



BMI Initiative

Introduction

In 2003, the Arkansas General Assembly passed and Governor Mike Huckabee signed into law Act 1220. This is a multi-pronged initiative with one goal in mind: to improve the health of Arkansas children.

One component of this act focuses on measuring and reporting the Body Mass Index of each child to their parents or guardians.

Description, History, and Current Activities

Act 1220 mandates that parents shall be provided with an annual Body Mass Index (BMI) by age of their child, as well as an explanation of what BMI means and health effects associated with obesity.

The Arkansas Child Health Advisory Committee, a committee mandated by the Act and charged with making recommendations on the implementation of Act 1220, decided that parents will receive information regarding their child's BMI on a confidential health report. Reports such as these are recommended by the American Academy of Pediatrics for all children every year.

ACHI was asked to take the responsibility of developing and implementing standardized statewide BMI assessments and reporting. This information will provide parents with important knowledge regarding any health risks their child may incur as a result of being overweight or underweight. To accomplish this, ACHI put together a BMI Task Force in partnership with local school districts, the Arkansas Departments of Education, the Department of Health and Human Services, staff from the Arkansas Children's Hospital, and the UAMS College of Public Health. The BMI Task Force developed a timeline and a strategy for implementation.

Year one (2003-04) was carried out in three phases. Eleven schools volunteered to work with ACHI staff to organize an assessment day, share necessary information to accurately calculate BMI on each child, record height and weight data, and send home a confidential child health report to parents. Comparison testing on assessment equipment was done at nearly every school with multiple measures being taken. The BMI Task Force wanted to be able to recommend quality equipment at the best possible price should schools wish to purchase any equipment to complete assessments. The tested strategy was then rolled out statewide.

Year two (2004-05) continued with BMI collection using paper assessment forms that were processed through a data entry center. Schools received child health reports to print and disseminate to parents by using their unique password on a secured web system. Two school districts also piloted a web-based entry system for collecting heights and weights. One school district used Pocket PCs' while another collected heights and weights and entered directly into the web program.

Year three (2005-06) expanded the technology component to 16 school districts where over 130,000 students were entered into the new web-based entry system. Some schools chose to enter heights and

weights from paper records but many set up computers at their assessment stations to collect BMI data and enter directly into the web-based system. Reports were then ready to be generated.

Year four (2006-07) included a statewide rollout of the web-based entry system. All schools were trained to use this technology. It eliminated the need to print forms, package and send to a data entry center, or wait for report generation.

Important community resources for the Task Force and school personnel have been Community Health Nurses, one of whom is placed in each educational co-op. These nurses were certified by experts in height and weight research measurements at Arkansas Children's Hospital. They, in turn, trained school health nurses and any other school personnel responsible for assessment in the appropriate methods to collect assessment data. These same Community Health Nurses were trained to be trainers of the web-based data entry system.

Guiding Principles for BMI Reporting in Children & Adolescents When Performed in a School Setting

- BMI assessment is a health screening tool like vision, hearing or scoliosis screenings routinely performed in public schools
- All students should be assessed – no one singled out
- Confidentiality should be maintained in measuring and reporting:
 - Scale should be located in a private setting
 - The child should be asked to step on the scale backward and not told his or her weight; results should be recorded non-verbally
 - If a child's weight is more than the scale will measure, "exceeds scale" should be recorded with no comment made to the child
 - Confidential Child Health Report should be sent directly to, or picked up by, a parent or legal guardian; the report should not be given to the child.
- Confidential Child Health Reports are a health advisory tool for parents – not a grade or report card. They should be sent to parents of all students to advise parents if their child is underweight, healthy weight, at risk for overweight or overweight and should include:
 - An explanation of BMI and the child's assessment
 - Recommendations for a healthy lifestyle
 - Recommendation to discuss questions or concerns about the child's health report with the child's physician

Resources

University of Arkansas for Medical Sciences, Fay W. Boozman College of Public Health, [Year Three Evaluation: Arkansas Act 1220 of 2003 To Combat Childhood Obesity, 2006](#)

[Sample Confidential Child Health Reports](#)

Arkansas Department of Education's [Rules Governing Body Mass Index for Age Assessment Protocols in Arkansas Public Schools](#)

[Obesity in Arkansas: From Contemplation to Action, the 2002 Arkansas Preventive Nutrition and Physical Activity Summit](#), *Journal of the Arkansas Medical Society*, February 2004