

Norwalk Student Body Mass Index Report

2012-2013 Overview and 1997-2012 Trends

Norwalk Health Department
Norwalk Public Schools
Yale Rudd Center for Food Policy & Obesity
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Contents

- Page 2 Executive Summary
- Page 3 Introduction and Demographics
- Page 5 Rates of Overweight and Obesity in Norwalk Public Schools, 2012
- Page 6 Overweight and Obesity in Norwalk Compared with State and National Averages
- Page 7 Norwalk Children at Highest Risk for Overweight and Obesity
- Page 10 Changes in Childhood Overweight and Obesity in Norwalk Public Schools Over Time
- Page 13 Likelihood of Changing Weight Category Over Time
- Page 14 Differences in Overweight and Obesity across Norwalk Public Schools
- Page 16 Appendix: Methods for Data Collection and Management

Obesity is a serious public health concern in the United States and in Norwalk. Nowhere are the consequences as dire as in our children. To examine the prevalence of obesity in children attending public schools in Norwalk, the Norwalk Health Department and Norwalk Public Schools began a partnership in 2003 to collect data on children's heights and weights. This report summarizes the results through the 2012-2013 school year.

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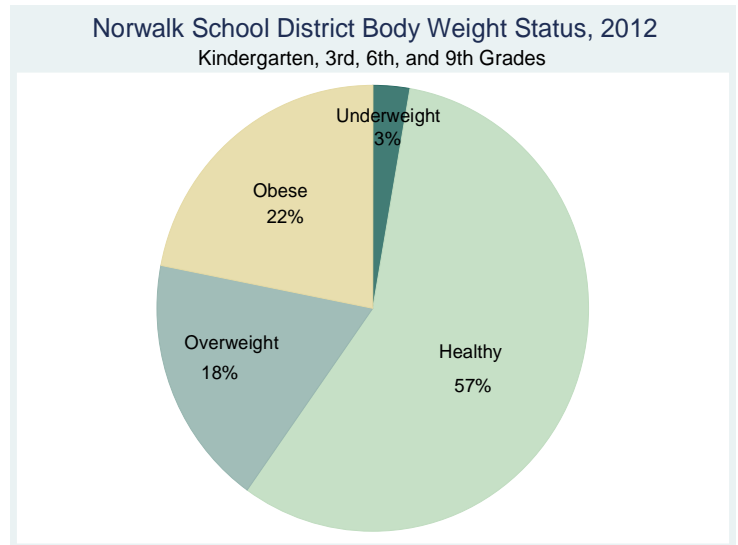


Public Health
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Norwalk Health Department



As part of its work to measure the community's health, the Norwalk Health Department has partnered with Norwalk Public Schools to monitor rates and trends of childhood obesity. The Health Department uses height and weight information from students' Health Assessment Records and measurements taken by school nurses to calculate body mass index (BMI), a proxy measure for body fat that is normally used for obesity surveillance. In collaboration with the Yale Rudd Center for Food Policy and Obesity, the Health Department and Norwalk Public Schools use the BMI information to calculate age- and gender-standardized percentiles and measure body weight status of Norwalk children. By tracking these measurements over time, the Health Department can evaluate community progress in the fight against childhood obesity.

Most recent data for the 2012-2013 school year suggests several important observations. Among all students in the database (kindergarteners, third, sixth, and ninth graders), 40% were overweight or obese, including 22% obese, as seen in the graph on this page. These rates were often higher than state and national averages. Significant differences in the prevalence of overweight and obesity existed between kindergarteners (35%) and students in Grade 3 (45%), Grade 6 (44%), and through high school (39%). Most of the excessive weight gain occurred in elementary school, between kindergarten and third grade. Third grade measurements only began being taken in 2011, so this important finding requires further study. Also, trend data are not yet available for this group of students.



As seen throughout the United States, Hispanic and Black children in this database were often at higher risk of unhealthy weight than White children. In kindergarten, Hispanic children had significantly higher rates of overweight and obesity (43%) than White (28%) or Black children (31%). By Grade 3, rates of overweight and obesity in Black children were still lower than those in Hispanic children (43% vs. 54%) but had surpassed them by Grade 9 (42% vs. 41%). In contrast, rates of overweight and obesity for White children remained between 30% and 34% throughout all grades. Rates of overweight and obesity in each grade remained consistent over time, with a few exceptions. A child's weight status in kindergarten was highly predictive of his/her weight status in later grades.

Key Findings



- In total, 40% of children in the database were overweight or obese in 2012-2013. In many cases, these rates were higher than state and national averages.
- Unfortunately, many children had already reached an unhealthy weight in elementary school.
- Hispanic children and Black children were at higher risk of obesity than White children.
- Trends in overweight and obesity remained relatively consistent over time, with a few exceptions. A child's weight status in kindergarten is highly predictive of his/her weight status in middle and high school.

Introduction and Demographics

Background

Childhood obesity poses a tremendous public health challenge in Norwalk and throughout the United States. Approximately 17% (12.5 million) of US children and teens (2 to 19 years old) are obese, and over a third are overweight or obese.^{1,2} The high number of overweight and obese children is alarming because obesity contributes to the development of many chronic diseases, including heart disease, type 2 diabetes, and high blood pressure. In addition, obese children are more likely to develop social problems such as low self-esteem and are more likely to be obese in adulthood.³

In 2003, the Norwalk Health Department began to investigate the prevalence of obesity among children attending Norwalk public schools. With help from Norwalk Public Schools and the Yale Rudd Center for Food Policy and Obesity, the Health Department compiles and analyzes height and weight data from students' Health Assessment Records and measurements from school nurses. Results from this project, presented in detail in this report, aim to answer several key questions (see below).

Classifications

Classifications of healthy and unhealthy weight in children and teens are determined by body mass index (BMI) percentiles. A child's BMI percentile represents how he or she compares to other children of the same age and gender, based on standardized information compiled by the US Centers for Disease Control and Prevention (CDC).⁴ These standard categories are used in this report. In some graphs, the categories of overweight and obesity are collapsed together as "overweight/obese." In addition, this year, a new category of interest—severe obesity, when a child's weight status is in the top 1 percentile—was added to some analyses.

Classification	BMI Percentile
Underweight	< 5th percentile
Healthy Weight	≥ 5th to < 85th percentile
Overweight	≥ 85th to < 95th percentile
Obese	≥ 95th percentile
Severely Obese	≥ 99th percentile



Obese children and teens are at higher risk for many health problems in their youth or once they reach adulthood, including heart disease, stroke, high cholesterol, high blood pressure, type 2 diabetes, bone and joint problems, sleep apnea, and some cancers.



Key Questions

- (1) What is the current (2012-2013) prevalence of overweight and obesity in the Norwalk School District?
- (2) How do these rates of overweight and obesity compare with state and national averages?
- (3) Which Norwalk children are at the highest risk for overweight and obesity?
- (4) How has the prevalence of childhood overweight and obesity in Norwalk changed over time?
- (5) What is the likelihood of Norwalk children changing their weight category over time?
- (6) Do differences exist in overweight and obesity among schools within the Norwalk School District?

Students in this Report

Information for this report comes from two sources: 1) Connecticut Department of Education Health Assessment Records, which are completed by students' health care providers and submitted to schools as part of state-mandated physical examinations in kindergarten, sixth, and ninth/tenth grades, and 2) measurements of third graders taken by school nurses. This report refers to each school year by its beginning year (e.g., data from the 2012-2013 school year are labeled as 2012). Data collection for third graders started in 2011, so only two years of data are available for children of that age. In the 2009-2010 school year, the mandated physical requirement shifted from tenth grade to ninth grade; therefore, that year contains data from students in both grades. Finally, Norwalk school nurses back at previous Health Assessment Records to find earlier information for some students. As a result, this report analyzes kindergarten data as far back as 1997 (Table 1).

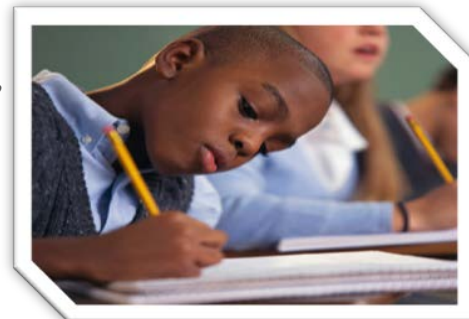


Table 1: Available BMI data by year and grade from Health Assessment Records, Norwalk Public Schools

	Start of the School Year															
	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12
Kindergarten	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Third Grade															✓	✓
Sixth Grade							✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ninth Grade													✓	✓	✓	✓
Tenth Grade											✓	✓	✓			

Racial-Ethnic Demographic Composition

Gender among children was split fairly evenly across all grades examined (K, 3, 6, 9), with boys and girls making up approximately 50% of each grade in the database. In 2012, among all students in the BMI database, the largest racial ethnic group was Hispanic (40%), followed by non-Hispanic White/Caucasian (35%), non-Hispanic Black (19%), and Asian children (5%) (Figure 1). This distribution was similar across all grades examined and was similar to demographic/enrollment data from Norwalk Public Schools.

