

# Modest Changes Prompted by Child Obesity Law

BY MICHELE G. SULLIVAN  
Mid-Atlantic Bureau

SAN FRANCISCO — The first state effort to address childhood obesity through changes in public schools has met with some success, according to researchers who spoke at the annual meeting of the Society of Behavioral Medicine.

Arkansas Act 1220 passed into law in 2003, said James Raczynski, Ph.D. The product of a “remarkable confluence of political, private, and institutional support,” the law requires schools to monitor every student’s weight annually, remove vending machines from elementary schools, and disclose all vending contracts. It also mandates the creation of state and local advisory committees to examine nutrition and physical activity programs in schools and to advise legislators on future childhood health policies.

Concerns about the number of obese and overweight children in Arkansas spurred legislators, physicians, and communities to work together on the law, said Dr. Raczynski of the University of

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Arkansas, Little Rock: 36% of children in the state are either overweight or at risk for being overweight.

Initially, public support for every aspect of the legislation was very high. Concerns arose during the first year, however.

“The biggest issue was parental worry about the annual body mass index [BMI] measurement,” he said. “Parents feared that having their child identified as overweight or at risk would stigmatize the child.”

The law requires schools to send home letters about the annual BMI measurement; parents whose children were identified as overweight or at risk are advised to take the letter and the child to a physician. “We heard from some physicians that they were concerned they’d be overwhelmed with visits from worried parents,” Dr. Raczynski said.

He and his colleagues presented information from a 1-year evaluation of the law, which included interviews with parents, children, and physicians and visits to schools. Baseline data from spring 2004—when the law went into effect—were compared with data collected during 2005.

The annual BMI measurements appear to be having a positive impact on parents, said Delia West, Ph.D. After the school BMI screening, parents were significantly better at accurately identifying whether their child was overweight, said Dr. West of the University of Arkansas.

The baseline survey asked parents of children in kindergarten through grade 10 to assess their child’s weight status. The follow-up survey asked the same after the child had brought an annual BMI report from school. Before the BMI screen, only

40% of parents accurately identified their child as overweight or at risk of becoming overweight. After the screen, that number increased to 50%.

Black parents and parents of children younger than 12 years were most likely to improve. Before the screen, only 35% of parents with young overweight children correctly identified their weight status. After the screen, that number rose to 65%. Black parents also improved their identification of overweight children, increasing

from 30% correct before the BMI screen to 44% correct after the screen.

The change is important because family identification of weight problems can be the foundation of behavior change, Dr. West said. The parental concern of an increase in stigmatization of overweight children was not an issue, said Nadia Siddiqui of the University of Arkansas. Data from the baseline and 1-year follow-up surveys found no increase in weight-based teasing among any age group after the an-

nual BMI measurement was instituted.

Physicians’ concerns about being overwhelmed with unnecessarily worried parents were unfounded as well, said Jada Walker, also of the university. More than half of the 481 physicians surveyed (57%) reported that at least one family had brought in a BMI report to discuss. However, added Dr. Raczynski, it is somewhat worrisome that only 57% of physicians had dealt with a BMI concern prompted by the act. ■



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1. Hanefeld M, Schaper F. Prandial hyperglycemia: is it important to track and treat? Pharmacologic treatment of type 2 diabetes mellitus and obesity. *Current Diabetes Reports* 2005; 5:333–339.