



BMI

...a Weighty Issue

By Lisa Morgan, RN

Today's children are spending less time exercising and more time in front of the TV or playing with electronic devices. This news is not new to most of you. What is very troublesome is that the identified patterns have not changed as we have become more aware of the dangers of obesity. Parents today say they are far too busy to prepare home-cooked meals, since they have demanding schedules and typically prefer fast foods or prepackaged and microwave foods. According to "Kids Health," May 2007, "Kids younger than 8 spend an average of 2.5 hours watching TV or playing video games, and kids 8 and up spend 4.5 hours plopped in front of the TV or wriggling a joystick. Kids who watch more than 4 hours a day are more likely to be overweight compared with kids who watch 2 hours or less. Not surprisingly, TV in the bedroom is also linked to increased likelihood of being overweight. In other words, once many kids get home from school, virtually all of their free time before dinner, doing homework, and getting ready for bed is spent in front of one screen or another!"

New York State recently passed legislation requiring schools to document and report BMI data to the State Department of Health. Private healthcare professionals will obtain the student's weight and BMI and record this information on a required form from the Health Department. The student's family will then be asked to return the form to the school nurse in order to complete an aggregate survey for the Department of Health. Surveys will be compiled, reviewed and posted as soon as possible. For the 2007-2008 school year the reporting and the survey will be voluntary; for the 2008-2009 school year the reporting will be mandatory. The data collected will be used to develop a report of child obesity and related conditions. Parents or guardians may refuse to have the child's BMI and weight status included in this survey. The mechanism has not yet been identified as to how to request refusal.

School Responsibility

Just what does this mean for school districts? Most junior high and high schools currently use a "fitness gram" of some kind in physical education classes that is administered by the physical education teacher at the beginning of the school year and/or semester. This monitors a student's physical condition. Teachers can then monitor physical endurance, muscle strength, cardiovascular endurance, and flexibility. Along with this, a student's height, weight and body index are measured. A standardized fitness form is then mailed home to parents with the option of taking that information to the child's own physician.

School nurses in my state are trying to decide where on the student's health record to document BMI, wondering what the mandated survey will look like or what needs to be charted — questioning if our state will want these numbers in group form (who falls into which category); and if a student does not have a private physical, who then will be

responsible for charting the BMI? Once this information is completed and submitted, what does this mean for the school nurse and/or district?

School districts should consider that the goal of notifying parents might be simply for notification purposes, and not necessarily for treatment. Can school districts realistically expect parents to help change a child's eating habits when school personnel are unsure of their role following notification? What data is there to support the idea that parental notification will prevent future BMI increases? Parents may expect school districts to offer additional nutritional programs and physical activities to help benefit their child, but should school district staff share the responsibility for potential obesity with parents?

School personnel must be careful to protect the privacy and self-esteem of students when taking heights, weights, and BMIs. Today's students are concerned about altered body weight and image. Encouraging unrealistic body

images may lead to potential eating disorders or enhance already existing eating disorders. Parents may fear they are to blame for their child's weight issue. Simply, in order to improve a child's eating pattern, the teaching must continue at home. The real answer regarding obesity must be found within the nucleus of the family. Should educators realistically expect to change parents?

Changes Within the School Environment

Once data is collected, will school districts opt to make changes in foods offered or exercise time allotted? Healthful changes might include more nutritious choices offered in the cafeteria, elimination of soda, candy and chips, and the expansion of physical education. School districts will need to consider the costs to the district to implement changes and estimate the hidden costs as well. Perhaps changes could take place first within the classroom. On the other hand, does not the school share responsibility, given the fact that students spend the majority of their day within the school setting, potentially receiving two or three of their daily meals in school? According to New York's governor, Governor, Eliot Spitzer, the Healthy Schools Act will:

1. Limit the types of beverages served during the school day to milk, 100 percent fruit and vegetable juices, and water;
2. Enhance the Department of Health's responsibilities under the Childhood Obesity Prevention Program to include collaboration with nutrition and physical education professionals by utilizing age-appropriate measurements of BMI to develop a comprehensive approach to improve health and nutrition for school-age children;
3. Ensure that more students receive a daily breakfast by requiring districts that participate in the National School Lunch Program to establish a school breakfast program for middle and high schools;
4. Require the annual development of local school wellness policies to address health and nutrition in schools and to consider expanding breakfast, lunch and recess to ensure that sufficient time is provided to eat nutritious meals and participate in activity.

Offering nutritious foods in schools should not be the only method of decreasing childhood obesity. Parents must act, too, and join school districts in the effort of making positive changes to help fight childhood obesity. Our schools must step up to the plate, and support parents.

Conclusion

School district staff, administration and parents are, most likely, in agreement that changes have to be made. Childhood obesity is on the rise. Statistics have proven that. But what is the answer? Perhaps a trial of different approaches could work. One consistent method appears to be the collaboration of schools and parents, and parents with their child's own physician.

One simple solution that appeared at a school, in Liverpool, NY, was the implementation of a "Fitness Club." Becky Launt, RN, School Nurse, and Patty Stasiukonis, Physical Education Teacher, offer an after-school program that includes a short walk and/or organized activity for 45 minutes followed by a healthful snack. Parental permission is required. Becky says, "Over the years, numbers have increased so much that students have been divided into two groups." Each group meets twice a week for two weeks. Becky involves the primary grades in exercise with the emphasis on "exercise is fun" and learning all about the food pyramid and nutritional labels. Patty holds a "boot camp" for grades 4 through 6 starting at 8:00 am, in which the students exercise at different stations. Becky's main focus is to teach the students that you can have fun and exercise at the same time. One of the exercises is dancing. Another phase of the Fitness Club includes an informational session where Becky teaches the students to understand the nutritional information on cans and boxes and what value foods have for the human body.

Following Fitness Club, each student is provided a nutritious snack. A few of the snacks offered include: whole grain bread or crackers, fruits, vegetables with a fat-free dip, string cheese, and frozen juice pops made with 100% juice. The PTO provides a budget for the purchase of the snacks. From its inception five years ago, the Fitness Club continues to be embraced with great enthusiasm; students have learned that fitness can be fun and healthy snacks even taste good! 🍌

REFERENCES

www.ny.gov/governor/press
www.nyspta.org/advocacy/what'shappening
www.senatorrath.com
www.healthinschools.org/health-in-schools/health-services/schools-and-childhood-overweight/schools-nurses
www.kidshealth.org Kids Health, May 2007

ABOUT THE AUTHOR

Lisa Morgan, RN is currently one of two registered nurses at Liverpool High School (N.Y.) and has been a school nurse for nine years. She was School Nurse of the Year in New York in 2004. She has been a member of the New York State Association of School Nurses since 2003 and is currently the Secretary of Zone 10.

Body Mass Index is a relationship between weight and height that is associated with body fat and health risk. The formula is "body weight in kilograms/height in meters squared". The Department of Health and Human Services of the National Institutes of Health categorizes BMI as follows:

Underweight = <18.5

Normal weight = 18.5 – 24.9

Overweight = 25 – 29.9

Obesity = BMI of 30 or greater

BMI calculators are available on many websites. Individuals can enter their height and weight and obtain BMI.