
Notifying Parents/Caregivers

The following is a sample letter which could be used to notify parents about a child's weight status.

Dear Parent,

We recently weighed and measured the children in our school to determine how they are growing. Your child's weight was found to be low/high for his/her height and age. This does not necessarily mean your child is underweight/overweight, but your child may be at risk for this condition. The best person to evaluate your child's weight status is his/her regular doctor or health care provider.

We encourage you to make sure your child has annual medical checkups by a physician. The doctor will weigh and measure your child, may ask questions about your child's growth since birth, and may ask about the heights and weights of your child's close biological relatives. If your child is too thin/heavy, your doctor will tell you so. Ask your doctor for advice about good nutrition and physical activity.

If you do not have health insurance or access to health care, please contact us for information about possible medical services.

Please do not put your child on a weight gain/loss diet. For information on helping an underweight/overweight child, [insert information on obtaining a pamphlet].

If you have questions, please call me at [].

Cordially,
School Nurse

Pamphlets for Parents

"Childhood and Adolescent Obesity in America: What's a Parent to Do?" a pamphlet by Betty Holmes, MS, RD. June 1998. The cost is \$1.25 per copy. For more information or to place an order, contact the Office of Communications and Technology Resource Center, University of Wyoming: Phone (307) 766-2115. Fax (307) 766-2800. Available at the following website: <http://www.uwyo.edu/ag/ces/PUBS/b1066.pdf>.

"If My Child is Overweight, What Should I Do About It?" a pamphlet by Joanne P. Ikeda, MA, RD. 1998. The cost is \$4.00 per copy. For more information or to place an order, contact Division of Agriculture and Natural Resources, Communications Services & Publications, 6701 San Pablo Avenue, 2nd Floor, Oakland, CA 94608-1239 or call (800) 994-8849. See website: <http://danrcs.ucdavis.edu>.

"Helping Your Overweight Child" a pamphlet by the National Institutes of Health. Contact The Weight-control Information Network, 1 WIN Way, Bethesda, MD 20892-3665. Tel: (202) 828-1025 or (877) 946-4627, Email: win@info.niddk.nih.gov. Available at: <http://www.niddk.nih.gov/health/nutrit/pubs/helpchld.htm>.

The authors of this publication are Joanne P. Ikeda, MA, RD and Dr. Pat Crawford, DrPH, RD, Co-Directors of the Center for Weight and Health. Comments on this publication can be directed to jikeda@socrates.berkeley.edu, (510) 642-2790 or pbcraw@uclink4.berkeley.edu, (510) 642-5572. Funded in part by the California Nutrition Network. © September, 2000

The University of California prohibits discrimination against or harassment of any person employed by or seeking employment with the University on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam-era veteran or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). University Policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California, Agriculture and Natural Resources, 1111 Franklin, 6th Floor, Oakland, CA 94607-5200; (510) 987-0096. Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. W.R. Gomes, Director of Cooperative Extension, University of California.

GUIDELINES FOR COLLECTING HEIGHTS AND WEIGHTS ON CHILDREN AND ADOLESCENTS IN SCHOOL SETTINGS

CENTER FOR WEIGHT AND HEALTH
COLLEGE OF NATURAL RESOURCES

UNIVERSITY OF CALIFORNIA
BERKELEY

Introduction

It may sometimes be necessary to weigh and measure children in school settings. In these situations, it is important to obtain accurate information. At the same time, it is important to avoid encouraging unrealistically thin body images and stigmatizing children as "fat," "heavy," or "skinny." Consider the question, "How can this task be done in a way that will promote body satisfaction, a positive body image, and high self-esteem in youngsters of all sizes and shapes?" The following guidelines were developed to help you measure students in a way that is sensitive and supportive as well as accurate.

Growth Charts

The purpose of weighing and measuring children is to determine if they are growing "normally." There is a wide range of heights and weights that are considered "normal" since children grow at very different rates even when they are the same age. The Centers for Disease Control and Prevention and the National Center for Health Statistics issued new growth charts for children in June, 2000. The revised growth charts consist of 16 charts (8 for girls and 8 for boys) including two new body mass index (BMI) charts. The charts can be accessed at the following website: <http://www.cdc.gov/growthcharts>. Be sure you have the new growth charts before beginning this task.

