Is It Just A Measurement? Collecting, Tracking, and Reporting BMI in Head Start

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Introduction
Early childhood obesity is a concern for Head Start [HS], the largest federally funded childhood education center.¹ HS Performance Standards require programs to conduct health/nutrition assessments to identify child needs.² BMI screenings are conducted as part of these assessments and prevalence of overweight/obesity are reported on the Program Information Report [PIR].³ Limited research has been conducted around HS BMI screening.⁴ Objective: This study explored the processes HS programs in Ohio (OH) and North Carolina (NC) used to measure, track, and report children’s weight status.

Methods
A Phenomenological, qualitative research design with structured telephone interviews was utilized. HS programs were identified in OH (n= 48) and NC (n=52). HS Health/nutrition managers [HNMs] to participate in interviews from July 2019 to March 2020. The interview contained 12 open-ended questions with additional probes. A twenty-one item demographic questionnaire was included. Review of the interview questions was used for member checking. Interviews were conducted until data saturation.

Analysis: Interviews were audio-recorded and transcribed verbatim. Transcripts were independently reviewed for understanding; significant statements and experiences relevant to the phenomena were identified, grouped, described, and assigned a code. Codes and descriptions were compared across the two states, agreed upon, and organized into themes. Saturation was reached at N = 13 participants.

Results
Twenty-eight (28) Health and/or Nutrition Managers (HNMs) completed interviews (OH-13, NC-15) Table 1 contains HNM demographics. Themes: Perceptions of BMI, Professional Development Opportunities, and Resource, Training and Policy Needs to Support BMI Practices. Most programs obtain BMI measurements on-site by teachers and utilize software to classify/report BMI. There is limited staff and availability of BMI/obesity-specific training opportunities and time to implement internal training on growth assessments, which can impact accuracy of measurements. Caregivers follow through on the referrals for children with overweight/obesity was perceived by HNM to be low. Some HS staff indicated apprehension around conveying BMI screening results to caregivers.

Discussion
A need for more structured guidance, training, and process standardization for accurate measurements, reporting, and referral follow-up was identified. Communication strategies/training are needed. More research is needed around parent perception of the referral process and parent reactions to BMI communication strategies.

Background
BMI screenings are often conducted as part of Head Start’s health/nutrition assessments. Limited research has been conducted on the processes used to measure, track, and report children’s weight status.

Findings
HS Health/Nutrition Managers identified a need for more structured guidance, formal training on measurement best-practices, and process standardization for accurate BMI measurements, reporting, and referral follow-up.

They also identified a need for communication training and strategies when discussing child BMI results with families.

Table 1. Descriptive characteristics of 28 Health/Nutrition Managers participating in structured interviews selected to examining and reporting BMI

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Data</th>
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<tbody>
<tr>
<td>Age, y. (mean)</td>
<td>35 (6-45)</td>
</tr>
<tr>
<td>Gender, n/N Female</td>
<td>23 (5/52)</td>
</tr>
<tr>
<td>Ethnicity, n (%)</td>
<td>Non-Hispanic 72 (26/46)</td>
</tr>
<tr>
<td>Race, n (%)</td>
<td>White 21 (27/26)</td>
</tr>
<tr>
<td>Age, y. (mean)</td>
<td>24 (13-43)</td>
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</tbody>
</table>

Table 2. Descriptive and Dispersal Quantities from Ohio and North Carolina Health and Families; 2020.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Ohio Quotes</th>
<th>North Carolina Quotes</th>
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