



**Iowa Department
of Public Health**

Fact Sheet

BMI Registry

Background

There is a great need for accurate, population-based data to understand obesity prevalence, trends, and disparities among youth. Current data gaps among Iowa youth populations, as well as the frequent inability to obtain local data, precludes public health and health care agencies from effectively and efficiently addressing the epidemic. Without accurate surveillance data, these agencies are less able to precisely target scarce public health resources to the communities and populations that need them most. Agencies are less able to evaluate childhood obesity prevention programs and policies to ascertain which strategies are most effective.

Childhood Obesity in Iowa

In 2007, the percent of Iowa children (age 10-17) that were overweight or obese was 27 percent, compared to 32 percent nationally. Obese children may develop medical conditions related to obesity, such as type II diabetes and hypertension. Overweight children tend to become overweight adults, putting them at greater risk for heart disease, high blood pressure and stroke. A BMI registry is an effective tool to identify overweight and obese children and provide enhanced education and intervention related to healthy eating and exercise.

Purpose of the BMI Registry

Continue to grow the IDPH capacity for BMI surveillance, including:

- Establishing contacts with appropriate organizations, group, and individuals who may provide or use appropriate surveillance data.
- Maintaining contacts with appropriate organizations.

Outcomes

- Build a BMI registry that is representative of Iowa children and can be used to assess obesity at the state and regional levels.
- Build coalitions in the process of registry development.
- Use and disseminate the registry data for use in raising awareness and identifying at-risk populations.
- Update the data on a regular basis to evaluate trends and impacts of prevention programs.
- Evaluate both the process and outcome success of the registry in accomplishing all objectives.
- Provide enhanced education and intervention related to healthy eating and exercise for identified overweight and obese children.

Participants

- Internal: Representatives from MCH, IM, IRIS, Iowans Fit for Life, Health Reform, CDC-assignee MCH Epidemiologist, e-Health
- External: Iowa Medicaid Enterprise, Department of Education, Wellmark, providers

Understanding Our Need

- Data elements desired: Age, height, sex, weight, and birthdate
- Frequency and/or periodicity of BMI data desired
- Potential points of data collection:
 - School nurses
 - Providers (e.g., pediatricians)

Potential Solutions

- A. Create a standalone registry for BMI: Iowa could develop an independent registry to collect BMI information. This solution may be time and cost prohibitive requiring stakeholders to obtain and learn a completely new system.
- B. Create a BMI Registry through IRIS: Iowa currently has an operative immunization registry. The immunization registry has become invaluable for both surveillance and clinical care. Registry-based childhood obesity surveillance has been successful in other states (e.g., Maine)
- BMI surveillance can be added to the immunization registry through simple programming measures at a relatively low cost compared to the entirely new creation of school-based BMI screening and surveillance models
 - Providers and school nurses already have access to IRIS. While IRIS has great reach throughout the state, some providers dislike the dual entry required (i.e., entering data into the registry as well as their EHR)
 - Privacy issues may be more difficult to address than collecting data through clinic settings
 - Electronic registry systems provide the opportunity to improve obesity prevention and treatment by providing decision support information tailored to a child's weight status
 - Registry data could be used to assess and improve provider adherence to national guidelines calling for annual BMI screening and weight counseling by primary care providers
- C. Retrieve data from existing data sources

Existing Data Source	Data elements available	Options for receiving the data	Limitations
Electronic health records (EHR) <i>*ability to calculate and display BMI and ability to plot and display growth charts (including BMI) for children 2-10 years is a core measure of Stage 1 meaningful use</i>	Age Height Sex Weight Birthdate <i>+many other fields available</i>	Batch file generated from the EHR Through the health information exchange (HIE)	Not all Iowa providers have EHRs The HIE is more of a long-term (5-10 years) method of data collection
Iowa Medicaid -	[Need to identify]	[Need to identify]	[Need to identify]
School district health record systems	[Need to assess]	[Need to assess]	[Need to assess]