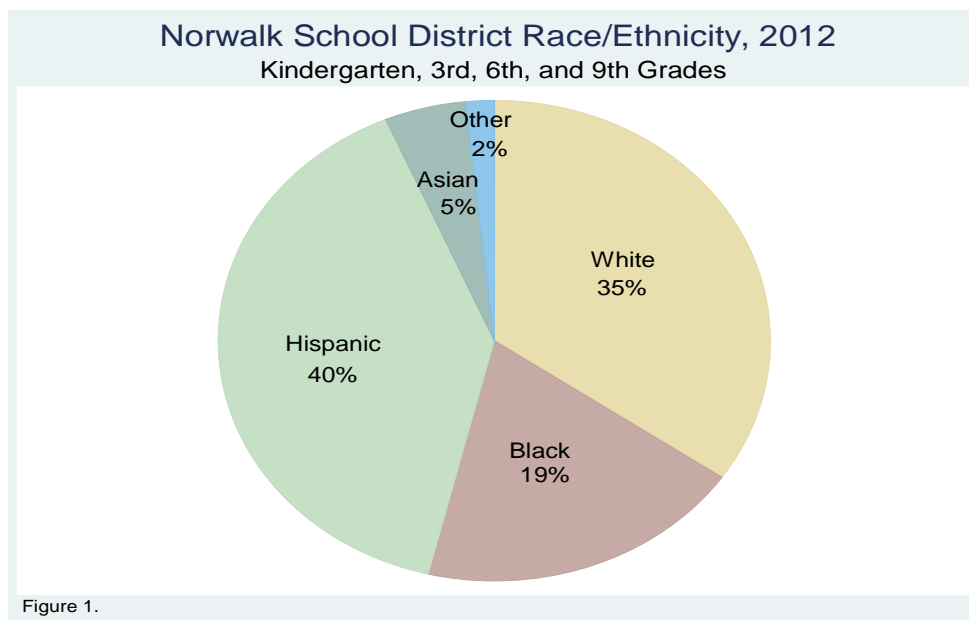
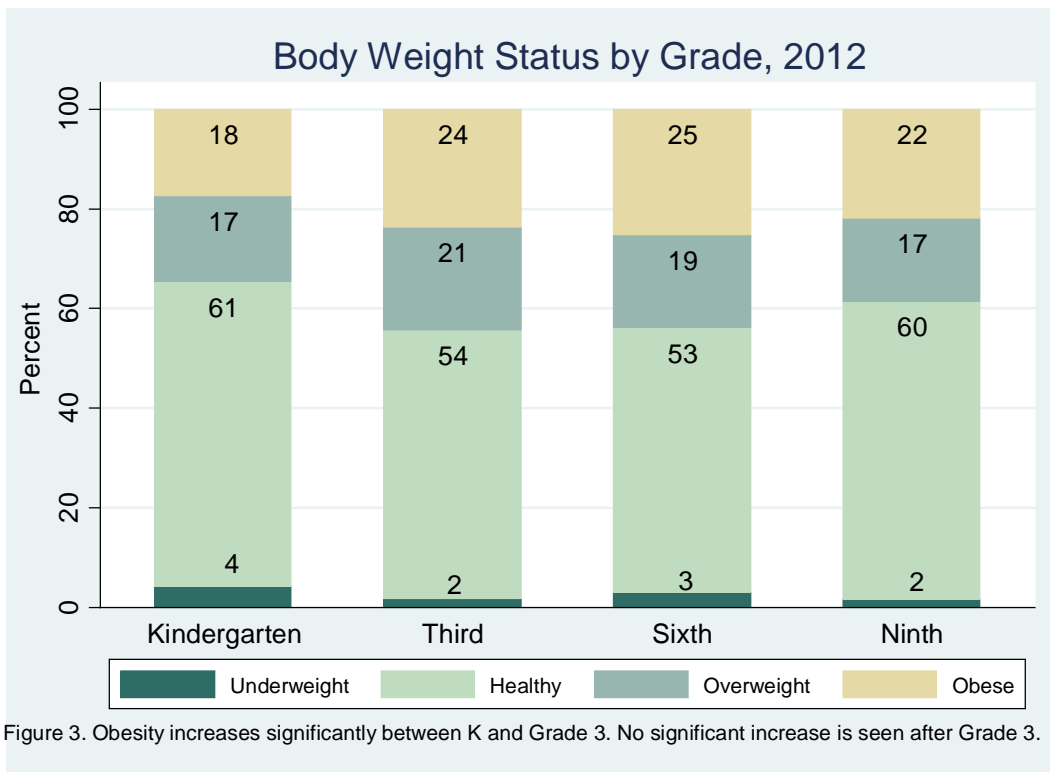
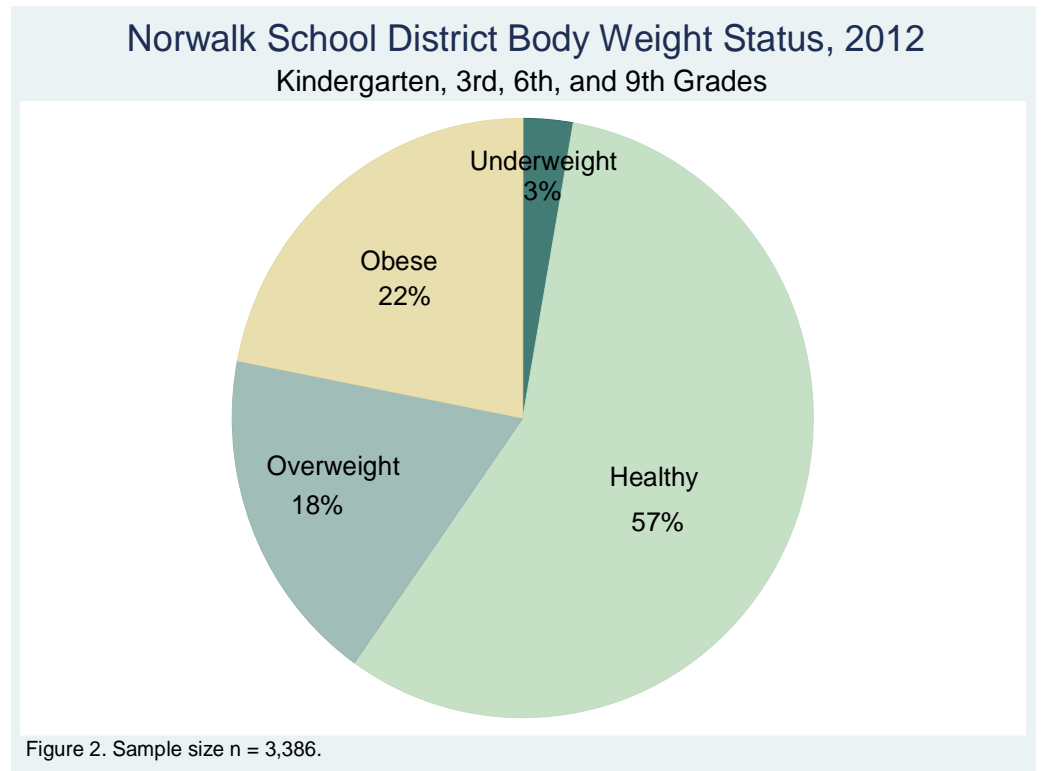


Figure 1.

1 Rates of Overweight and Obesity in Norwalk Public Schools, 2012

Overall

The 2012 data were compiled from kindergarten, third, sixth, and ninth grade students to determine the prevalence of overweight and obesity in children attending public schools in Norwalk (Figure 2). Across all four grades, 40% of children were overweight or obese (18% overweight and 22% obese). This means that 40% of Norwalk children are at increased risk for developing weight-related health conditions.



