

Child Overweight & Obesity Rates in Northwestern Vermont

STUDY RESULTS ARE PROMISING

BACKGROUND: In October of 2019 schools throughout Franklin and Grand Isle counties partnered with RiseVT to measure height and weight in schoolchildren. This is the second round of data collection, the same measures were collected in the fall of 2017. RiseVT staff measured 1,719 students in grades 1, 3, and 5. In keeping with RiseVT's values, this study was designed to protect children's privacy and prevent potential weight shaming. Both children and their parents had the opportunity to opt out of being included in the measurement study for any reason, 48 students chose not to be measured. RiseVT used pediatric growth charts and guidelines from the Centers for Disease Control and Prevention* to define underweight, healthy weight, overweight, and obese.

RESULTS: The data show that between 2017 and 2019 there has been no statistically significant change in rates of overweight and obesity among schoolchildren in Franklin and Grand Isle counties. Additional years of data are needed before a trend can be reliably assessed.

CONCLUSION: RiseVT is encouraged to see that rates of childhood overweight and obesity have stabilized in this region. RiseVT is optimistic that strong public health efforts and robust local partnerships are beginning to yield improvements in community health. Measuring growth in children can help identify early opportunities for program and prevention. RiseVT will continue to partner with schools to strengthen school wellness policies, encourage movement during the school day, and promote access to nutritious food for children and families. This measurement study would not have been possible without the support of the school community's teachers, school nurses, school administrators, and families.



IMPLICATIONS & NEXT STEPS: Understanding rates of childhood overweight and obesity is one way to measure progress toward community health improvement. In addition to measuring height and weight in our pilot communities, RiseVT is also conducting biannual key informant interviews to assess program impact, calculating an intensity score for RiseVT programming, and reviewing state and national public health data to monitor trends. This

data collection effort will be repeated every two years to continue to measure the impact of the RiseVT primary prevention program.

*The CDC defines childhood overweight as BMI between the 85th and 95th percentile. CDC defines childhood obesity as BMI at or above 95th.