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Dealing With Controversy: The Lessons of Implementing BMI Screenings

By Sylvia Byrd, ARNP, MPH, NCSN, Florida

This section is written by members of the National Association of State School Nurse Consultants.

During 2000–2001, under the direction of the Secretary of Health, the Florida Department of Health (FDOH) School Health Program launched the “Healthy School Initiative.” This initiative was an obesity prevention program designed to increase the awareness of students and their families about the risks of childhood obesity, physical activity involvement, and nutrition improvement. Public health statistics indicated that childhood obesity had reached epidemic proportions and that a clear relationship existed between obesity and increases in chronic diseases in both adults and children. The 1999 Florida Youth Risk Behavior Survey indicated that, on average, fewer than 25% of high school students consumed five or more servings of fruits and vegetables per day. Although involvement in physical activity increased by the end of the decade, only about 25% of students reported engaging in vigorous physical activity 5 or more days per week.

The focus of the prevention initiative was to (a) develop baseline prevalence data in selected schools using body mass index (BMI) screening, and (b) implement strategies to involve students, families, and schools in prevention. Each program was required to screen students in the full-service schools in kindergarten, third, sixth, and ninth grades, and to implement at least three strategies to increase opportunities for children to be physically active and make good nutritional choices.

From their experience with the growth and developmental screening mandated by the Florida School Health Services Act of 1973, school health nurses were acutely aware that emotional reactions to obesity prevention were second only to reactions to teen pregnancy prevention. Recognizing the potential for resistance from schools and the public at large, a statewide workgroup was developed to involve local nurses and leaders in developing a plan that had the greatest possibility of being successfully embraced by their communities.

The workgroup developed model forms for local use and assisted the program office in developing a collection methodology for the baseline data. Forms consisted of a model form letter to notify parents that the screening would be provided and a results letter to be sent home to parents of all children screened, regardless of the results. In the first letter, parents were informed of the option of excluding their children from the screening. The results letter included a checkoff section for each of the four screening results categories (underweight, normal, at risk for being overweight, and overweight) with recommendations for parental action.

This letter stressed the importance of prevention by explaining how sedentary lifestyles and high calorie diets place most children at risk for being overweight.

As stated before, school and community support was the key to the success of implementation. Therefore, local programs were advised to involve all of these stakeholders, including the School Health Advisory Committee. Although it was hoped that the notification letter would prompt parents to seek further medical evaluation, school health staff were instructed *not* to engage in aggressive activities encouraging parental follow-through. However, professional consultations were made available if parents requested them, or they could seek help from their own health care practitioners. This was a very difficult concept for problem-solving-oriented nurses, who were accustomed to following up screening referrals to determine if action had been taken or if parents needed assistance in finding or accessing resources.

The press provided a great deal of free exposure for the program, but early on it was considered very important to control how the program was presented. As a result, a press packet was prepared by the State Department of Health Communications Office containing all the information about why, how, and where the program was being implemented. In addition, the program information was also posted on the Internet. To further support this media campaign, program staff responded to letters from an angry or supportive public as well as from entrepreneurs who had products to assist in implementation of the program.

As staff began to implement the screening in the first half of the school year, local programs were eerily quiet except for the occasional request for information or technical assistance. It was not until late spring that the State School Health Program Office was contacted by reporters who had learned of this program as well as one in Pennsylvania and wanted more information. After a very amiable conversation with the reporter in the presence of the FDOH Communications staff, a benign, rather supportive, and informative news article was published in the *Philadelphia Inquirer*. However, once the article was picked up by national newspapers and media organizations, it was generally presented in the format that generates the most attention—negative press. The School Health Program and the State Department of Health were rapidly

continued on page 19

continued from page 18

engulfed in a news "feeding frenzy."