Rates by Grade

The prevalence of overweight and obesity varied by grade, with the lowest rates among kindergarteners (35%) and the highest rates in third (45%) and sixth grade students (44%) (Figure 3). Notably, the increase in unhealthy weight gain occurred between kindergarten and third grade ($p < 0.001$), after which it stabilized. The reasons for this particularly excessive weight gain among children in elementary school need to be studied further.

2 Overweight and Obesity in Norwalk Compared with State and National Averages

The rates of overweight and obesity in Norwalk children were compared to estimates for children in Connecticut and nationwide. The best data match was available for ninth grade students using government data from the Youth Risk Behavior Surveillance System (YRBSS), which is a survey conducted by the CDC that monitors six types of health risk behaviors in youth in the United States.⁵ Notably, the YRBSS collects *self-reported* heights and weights, which may differ from people’s *actual* heights and weights. This difference might explain some of the difference between YRBSS and Norwalk data.

As reported in Table 2, 22% percent of Norwalk ninth graders were obese in 2012, which is nearly 60% above the national average of 14% and the state average of 15%. As found in the state and national data, boys were significantly more likely to be obese than girls, and the prevalence in Norwalk was substantially higher than the state and national rates for both genders, except non-Hispanic White boys. Compared with national estimates, the high prevalence of obesity in Black children in the database is driven by the significantly higher rates of obesity in Black boys. The rate of obesity within the Hispanic population in Norwalk ninth graders is 1.85 times higher than the national levels, with particularly large differences in girls.

In addition to looking at obesity rates alone, it is common to examine the rates of overweight and obesity combined, since people in both categories are at increased risk of health issues. Table 3 shows how Norwalk ninth grade students compare with Connecticut and US students in that category. Norwalk has significantly higher prevalence of overweight and obesity across both genders and all racial and ethnic groups, especially as compared with the state rates.

	Non-Hispanic White	Non-Hispanic Black	Hispanic	All
Norwalk, 2012	16%	27%	24%	22%
Males	17%	30%	27%	24%
Females	15%	24%	21%	20%
Connecticut, 2011^a	12%			15%
Males	18%	<i>N/A</i>	<i>N/A</i>	20%
Females	5%			9%
U.S., 2011^a	13%	19%	13%	14%
Males	16%	17%	17%	16%
Females	10%	21%	9%	11%

^a Comparison data from the 2011 CDC Youth Risk Behavior Surveillance System.
N/A = <100 respondents for the subgroup.

	Non-Hispanic White	Non-Hispanic Black	Hispanic	All
Norwalk, 2012	34%	43%	41%	38%
Males	36%	42%	43%	39%
Females	33%	44%	39%	38%
Connecticut, 2011^a	26%			29%
Males	32%	<i>N/A</i>	<i>N/A</i>	36%
Females	18%			22%
U.S., 2011^a	30%	33%	34%	31%
Males	32%	29%	39%	34%
Females	26%	38%	29%	27%

^a Comparison data from the 2011 CDC Youth Risk Behavior Surveillance System.
N/A = <100 respondents for the subgroup.

3 Norwalk Children at Highest Risk for Overweight and Obesity

Body Weight Status by Gender and Grade

In 2012, third grade boys had a significantly higher prevalence of obesity than girls (27% vs. 20%, $p < 0.05$) and a higher prevalence of overweight/obesity (48% vs. 40%, $p < 0.05$) (Figure 4).

Additionally, sixth grade boys had a significantly higher prevalence than girls (30% vs. 20%, $p < 0.05$, for obesity and 49% vs. 38% $p < 0.01$ for overweight/ obesity). Boys in kindergarten and ninth grade had higher rates of obesity than girls, but the differences were not statistically significant. The prevalence of overweight alone was similar by gender in all grades except kindergarten, where girls were more likely to be overweight than boys (20% vs. 15%, $p < 0.05$).

Severe Obesity by Race/Ethnicity and Gender

The prevalence of most extreme cases of obesity is very high in Black boys, Hispanic boys, and Black girls. In total, 27% of obese Black boys and 28% of obese Hispanic boys qualified as severely obese (i.e., their BMI percentile is in the top 1%). This is double the rate for White boys. Also, 30% of obese Black girls met criteria for severe obesity. Among all students, 2% of White and 7% of Black students and Hispanic students were severely obese. These students are at the highest risk for developing chronic health conditions.

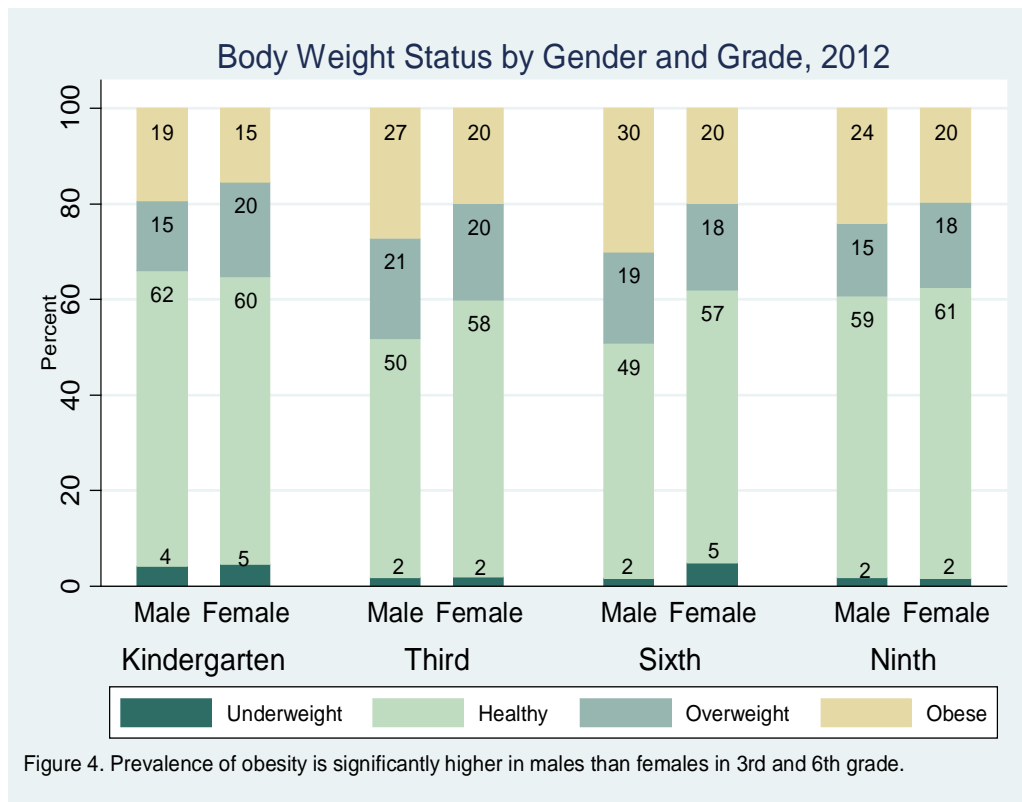


Figure 4. Prevalence of obesity is significantly higher in males than females in 3rd and 6th grade.

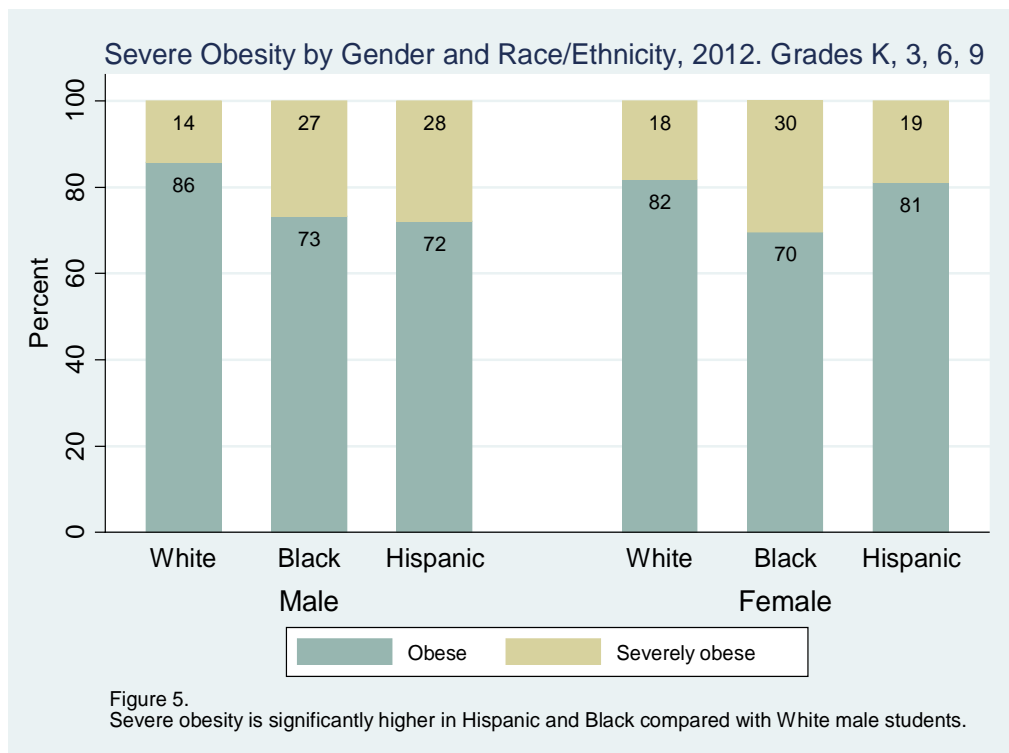


Figure 5. Severe obesity is significantly higher in Hispanic and Black compared with White male students.

