



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

Proposed Amendments to Massachusetts Regulation 105 CMR 200.00

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Overview

- Brief review of components of the regulation and the proposed changes
- Description of hearings and public comments
- Review of comment themes and DPH responses
- Final Proposed Regulation

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*

Background

Three years of school-based BMI Initiative has resulted in:

- Quality data important in guiding and evaluating prevention initiatives
- Concerns regarding confidentiality, bullying, and impact on student's self image

Proposed Regulatory Changes

- In July, DPH staff proposed several changes in the BMI regulation to the Public Health Council.
- No changes to the measurement and data collection components of the regulation or of the requirement to report data to the Department.
- Proposed 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*
 - *Increase protection of confidential personal health information during the screening process*

Rationale for Proposed Changes

- Emerging evidence that informing parents of their child's weight status does not have any effect on pediatric obesity.
- 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.
- There have been reports of incidence where student confidentiality concerning height and weight measurements was not appropriately safeguarded, leading to alarm, confusion or embarrassment.
- Multiple concerns have been raised about the unintended consequences of bullying and negative body image resulting from the sharing of BMI measurements.

Response from Public Health Council

- Lively debate
- Request that during public comment period DPH solicit input on three questions:
 - *Do parents want to receive this information?*
 - *How can schools best communicate this information?*
 - *How have parents and students used this information?*

Results of Public Comment Period

- Public Hearing held September 9, 2013
 - *No verbal testimony*
- Written comments accepted through September 11, 2013
 - *Written comments received from 16 individuals/ organizations*

Overview of Comments

- Nine of 16 were supportive of changes
- Two opposed to changes
- Three responded primarily to HB2024
- Two provided additional thoughts/considerations

Support for Data Collection

- Major Public Health stakeholders weighed in on the importance of maintaining data collection
 - Essential to have data to monitor our progress toward goal of reversing childhood obesity
 - Data is pivotal in deciding which policies to pursue so limited resources are channeled to optimal efforts
 - Data enables schools and health officials to focus their obesity efforts and target resources in areas of highest need

Comments from School Nurses

- Support school based collection of BMI data for planning and policy development at the state and local level
- Cost to local school districts of universal parental notification as well as excessive use of school nurse time – better spent facilitating evidence-based interventions - cited as reasons to eliminate the mandatory parental letter
- Support for strengthening the confidentiality provisions and recognition of unintended consequences
- MSNO committed to continue to conduct BMI screenings and “ultimately increasing active living and healthy eating across our Commonwealth”

Conclusions

- The surveillance data that has been collected over the past 3 years of implementation has given the Department preliminary information to target, strengthen and evaluate initiatives that are successfully reducing incidence of childhood obesity. There is strong support that this data collection must continue.
- There is no clear evidence that sending BMI report to parents impacts childhood obesity and the bulk of public comment did not support its continuation
- Commenters that addressed confidentiality recognized the importance of addressing this issue as well as the sensitivity of the BMI measurements

Final Proposed Regulation

- Continues to require schools to collect height and weight and calculate BMI measurements for students at 1st, 4th, 7th and 10th grades, and to provide the aggregate data to DPH
- Increases protection of confidentiality of personal health information during the screening process
- Eliminates the state requirement for schools to mail the parent or guardian a report of each student's BMI and percentile
- Allows parents/guardians to make a written request obtain information regarding their child's height, weight and BMI score should the school not provide universal notification of screening results

Summary

- DPH is following good public health practice by evaluating the implementation of the BMI initiative and making changes based on our findings.
- 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.
- Proposed regulatory changes will minimize the potential of unintended consequences on young people, while not reducing the initiative's positive public health impact.