


Comprehensive Growth Screening Programs for Schools

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Comprehensive Growth Screening Program for Schools

Screening Programs should be based on the health needs of the population served.


CDC has documented “significant” increases in overweight among children and adolescents.

“Schools cannot solve the obesity epidemic on their own, but it is unlikely to be halted without strong school-based policies and programs.”
(DASH, CDC)



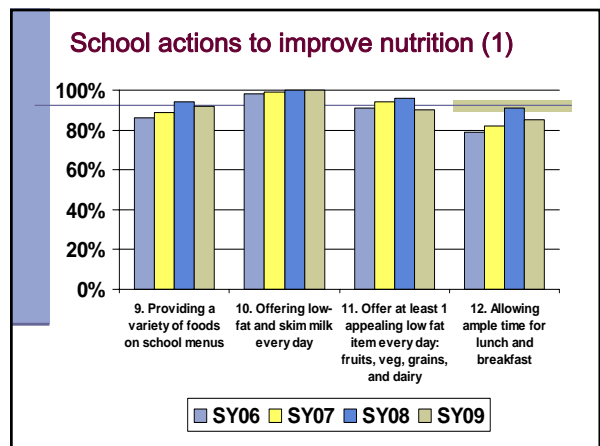
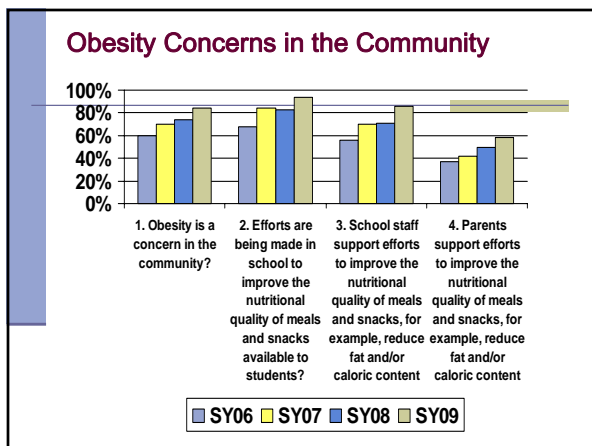
Massachusetts School-Based Screening Programs

