

Proposed Amendments to Massachusetts Regulation 105 CMR 200.00

Presentation to the Public Health Council
July 10, 2010

Background

- The Public Health Council approved changes to Massachusetts Regulation 105 CMR 200.00 for Physical Examination of Children in April 2009, which established a Body Mass Index (BMI) Screening initiative for children.
- Under current regulations, schools are required to:
 - *collect heights and weights of students in grades 1, 4, 7, and 10; calculate each measured student's BMI; obtain a percentile ranking for each child to determine weight status according to CDC guidelines*
 - *mail findings and informational materials directly to each student's parent/guardian*
 - *report aggregate BMI data to DPH*
- Beginning in 2009 – 2010 school year, 120 school districts within the Essential School Health Services participated in the BMI screening initiative. By the 2010 – 2011 school year, all public schools in Massachusetts were part of the initiative and required to report data.

Background

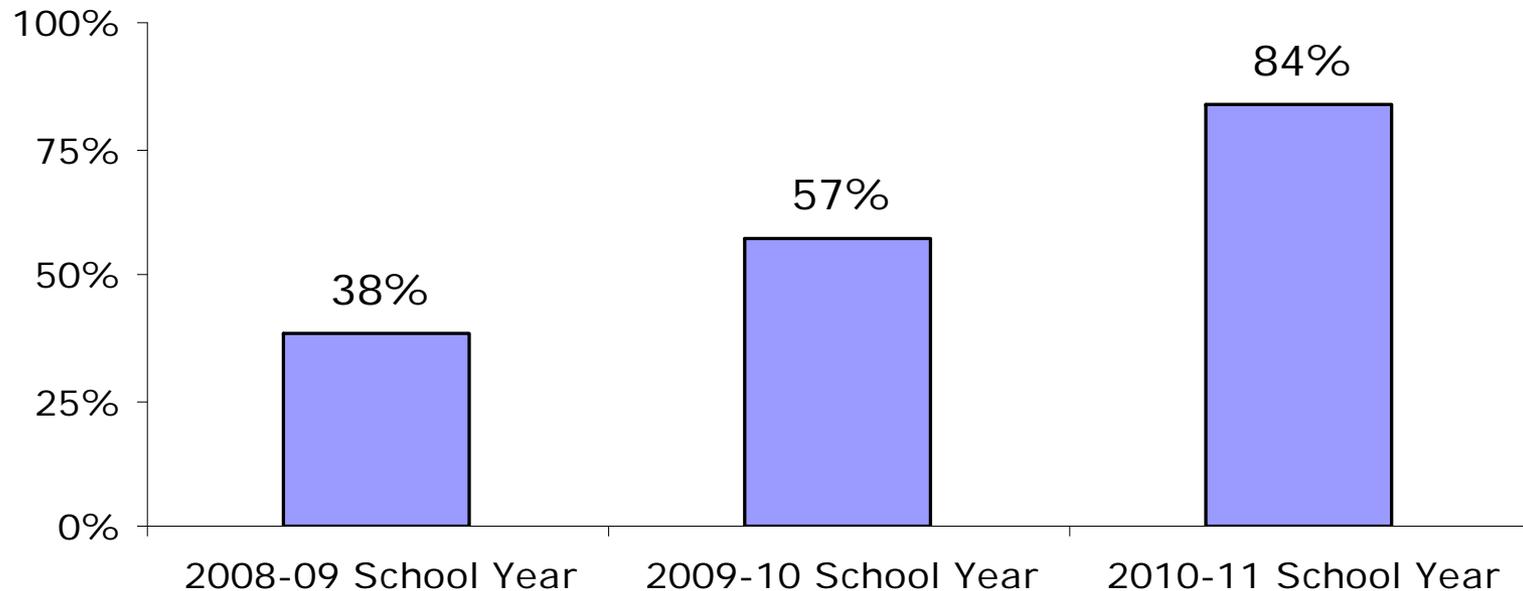
- Data gathered from the BMI screening initiative is a core part of understanding and reversing the rise of childhood obesity in Massachusetts
- Self-reports have limited accuracy
 - *On telephone surveys, respondents tend to underestimate weight and overestimate height*
 - *When parents are reporting on a child's height and weight, the accuracy is even lower (NHANES Data)*
- As a result of the data collection, DPH is able to monitor trends in childhood obesity and help identify policy, systems and environmental strategies that are successfully preventing and reducing childhood obesity by increasing opportunities for physical activity and improving access to healthy foods

BMI Data Collection Across the Country

- 21 states routinely measure BMI data on school-aged children
- Variations in surveillance systems for state BMI collection
 - Data collection **Annual** vs. Intermittent
 - All grades vs. **Some grades**
 - Centralized data collection vs. **Local**
 - Sample vs. **Census**