Kindergarten Body Weight Status by Race/Ethnicity, 2012

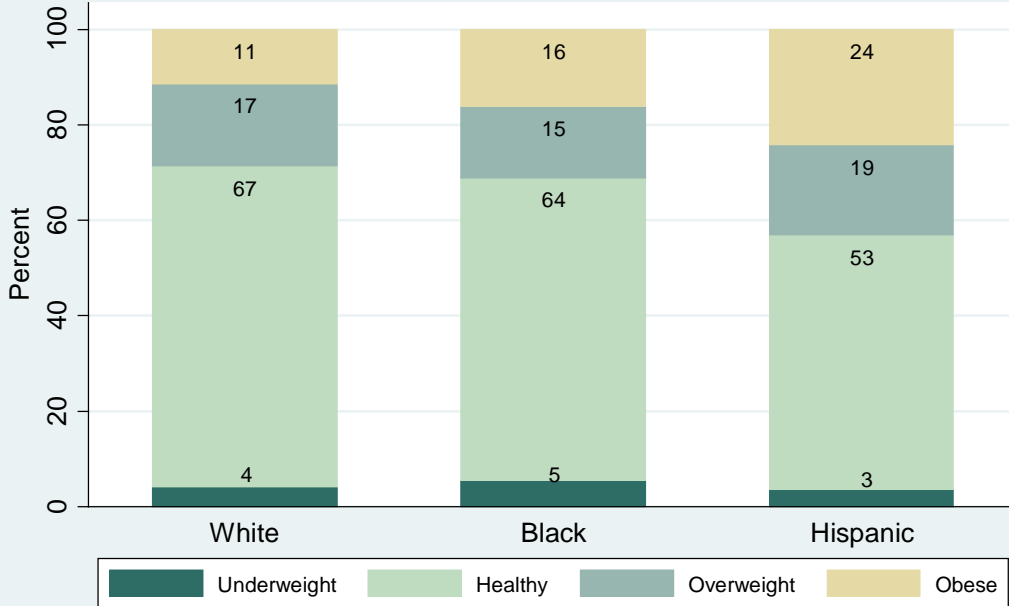


Figure 6. Obesity prevalence is significantly higher in Hispanic compared with White and Black students.

Kindergarten Body Weight Status by Race/Ethnicity*

The prevalence of obesity and overweight/obesity varied significantly by race/ethnicity (Figure 6). Hispanic students had a significantly higher prevalence of obesity than White students (24% vs. 11%, $p < 0.001$) and Black students (24% vs. 16%, $p < 0.05$) and a higher prevalence of overweight/obesity than White students (43% vs. 28%, $p < 0.001$) and Black students (43% vs. 31%, $p < 0.01$). These differences held for both boys and girls, except that Black girls and Hispanic girls were no different.

Third Grade Body Weight Status by Race/Ethnicity*

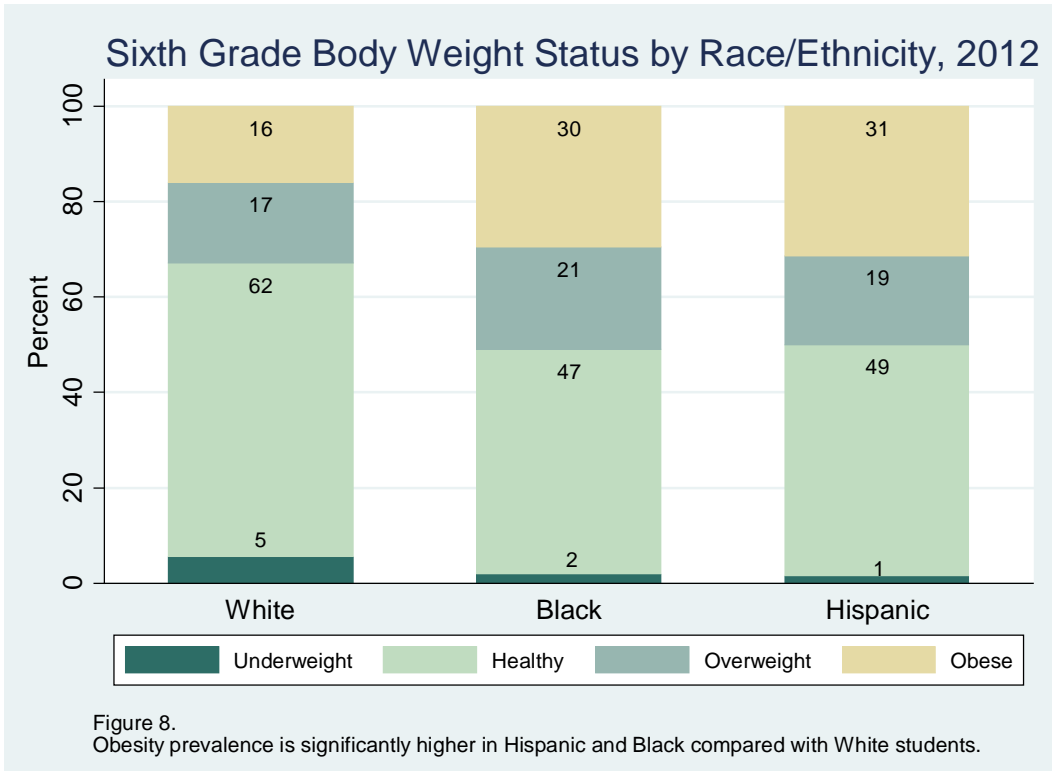
In third grade, the prevalence of obesity also varied significantly by race/ethnicity (Figure 7). Hispanic students again had higher obesity rates than White students and Black students (34% vs. 15% vs. 21% respectively, $p < 0.001$). One exception to these results was the lack of significant difference in obesity prevalence in Hispanic males and Black males. Rates of overweight/obesity combined were also higher for Hispanic students vs. White students and Black students (54% vs. 34% vs. 43%, respectively, $p < 0.05$).

Third Grade Body Weight Status by Race/Ethnicity, 2012



Figure 7. Obesity prevalence is significantly higher in Hispanic compared with White and Black students.

* Data for Asian and Other race/ethnicity children is not shown due to insufficient sample size in each grade ($n < 100$).