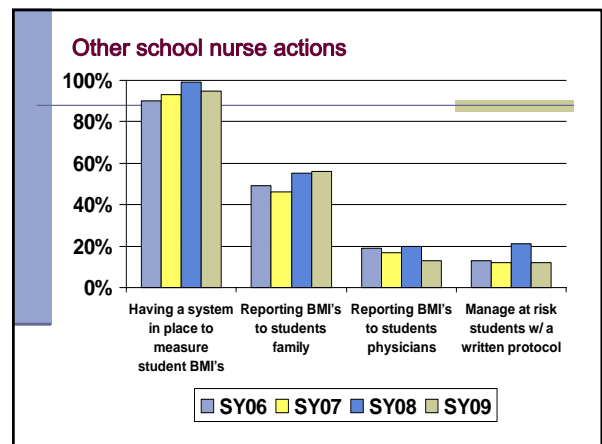
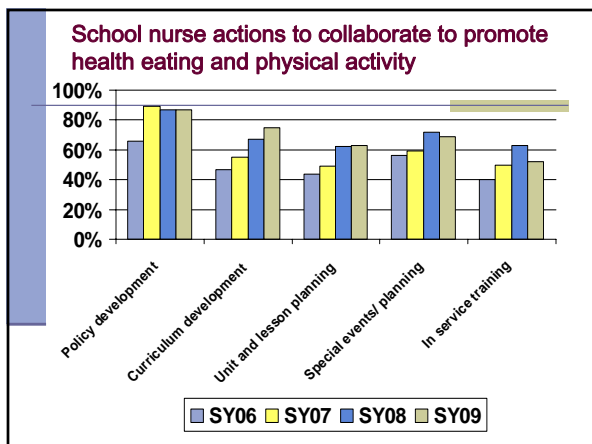
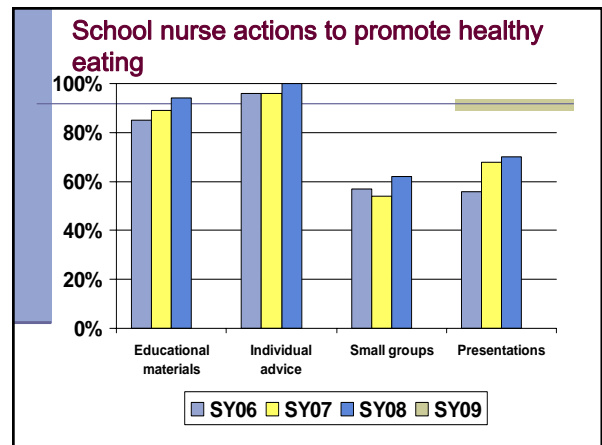
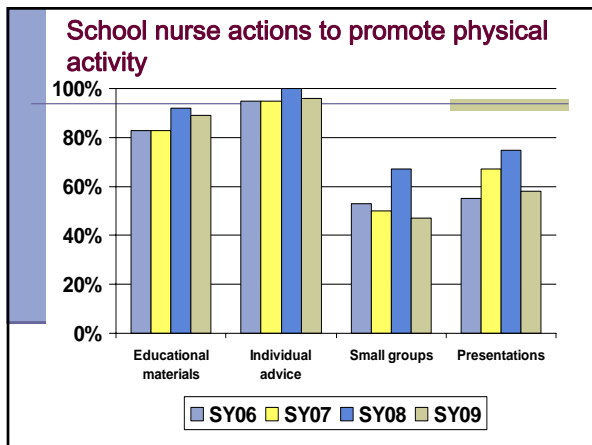
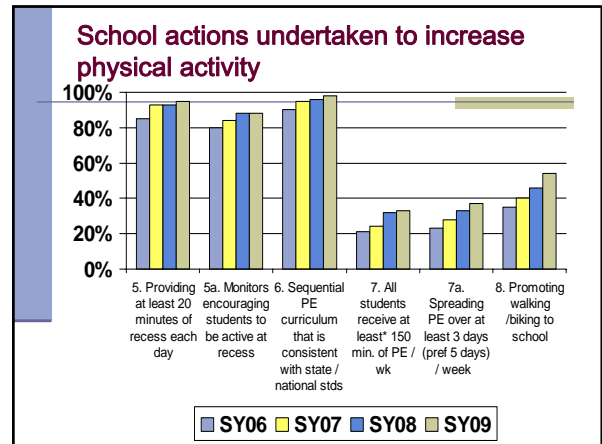
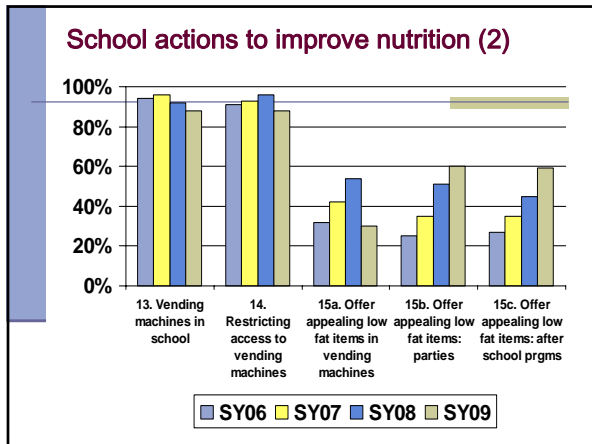
The desired outcome of the Massachusetts Department of Public Health School-Based Screening Program is improvement in health and well-being of Massachusetts school aged children so that they are healthy and ready to learn.



Nutrition, Physical Exercise, and Obesity: What’s currently happening in ESHS funded school districts?

- FY2005-2006: Questionnaire to all ESHS programs
- Questions based on School Health Index
- Cumulative percentages of respondents reporting affirmatively on a 1-5 point scale with 1 = yes, a lot; 5 = no, not much
- Distributed every September to all ESHS programs (most recent 2008)
- 100% response rate
- Use of Survey Monkey







Commissioner's Obesity Prevention Initiative: 2008

- **Mass in Motion Website:**
http://www.mass.gov/?pageID=mg2modulechunk&L=1&L0=Home&sid=massgov2&b=terminalcontent&f=rss_fs_massinmotion2&csid=massgov2
- **Addressing trans-fat**
- *Revision of 105 CMR 200.000: Physical Examination of School Children Regulations*



Massachusetts DPH Laws and Regulations

- **M.G.L. Chapter 71: Section 57.** Requires the physical examination of pupils
- **105 CMR 200.000: PHYSICAL EXAMINATION OF SCHOOL CHILDREN:**
 - 200.500: Annual Assessment of Physical Growth and Development: The school committee or board of health shall cause each child's weight and height to be measured annually.

Screening Program for Heights and Weights

vs.

Comprehensive Growth Screening Program that includes BMI screening



Massachusetts School-Based Screening Programs

- **Screening tests are not diagnostic.** They are designed simply to indicate students who may need further evaluation.
- **It is imperative that school personnel not make any attempt to diagnose** when contacting the parent/guardian of a child who does not meet screening criteria.