Rapid Increase in BMI Reporting in Massachusetts

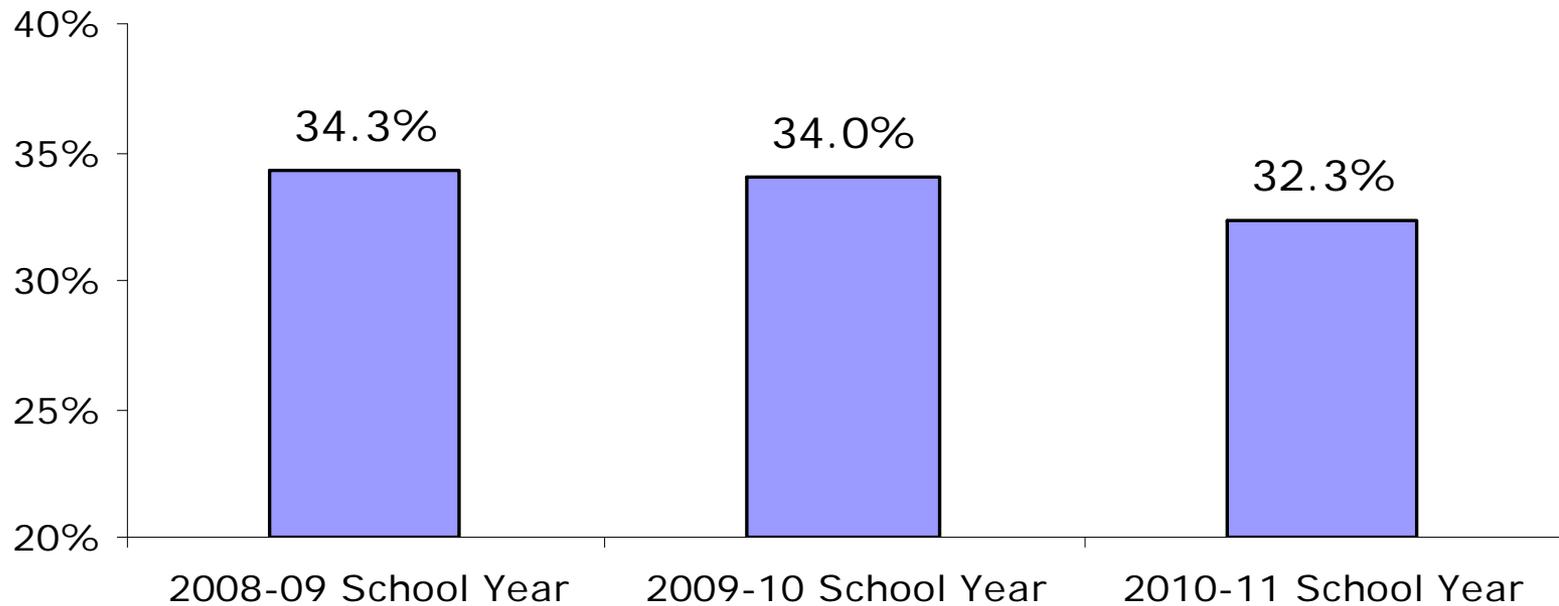
Percent of Eligible School Age Children with Aggregate BMI Reported by District



- Minimum aggregate total: 109,674 in the 2008-09 school year
- Maximum aggregate total: 244,811 in the 2010-11 school year