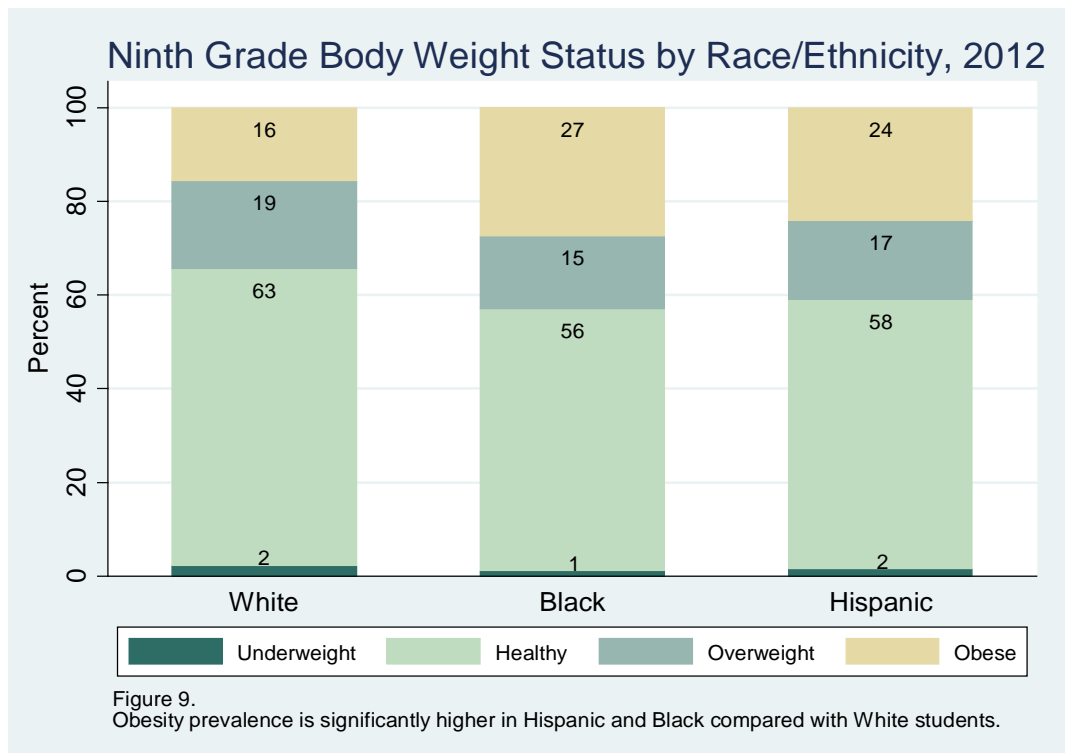


Sixth Grade Body Weight Status by Race/Ethnicity*

In sixth grade, the prevalence of obesity was significantly higher in Black students and Hispanic students than in White students (30% vs. 31% vs. 16%, respectively, $p < 0.001$) (Figure 8). One exception by gender was found: no difference in obesity rates existed between Hispanic and White females. The prevalence of overweight/obesity was about 50% among Black and Hispanic students vs. 33% in White students ($p < 0.001$).

Ninth Grade Body Weight Status by Race/Ethnicity*

In ninth grade, the prevalence of obesity varied significantly by race/ethnicity (Figure 9). As in Grade 6, Black students and Hispanic students had higher obesity rates than White students (27% and 24% vs. 16% respectively, $p < 0.01$). These results were driven by differences in males; no significant difference by race was found in female students. Also, the prevalence of combined overweight/obesity did not vary by race/ethnicity among both male and female students.



* Data for Asian and Other race/ethnicity children is not shown due to insufficient sample size in each grade ($n < 100$).

4 Changes in Childhood Overweight and Obesity in Norwalk Public Schools Over Time

Kindergarten

Trends in Overweight and Obesity Prevalence

The proportion of children who were overweight or obese in kindergarten has increased gradually over time, from 30% to 35% from 1997 to 2012. The prevalence of obesity among kindergarteners increased from 15% to 18% (Figure 10). However, these changes were not statistically significant.

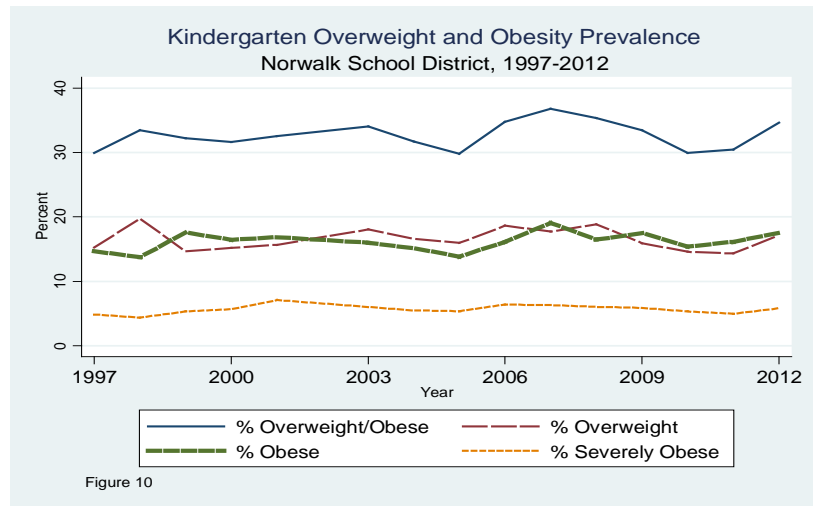


Figure 10

Trends by Gender

There were significant trends in the rate of overweight/obesity and obesity alone among male kindergarteners, but not among females (Figure 11). The proportion of overweight and obesity increased from 27% to 34% in boys from 1997 to 2012, whereas the proportion for girls remained fairly consistent around 33% to 35%. Obesity rates, which are not illustrated in this graph, stayed around 15% for females and increased from 14% to 19% for males ($p < 0.10$).

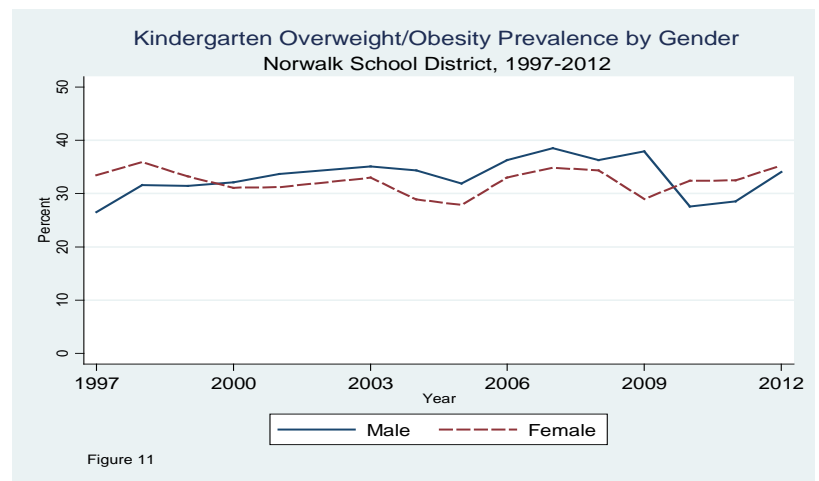


Figure 11

Trends by Race/Ethnicity

The trends by race and ethnicity illustrate the significant disparities among races/ethnicities. Hispanic children are at the highest risk, followed by Black and then White students (Figure 12). Some significant trends were observed between 1997 and 2012: the rate of obesity for Black students increased from 13% to 16% ($p < 0.01$), and there was significant variation in the prevalence of overweight/obesity among White students over the years ($p < 0.05$).

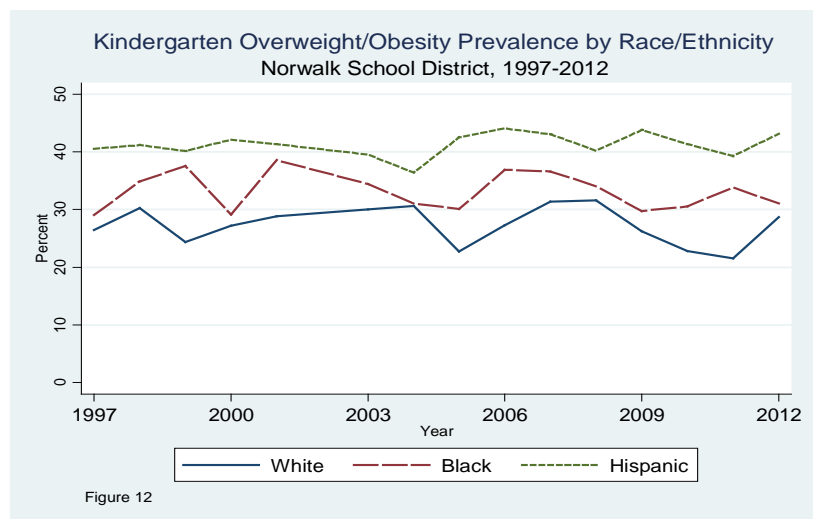
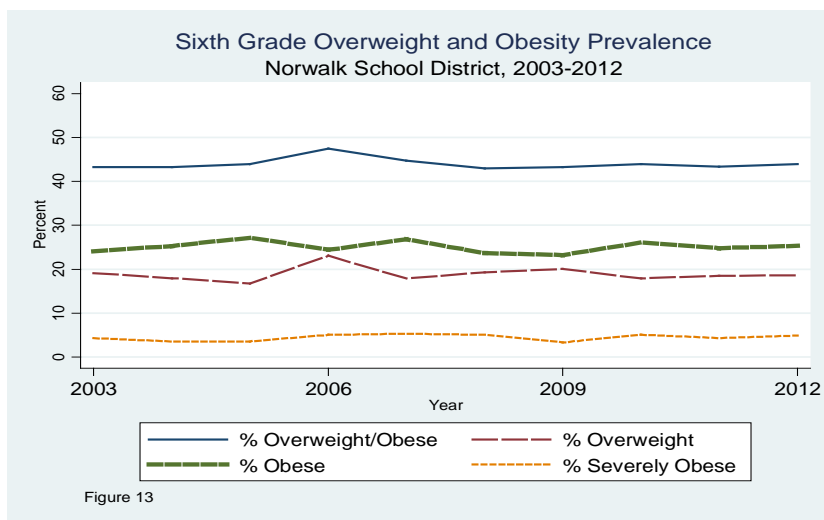