There is a wide range of heights and weights which are considered "normal" since children grow at different rates.

Setting

Each child should be weighed and measured in private with no other children present. Recruit an adult to record the measurements or do it yourself. Do not have another child do it. Consider having the child face away from the scale if s/he appears anxious about being weighed.

Comments to Children

Do not comment on the height or weight of a child at the time the measurements are being taken. Neutral comments such as “Thanks, you can get off the scale now” are appropriate. If a child makes a negative comment about his/her body, it is appropriate to say, “Kids’ bodies come in lots of different sizes and shapes. If other kids are teasing you about your body, let’s talk and see what we can do about it.” Teachers and other school staff should discourage teasing by modeling and promoting respectful behavior. The philosophy “We respect the bodies of others even though they are different from our own” should guide words and actions. If a child asks, “Am I too fat?” or “Am I too skinny?” say that you don’t know and suggest the child ask his/her doctor this question.

The philosophy
“We respect the bodies
of others even though
they are different from
our own” should guide
words and actions.

Measuring Weight

Children should be weighed using a platform scale. This may be a beam balance scale or a digital (electronic load cell or strain gauge) scale. Check your equipment regularly to make sure you are getting accurate measurements. Scales should be calibrated on a routine basis. Calibration involves putting known weights on the scale to check accuracy.

Procedure:

1. Ask child to remove outer clothing and shoes.
2. Place the scale in the “zero” position before the child steps on the scale.
3. Ask the child to stand still with both feet in the center of the platform.
4. Record the measurement to the nearest 1/4 pound or 100 grams.
5. Have the child step off the scale.

Not Making a Medical Diagnosis

Unless you are a licensed health care professional whose scope of practice includes diagnosing medical conditions, refrain from making a diagnosis of overweight or obesity. Labeling a child as “overweight,” “too fat,” “too thin,” or “skinny” based on a single height/weight measurement at one point in time is inappropriate. In order to determine if a child is underweight, overweight or at risk of these conditions, standard practice is for a physician to gather additional medical information necessary for making a diagnosis.

Measuring Height

A standing height board or stadiometer is required. This device has a flat vertical surface on which a measuring rule is attached. It also has a moveable headpiece and either a permanent surface to stand on or the entire device is mounted on the wall of a room with a level floor.

Procedure:

1. Before you begin, ask child to remove shoes, hat, and bulky clothing such as coats and sweaters. Ask the child to remove or undo hair styles and hair accessories that interfere with taking a measurement. In rare cases, a child may be unwilling to undo an intricate or costly hairstyle. In these situations, care should be taken to locate the actual crown of the head.
2. Direct the child to stand erect with shoulders level, hands at sides, thighs together, and weight evenly distributed on both feet. The child’s feet should be flat on the floor or foot piece, with heels comfortably together and touching the base of the vertical board. There are four contact points between the body and the stadiometer: head, upper back, buttocks and heels (see arrows 1-4 on diagram).
3. Ask the child to adjust the angle of his/her head by moving the chin up or down in order to align head into the Frankfort Plane. The Frankfort Plane is an imaginary line from the lower margin of the eye socket to the notch above the tragus of the ear (the fleshy cartilage partly extending over the opening of the ear). This is best viewed and aligned when the viewer is directly to the side of and at the eye level of the child. When aligned correctly, the Frankfort Plane is parallel to the horizontal headpiece and perpendicular to the vertical back piece of the stadiometer. **NOTE:** When the chin is correctly positioned, the back of the head may not make contact with the board. In fact, in a very few individuals, only two points will make contact with the vertical backpiece.
4. Ask the child to breathe in and maintain his/her position. Lower the headpiece until it firmly touches the crown of the head and is at a right angle with the measurement surface. Check contact points to ensure that the lower body stays in the proper position and the heels remain flat. Some children may stand up on their toes, but verbal reminders are usually sufficient to get them in proper position.
5. Record height to the nearest 1/8th inch or 0.1cm.