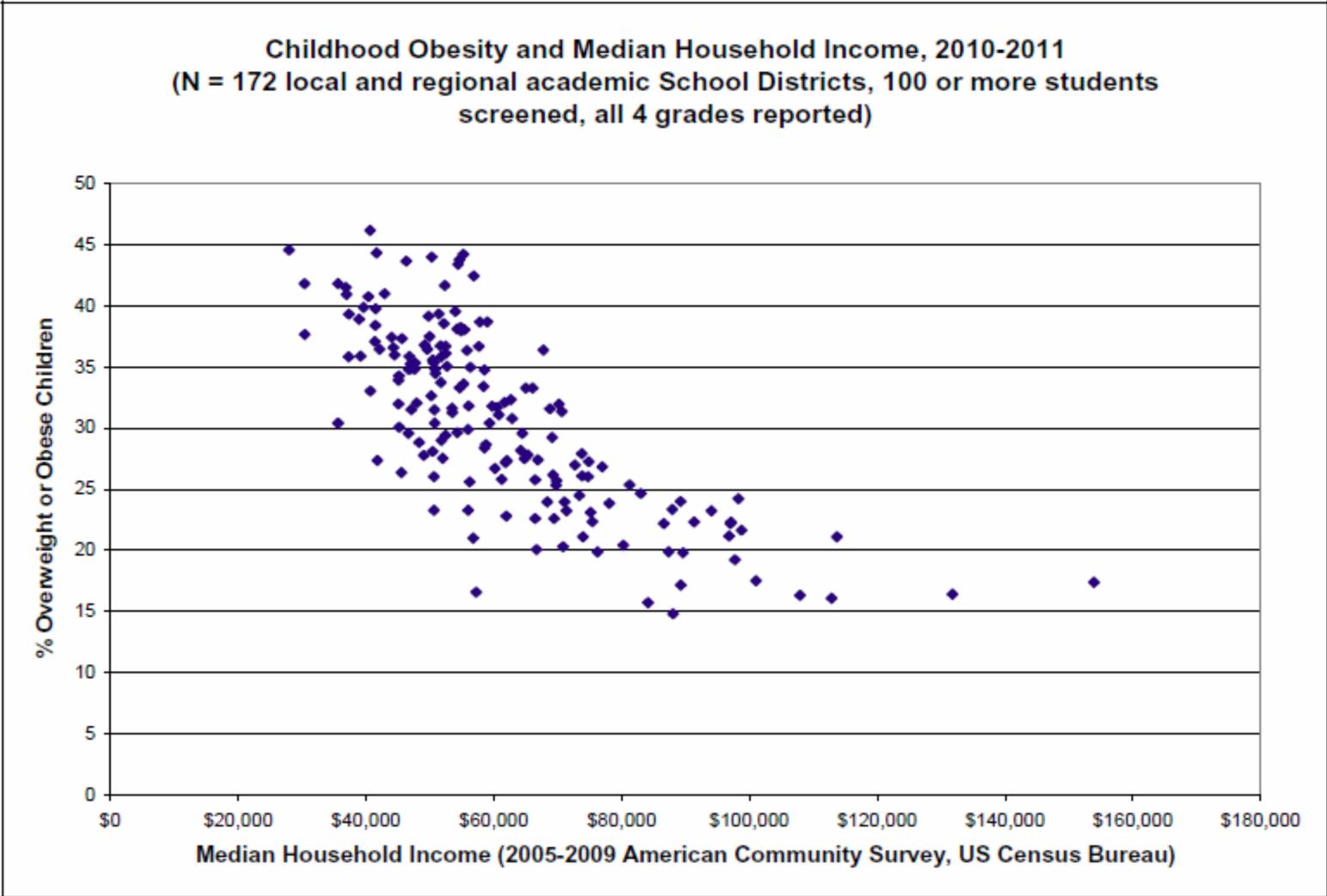
An Evolving Trend??

Percent of Children in the Obese or Overweight Categories by School Year



Significant reductions in the percentage of children classified as overweight and obese in Mass in Motion communities.

Understanding BMI Data on Local Level



Proposed Changes

- The modifications proposed in the revised regulations seek to maintain the measurement and data collection, while using several years of experience with implementation to provide refinements.
- Amendments would:
 - *Eliminate the requirement for schools to mail the parent or guardian a report of each student's BMI and percentile along with education materials*
 - *Permit more flexibility to the school committee or local board of health to fashion its own policies*
 - *Increase protection of confidential personal health information during the screening process*

Rationale for Proposed Changes

- Many schools do not have the resources necessary to effectively implement the required parental notification letters.
- DPH does not have the ability to monitor how the communication is being done at the local level and ensure that it is being done in sensitive and confidential manner.
- Recent study found that informing parents of their child's weight status did not have any effect on pediatric obesity.
- Local decision-making will be retained as school districts may continue with parental notification by mail or other means.
- There have been reports of incidence where student confidentiality concerning height and weight measurements was not appropriately safeguarded, leading to unintended consequences of alarm, confusion or embarrassment.

Summary

- Since the implementation of the BMI regulation in 2009, DPH has been able to gather valuable data to help monitor trends in childhood obesity and evaluate the effectiveness of strategies taking place on the state, local and regional level to increase active living and healthy eating and prevent/reduce overweight and obesity and other chronic conditions. This data collection will continue.
- Personal health data will be better safe guarded through enhanced guidance for maintaining confidentiality during the screening process.
- Cities and towns will have the option to continue to send letters home to parents and legal guardians.
- DPH will continue to provide support and educational materials to all schools.

Next Steps

- Public Hearing will be held on August 20th, 2013 to gather input on the proposed amendments.
- Staff will return to Public Health Council on September 11th, 2013