Figure 12

Sixth Grade

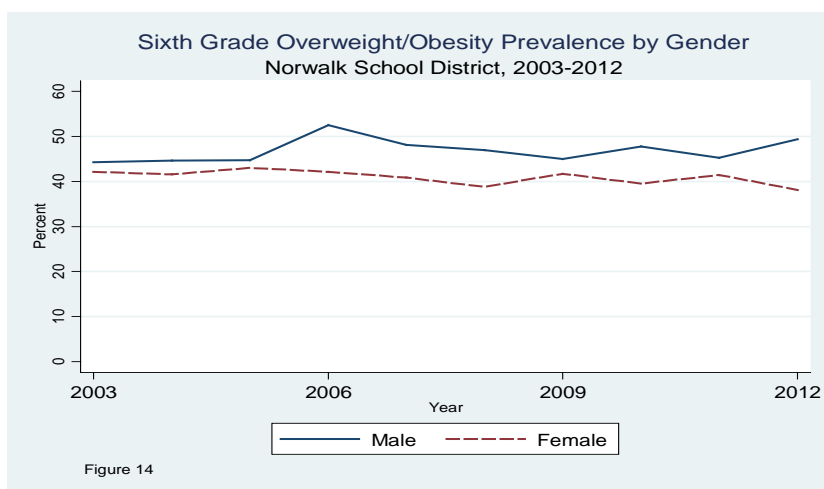
Trends in Overweight and Obesity Prevalence

The rate of overweight/obesity among sixth graders remained high but fairly constant (43% to 44%) from 2003 through 2012 (Figure 13). Obesity rates also did not change significantly (24% to 25%) during this period.



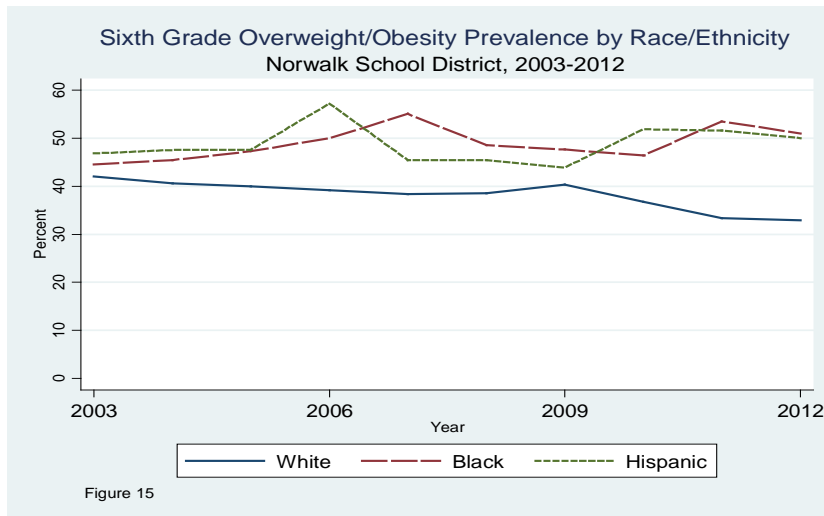
Trends by Gender

Male students had consistently higher rates of overweight and obesity than female students in the sixth grade, but neither gender showed significant changes in rates from 2003 to 2012 (Figure 14).



Trends by Race/Ethnicity

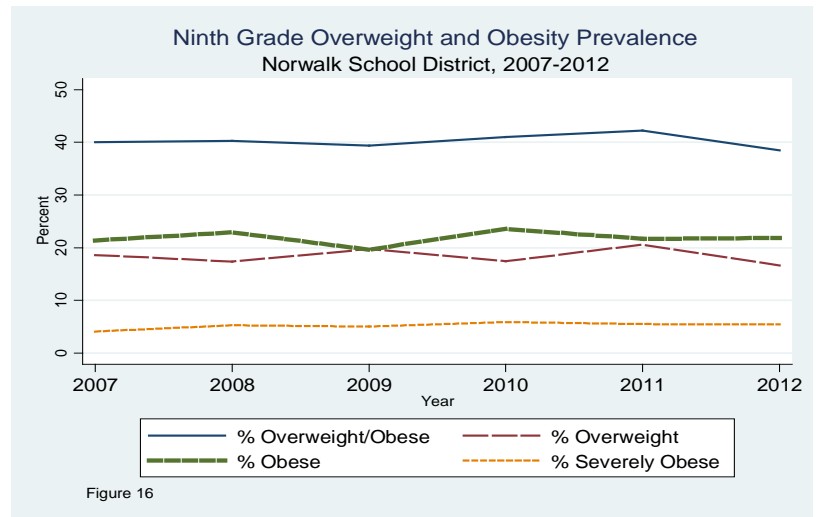
Black students and Hispanic students had consistently higher rates of overweight/obesity than White students, but none of the groups showed significant increases or decreases in the time period from 2003 to 2012 (Figure 15).



Ninth Grade

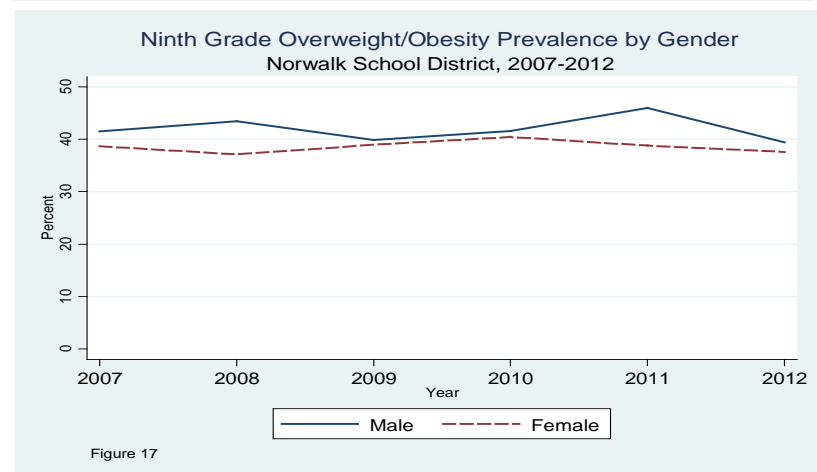
Trends in Overweight and Obesity Prevalence

The rate of overweight and obesity among ninth graders remained at about 40% from 2007 to 2012 (Figure 16). Also, obesity rates did not change significantly (21% to 22%).



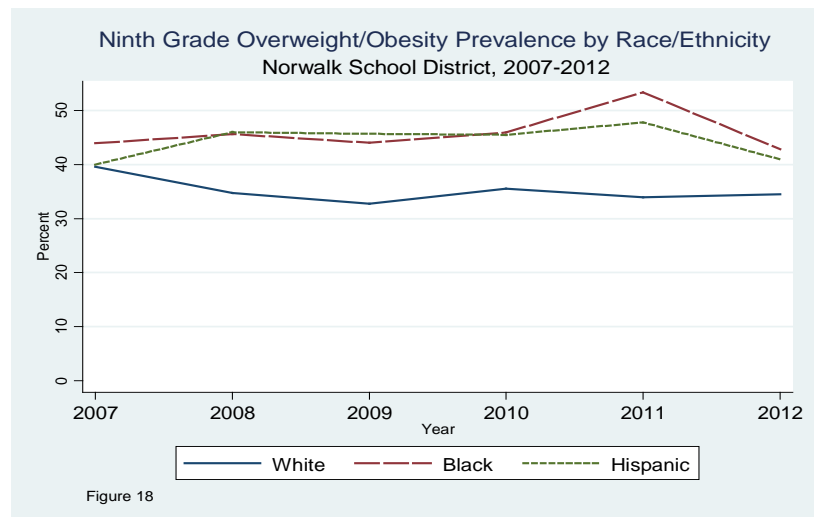
Trends by Gender

As in elementary and middle school groups, male students had a higher rate of overweight and obesity (as well as obesity alone) than females, but neither gender showed a significant trend up or down in the years studied (Figure 17).



