDER DIRECTION OF: Sonja Bittner, RN, School District Nurse

SEQUIM THIRD GRADE BMI CALCULATIONS

BMI percentile Placement for 4 third grade classes measured March/April 2013 using the described assumptions and method: N=96

- Obese and overweight children 31% n=30 (13 boys, 17 girls)
- Obese children 24% n=23 (10 boys, 13 girls)
- Overweight children 7% n=7
- Healthy weight children 68% n=66

Height Range: 4'0" to 5'1"

Weight Range: 55 lbs. to 131 lbs.

SEQUIM FOURTH GRADE BMI CALCULATIONS

BMI percentile Placement for 4 fourth grade classes measured March/April 2013 using the described assumptions and method: N=89 weights

- Obese and overweight children **37%** n=33 (17 boys, 13 girls)
- Obese children **28%** n=25 (10 boys, 13 girls)
- Overweight children 9% n=8
- Healthy weight children 63% n=56

Height Range: 4'1'' to 5'3''

Weight Range: 60 lbs. to 201 lbs.

SEQUIM FIFTH GRADE BMI CALCULATION

BMI percentile Placement for 4 fifth grade classes measured March/April 2013 using the described assumptions and method: N=100 weights

- Obese and overweight children 30% n=30 (14 boys, 16 girls)
- Obese children 19% n=19 (10 boys, 9 girls)
- Overweight children 12% n=12
- Healthy weight children 69% n=69
- Underweight child (1st percentile) 1% n=1

Height Range: 4'5'' to 5'4''

Weight Range: 60 lbs. to 199 lbs.

SUMMARY SEQUIM BMI CALCULATIONS

BMI percentile Placement for 12 third, fourth and fifth grade classes measured March/April 2013 using the described assumptions and method:

N=285 weights (144 boys, 141 girls)

- Obese and overweight children **32.6%** n=93
- Obese children **23.5%** n=67
- Overweight children 9% n=27
- Healthy weight children 67% n=191
- Underweight child (1st percentile) 1% n=1

National Comparisons:

- 32% of children ages 2 to 19 are overweight or obese (CDC, TIMES magazine March3, 2014)
- 17% of children ages 2 to 19 are obese (CDC, TIMES magazine March3, 2014), JAMA Pediatrics, online April 07. 2014
- 20% of children ages 8-18 are obese (Web MD)

