

Arkansas School BMI Assessment Project

An Overview

The Arkansas School BMI Assessment Project was mandated by Act 1220, which was passed by the Arkansas General Assembly in 2003 to address the obesity crisis facing the state. The Project involves measuring the BMI annually of every public school student in grades K-12 – approximately 450,000 students total.

The Arkansas Center for Health Improvement (ACHI) is responsible for coordinating the Project, calculating and analyzing data, and developing reports. ACHI secured a grant from the Robert Wood Johnson Foundation to establish the data team responsible for processing, calculating and analyzing student BMI assessments. ACHI is currently in the process of collecting the data and generating health reports for parents and school districts. A comprehensive state report will also be developed.

Parents will receive a health report with their child's height, weight and BMI as well as an explanation of BMI. If a child is overweight, a separate section of the letter offers suggestions for changing diet and activities and recommends discussing the results with the child's doctor.

Superintendents will receive a report detailing the number of students screened and the results for each school in their district. The information will be broken out by individual grade and gender as well as K-12 BMI classifications for males and females at risk of overweight. The Arkadelphia School District was one of 30 pilot sites for the Program. In April, it received a BMI report, which revealed that nearly two in five Arkadelphia public school students are overweight or at risk of becoming overweight.

Act 1220 of 2003

On March 8, 2002, 100 leaders in the areas of healthcare, education, business, policy and media gathered at the state's first Arkansas Preventative, Nutritional and Physical Activity Summit to identify strategies for addressing the state's obesity epidemic. In fall 2002, the Arkansas Department of Health established an interdisciplinary committee to develop Obesity Legislation to present at the 84th General Assembly in 2003. The resulting legislation – Act 1220 – was passed without opposition.

Major initiatives mandated by the Act include:

- Removing vending machines offering food and beverages from public elementary schools;
- Creating a Child Health Advisory Committee to develop nutrition and physical activity standards and policy recommendations;
- Creating a school nutrition and physical activity advisory committee in each school district composed of members of the school district governing board, school administrators, food service personnel, teacher organizations, parents, students and professional groups;
- Requiring schools to include as part of the annual report to parents and the community the amounts and sources of funds received from competitive food and beverage contracts;
- Requiring schools to include as part of each student's health report to parents the results of an annual BMI screening and an explanation of the possible health effects of BMI, nutrition and physical activity.

The Arkansas Center for Health Improvement (ACHI) is coordinating the Arkansas School BMI Assessment Project. The Child Health Advisory Committee, which meets monthly, recently made the following recommendations:

- New minimum time limits for physical education classes – 150 minutes per week for elementary school students and 225 minutes for middle and high school students;
- Requiring kindergarten through eighth-grade physical education teachers to have physical education certification appropriate for the grade being taught;
- Restricting vending machine use in middle, junior high and high schools by limiting the size and production selection in the machine.

NOTE: The actual language of Act 1220 can be viewed online at the following URL:
<http://www.arkleg.state.ar.us/ftp/root/acts/2003/public/act1220.pdf>

What is Body Mass Index (BMI)?

Body Mass Index (BMI) is:

- *A calculation based on height, weight, age and gender.* Children's body fat content changes as they grow. Also, girls and boys differ in their body fat content as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific.
- *A screening tool.* An elevated BMI does not necessarily mean a child is obese. For example, a stocky, muscular child can have an elevated BMI but a physician is the best judge of accuracy for body weight and health.
- *Recommended by the American Academy of Pediatrics.* In a 2003 policy statement, the American Academy of Pediatrics recommends every child every year have their BMI assessed.
- *Informative.* BMI raises awareness among parents about health risks associated with obesity and overweight. Obese children now have diseases such as Type 2 Diabetes that used to only occur in adults. Overweight kids tend to become overweight adults, continuing to put them at greater risk for heart disease, high blood pressure and stroke.

- *A guide to help parents tell if their children are at risk of being overweight or underweight.* Many parents are not aware of their child's BMI and do not routinely discuss weight issues with their child's physician.
- *Supported by scientific evidence that parents will use BMI information to modify their children's nutritional and physical activities.* According to a study by the Archives of Pediatrics and Adolescent Medicine, parents of overweight children in Cambridge, Massachusetts who received health and fitness reports planned to change their child's diet and physical activity levels.

The Arkansas School BMI Assessment Project Does NOT:

- Use calipers, a device which measures the thickness of a fold of skin with its underlying layer of fat.
- Cause pain.
- Measure fat folds.
- Determine body fat.
- Compare individual children or adolescents by ranking or grade.
- Label children as obese.

Obesity in Arkansas

Fact Sheet

- According to the Centers for Disease Control and Prevention, approximately 60 percent of adult Arkansans are either overweight or obese. These are defined as a BMI of 25 – 29.9 for overweight and 30 or greater for obese.
- Overweight children are more likely to develop childhood diabetes, hypertension and lung problems.
- Overweight school age children are 50 percent more likely to become obese adults.
- Overweight adolescents are 70-80 percent more likely to become obese adults.
- Life expectancy for obese young adults is 5-20 years less than normal weight persons.
- Obese adults have significantly higher rates of diabetes, heart disease, cancer, stroke, hypertension and arthritis.

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Update

- 88%, or 998 of the state's 1,139 schools, have returned BMI assessment forms to ACHI.
- 79%, or 252 of the state's 316 school districts, have returned BMI assessment forms for every school within their districts.
- 12%, or 38 school districts, have returned BMI assessment forms for at least one school.
- The number of BMI assessment forms returned to date represents 89% of the total student population, which is approximately 450,000. The exact number of BMI assessment forms received by ACHI for analysis as of May 27 is 400,948.