Trends by Race/Ethnicity

White students had lower rates of overweight and obesity (and obesity alone) than Black and Hispanic ninth graders, with no significant difference in the rates over time (Figure 18). There appears to be a downward trend in overweight/obesity among Black ninth graders and Hispanic ninth graders since 2011. Further data collection will be needed to determine if this pattern continues.



5 Likelihood of Changing Weight Category Over Time

Longitudinal Analyses, 1997-2012

Since the Health Department has compiled this data for kindergarten, sixth grade, and high school over a long period of time, the analysis can show the trajectories of children's weight status as they go from kindergarten to sixth grade and then on to high school. Currently, the dataset includes 2,476 children who reported at all three grades. Within this group, 17% were overweight and 16% were obese upon entering kindergarten. Within that same group of children with three observations, obesity rates went up to 25% in the sixth grade and down to 22% in the ninth grade.

Of the children who were overweight or obese in kindergarten ($n=797$), nearly two-thirds of them (65%) remained in this category throughout middle and high school. Of children already obese in kindergarten ($n=387$), over half (53%) remained obese in middle and high school. Among kindergarteners who were overweight but not obese ($n=410$), 26% became obese in middle school and remained in this status in high school.

Of the children who were already overweight or obese in kindergarten ($n=797$), almost a fifth (19%) remit to a healthy weight in middle school and stayed there in high school. Among obese kindergarteners, 10% reduced their weight to qualify them as overweight but not obese in middle and high school. Of the children who were not obese or overweight in kindergarten, more than half (56%) stayed in the healthy weight range (not counting underweight) throughout middle and high school.

A child's weight status in kindergarten is highly predictive of his or her weight status through sixth and ninth grade. If a child is already overweight or obese in kindergarten, he or she is three times more likely to continue to be overweight or obese through high school than to become a healthy weight child.

Changing the Routine

Although information about weight status, nutrition, and exercise can be overwhelming, children and families can take small steps right now that can help them reach and maintain a healthy weight:

- Eat more fruits and vegetables every day. Make sure at least half your plate is filled with fruits or vegetables at every meal. Dietary guidelines for adults and children can be found at www.ChooseMyPlate.gov.
- Get moving every day. Children should get at least 1 hour of active play most days and limit screen time—that's time in front of a TV, computer screen, or other electronic device. For more information about how to get active, see Let's Move! at <http://www.letsmove.gov/>.
- Eliminate or cut down sugary drinks. Choose water or low-fat/non-fat milk instead. To learn how sugary drinks are marketed to kids, see the Yale Rudd Center for Food Policy & Obesity at <http://www.yaleruddcenter.org/>.

“The dietary and physical activity behaviors of children and adolescents are influenced by many sectors of society, including families, communities, schools, child care settings, medical care providers, faith-based institutions, government agencies, the media, and the food and beverage industries and entertainment industries.” ~CDC



6 Differences in Overweight and Obesity Across Norwalk Public Schools

Rates of overweight/obesity vary among different schools. The rates for middle and high school may not reflect the school environment, because most students have just entered their respective schools. Data for elementary schools combine students from kindergarten and Grade 3 to increase precision of the school-level estimates (each elementary school includes <100 students in either kindergarten or Grade 3, which is insufficient for accurate estimation). The 2012 data of kindergarteners and third graders were combined for by-school analysis ($n=130-180$ per school).

Elementary Schools: Kindergarten and Grade 3

There are significant differences ($p<0.001$) in obesity prevalence across elementary schools (Figure 19), varying from 11% at Rowayton to 29% at Tracey. The rates of combined overweight and obesity at Norwalk elementary schools also varied significantly across schools, ranging from 32% at Rowayton to 49% at Tracey ($p<0.01$). Tracey also had the highest prevalence of severe obesity, 9%, almost double the city average.

The sample size of all elementary schools was too small for an accurate estimation (<100 students per school) in the years before 2011. Therefore, it was not possible to accurately estimate obesity rates or their changes over time at the school level before 2011.

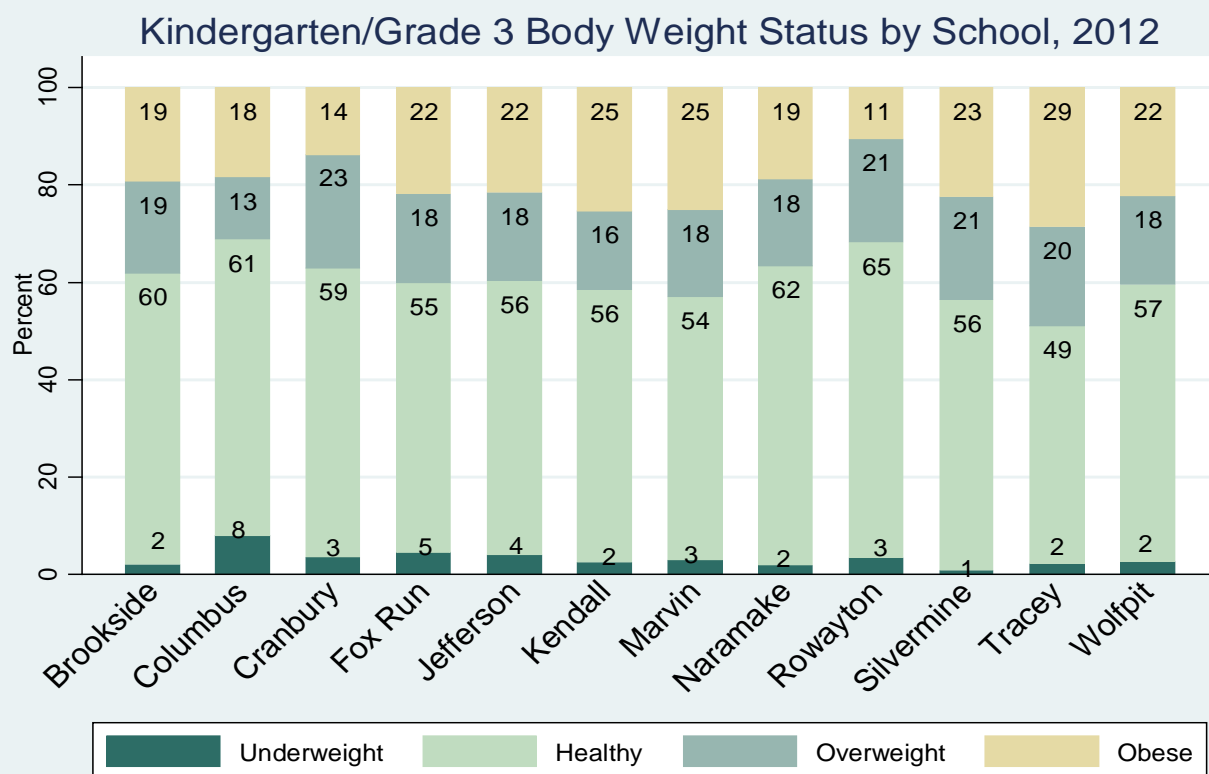


Figure 19.

Sixth Grade

Less variation exists in the rates of overweight/obesity in the four middle schools, as compared with the elementary schools (Figure 20). The prevalence of obesity varied from 21% at Nathan Hale to 29% at West Rocks ($p < 0.10$). The rate of overweight/obesity was the lowest at Roton and Nathan Hale (41%) and highest at Ponus Ridge (50%, $p < 0.10$). The school sample size was big enough ($n > 100$) to enable school-level estimation of obesity rates from 2003 to 2012. No significant changes were observed in any of the four middle schools over time.