Background of Revision of Regulations

- **Addition of the option for BMI measurements in grades 1-4-7-10 for the Essential School Health Service Programs: 2007**
- **Revision of the current Physical Examination Regulations**



Revision of Regulations: BMIs (1)

- **Requirement for BMI Measurement for grades 1-4-7-10 (public schools only)**
- **Phase-in period: funded required programs this year; unfunded programs: FY2011**
- **Target: 286,331 students in the four grades**
- **Pre-notification of parents through websites/student handbook/parent newsletters**
- **Confidential written communication to parents regarding the BMI: this may be done electronically**
- **Referral to the PCP for overweight or underweight students**



Revision of Regulations: Other Screenings (2)

- **Vision screening: entry and grades K through 5**
- **Hearing screening: entry and grades K through 3**
- **Removal of annual heights and weights**
- **Physical examination: one year before entry and up to 30 days thereafter**
- **Reinforcement of the need for required physical examinations by PCP**
- **Update of role of school physician**



Revision of Regulations: Process (3)

- Permission to hold public hearings
- 2 Public Hearings
- Review of testimony
- Refinement of regulations based on testimony
- Due to be presented at Public Health Council: April 8, 2009



Revision of Regulations: Major Concerns (4)

- Confidentiality of information to parents (no use of back packs)
- Pre-notification of parents
- Choice for parent/guardian opt out
- Provision of information for parents pre-screening and with screening results: focus on healthy eating and physical activity
- Concern re: increase in eating disorders



Guidelines for COMPREHENSIVE GROWTH SCREENING PROGRAMS

Important Considerations:

- Accuracy of screening results
- Purpose of program:
 - Health screening vs. data collection
- When to notify parents:
 - At risk vs. all students
- When to refer to a primary care provider
- What is the school's responsibility?
 - Providing resources for follow-up



Guidelines for Planning COMPREHENSIVE GROWTH SCREENING PROGRAMS

Make sure ALL stake holders are "on board" with screening process:

- School Physicians
- Local Primary Care Providers
- Professional Organizations
- Local Resources
- School Administration
- Teachers
- Families
- Students



Guidelines for Training COMPREHENSIVE GROWTH SCREENING PROGRAMS

Training for Staff should include:

- Proper use of equipment for accurate and precise measures
- The importance of privacy and confidentiality for the students
- The use of sensitive language



Guidelines for Referral and Follow-up

- Review screening results on an individual basis
- Notify ALL parents of screening results; remind parents that it is only one screening measurement
- Provide parents with guidelines to interpret the data along with available recourses and referrals



Guidelines for Referral and Follow-up (2)

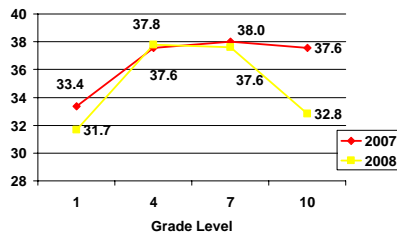
- A referral should be made to a student's primary care provider (with parental permission) as determined by the screening results.
- Results should be communicated in writing directly to the parents/guardians and NOT sent home with students
- Include information about resources for healthy eating and active living



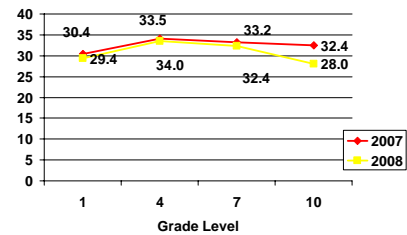
ESHS Programs: Option for BMI Screening Grades 1-4-7-10

- FY2007: 93,000 students screened
- FY2008: 91,000 students screened
- Results submitted to School Health Unit

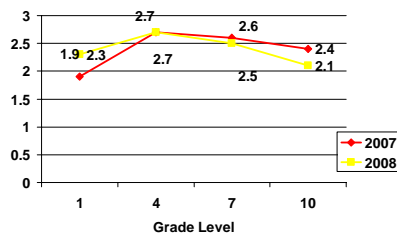
% Overweight or Obese, 2007 vs 2008: Male Students



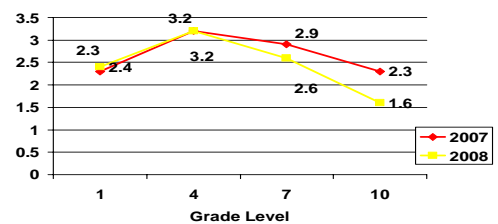
% Overweight or Obese, 2007 vs 2008: Female Students



% Underweight, 2007 vs 2008: Male Students



% Underweight, 2007 vs 2008 : Female Students





New Spreadsheet from CDC - Useful for BMI Reporting

ID (optional)	Name (optional)	S E x	Date of birth	Date of measure- ment	Height		Weight		BMI	BMI %ile
					Feet	Inches	Pounds			
1	Bobby	M	1/20/1995	2/10/2009	4	5	78	19.5	55.2	

- Calculates BMI percentiles correctly
- Generates summary statistics for schools:

http://www.cdc.gov/healthyweight/assessing/bmi/childrens_BMI/tool_for_schools.html



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Thank You

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