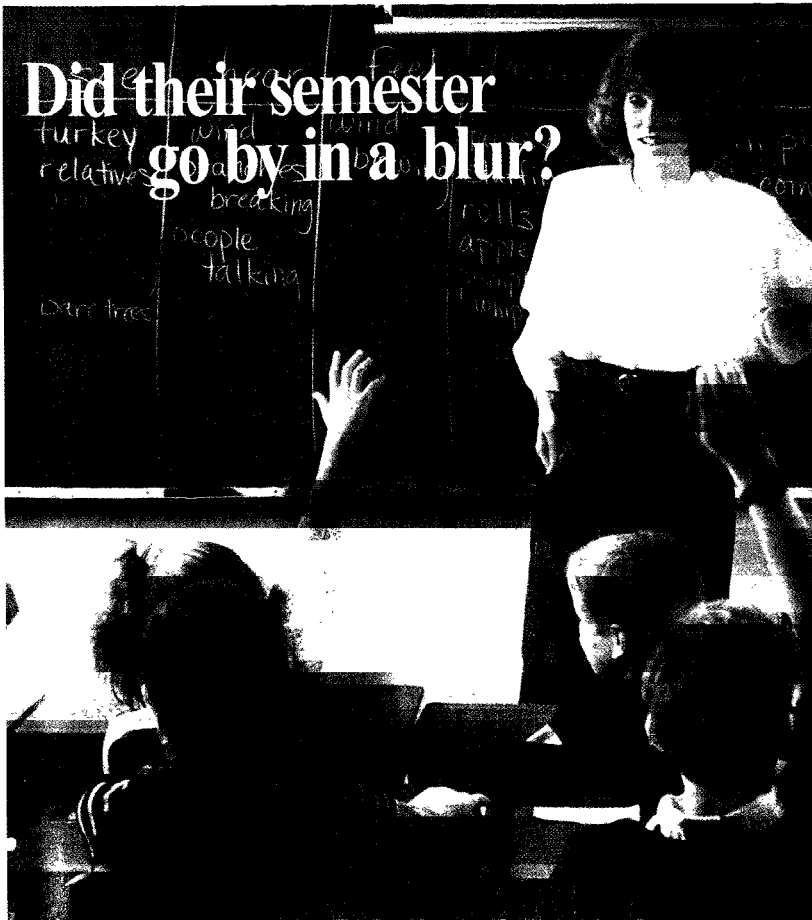
Consequently, a brief survey was sent to local school obesity prevention programs to determine their progress in implementing the program. The survey revealed that there was least resistance where (a) programs involved the school and community in planning and implementation, (b) results letters were sent to all parents, (c) school districts supported the initiative, and (d) sealed letters were sent home by the student or by mail. Controversy was experienced most in programs with the least community involvement in planning and where the recommended precautions for sharing information did not occur. Of course, in a few areas no amount of planning and involvement made a difference.

Lessons Learned

Perhaps the most important lessons learned were: (a) broad consensus and involvement from the targeted public in the planning stages is very important to the success of a

it is important to control the flow of information to the press by predetermining who will say what to whom. Nearly 35% of the students were overweight or at risk, and fewer than 5% were underweight. At the risk of missing abnormal eating patterns at the other end of the spectrum, it is just as important to focus on the problems of underweight students as it is to provide interventions for overweight students.

It will take considerable time and public education for the program to be accepted across the state. Because it is increasingly difficult to include more activity in schools, it is clear that out-of-school activities must be incorporated into the fabric of our lives. This may be accomplished through (a) continuation and expansion of this obesity prevention program, (b) community-wide projects, (c) public education offered by the Chronic Disease Prevention Program, (d) local ownership of the problems and solutions, and (e) continuation of educational programs offered jointly by FDOH and the Department of Education for increasing physical activity and nutrition through the Centers for Disease Control Coordinated School Health infrastructure grants.



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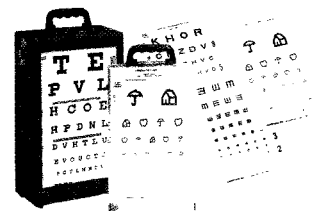


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