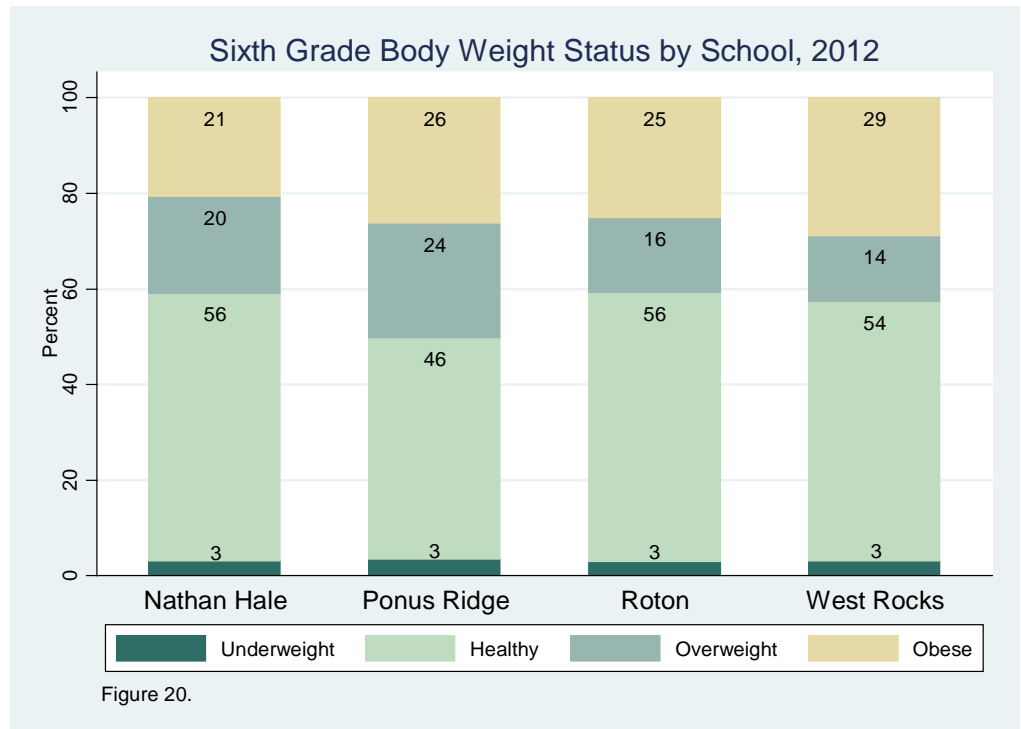


Figure 20.

Ninth Grade

The prevalence of obesity among ninth grade students was significantly higher at Norwalk High School than at Brien McMahon High School, 25% vs. 18% ($p < 0.05$) (Figure 21), but no significant differences were observed in 2012 rates of combined overweight/obesity among these two schools. Briggs High School could not be included in this analysis because only five students were included in the 2012 database. From 2007 to 2012, rates of obesity increased at Norwalk High School, from 21% to 25%, although the significance of results disappeared after controlling for changes in the socio-demographic composition of the school. No significant changes in the rates of overweight/obesity at Brien McMahon High School were found.

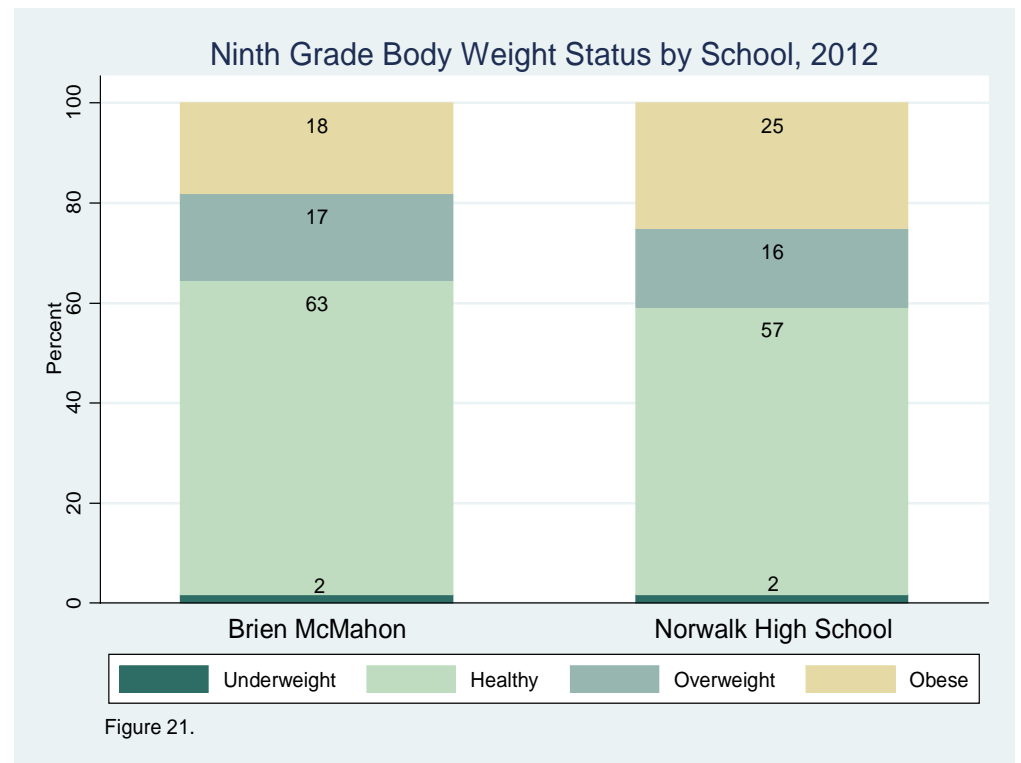


Figure 21.

Appendix A: Methods for Data Collection and Management

Data Collection

Health Assessment Records are completed by students' health care providers as part of state-required annual physical examinations in kindergarten, sixth, and ninth or tenth grade. In 2009, this requirement shifted from tenth grade to ninth grade. Hence, high school data before 2009 are from tenth graders; 2009 data are from ninth and tenth graders; and from 2010 forward from ninth graders. Starting in 2011, school nurses began taking measurements of third grade students and adding these to the database. To protect privacy, only nurses access school district records, and student names are not included in the Health Department database.

Data Quality and Population Sizes

The database represents approximately 98% of students enrolled in the four grades in 2012-2013. From 1997 to 2012, 96% of student records in the database were useable for analysis (25,589 of 26,682 records). Records were excluded for different reasons, including incorrect identification numbers, repeated observations, incomplete health assessment records, data entry errors, classification of children into incorrect schools or years, or biologically implausible values for BMI-for-age and gender (Table 4). In 2010 and 2011, 91% of the records were used, and in 2012, 98% were used.

Calculating BMI Percentile

CDC programs were used to calculate each child's BMI-for-age and gender.⁶ The definitions described on page 3 were used to classify the children as obese, overweight, healthy weight, or underweight. Severe obesity was defined as having BMI percentile at or above 99th percentile. The CDC program identifies values for height, weight, and BMI-for-age that are biologically implausible for a child's age and gender. Errors such as these were likely due to a combination of inaccurate measurements or data entry errors.

Presentation of Subgroup Estimates

In addition to students' heights and weights, other variables were collected, including an identification number, school year, name, school type (elementary, middle, or high school), gender, date of birth, and race/ethnicity (White, Black, Hispanic, Asian, Other). The report includes breakdowns of students' body weight status by grade, year, gender, race/ethnicity, and school. Some categories contained small numbers of students, which can skew the statistics, and therefore were not presented ($n < 50$). This primarily affects students of Asian and Other race/ethnicity and kindergarten/Grade 3 analyses at the school level.

Table 4. Data Cleaning for 2010-2012

Year	Number of initial records	Errors in IDs, years of assessment*	Records with incomplete BMI data	Records with implausible BMI values	Repeated records over 2010-2012	Number of records used in final analysis
2010	2,562	149	21	40	32	2,320
2011	3,603	206	14	38	52	3,293
2012	3,452	19	12	35	0	3,386

*Date of last visit outside the corresponding year of assessment

Longitudinal Data

With data collection spanning over 15 years, BMI is collected for many children across multiple grades, allowing for longitudinal analyses. In total, 15,448 children are included in the dataset, including 7,882 children with one observation, 5,136 children with two observations, and 2,476 children with three observations over different years.

Solutions

On the surface, it seems like the solution to the obesity epidemic is simple: eat more nutritious foods and be more physically active. The Norwalk Health Department, Norwalk Public Schools, and several other Norwalk organizations are helping children and their families learn ways to eat right and stay active. However, in order to get healthy and stay that way, Norwalk families need help from neighbors, schools, daycare providers, health care professionals, businesses, and community leaders so that when faced with choices about food and physical activity, the healthy choice is the easiest choice. To this end, the Greater Norwalk Healthy Living Workgroup, a group of organizations led by the Health Department, works to promote healthy policies and programs in Norwalk and to educate and empower children, their families, and caregivers to make healthy choices. Among its many initiatives, the Workgroup helps to promote Walk to School Day events and Story Walk trails and is working to update the Health Department's NorWalker routes. To learn more, check our website: www.norwalkhealth.com.

Thank You

The Health Department acknowledges the efforts of the school nurses from the Norwalk School District, who assisted with the data collection for this report. We are grateful not only for their efforts to complete this project but also for the work they do for Norwalk children every day.

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