



## 2011-2012 POLICY GOAL FACT SHEET

*Implement a "gold standard" statewide child obesity data collection system.*

**Background:** Data on childhood obesity collected by the Centers for Disease Control and Prevention helped reveal the nation's epidemic of overweight and obese children. But more information is needed. Collecting body mass index (BMI)—the widely accepted measurement of childhood weight status—at the state and local levels can be instrumental in identifying and tracking obesity trends, allocating intervention resources to help overweight children, and guiding broader policy solutions. Approximately thirty states have enacted or proposed BMI surveillance laws and regulations. Arkansas stands out as the state with the highest-quality surveillance data. In addition, a number of Illinois community coalitions are working with their school districts to collect the data locally. However, a statewide system to track and measure child obesity is not in place.

**Solution:** The School Code and Illinois Health Statistics Act was amended in 2004 to lay the foundation for the Child Health Examination Surveillance System (CHESS) by requiring that the certificate of child health examination include data related to students' weight status (height, weight, age, gender, etc.) that can be used to calculate BMI. While this legislation is in place, the systems to collect, aggregate and de-identify the data from the forms do not exist, and the Illinois Department of Public Health has not yet promulgated the rules necessary to initiate that process. Through the Consortium to Lower Obesity in Chicago Children (CLOCC), advocates and experts have developed a set of recommendations based on pilot surveillance projects and similar existing systems in Illinois and elsewhere. Recently, the Governor's Office convened a taskforce to examine the health needs of Illinois students and the data available (or needed) to identify challenges and monitor progress. Recently, IDPH launched discussions with advocates and experts to begin determining approaches to rulemaking.

**Urgency:** The delay in developing a child obesity surveillance system means that as a state, Illinois cannot determine what the trend in obesity among children is, where there are specific issues or problems, how to target prevention and clinical interventions to reduce child obesity rates, or how to measure the impact and success of prevention efforts. Instead, Illinois is dependent upon national surveillance projects that are too infrequent and lack the level of geographic specificity needed to guide resource allocation to those Illinois communities most in need.

**Action:** Provide your organizational support. IDPH has initiated exploration of the issues and barriers that need to be addressed in the rules that will underlie the development of a system. IAPO will support outreach to communities and researchers to learn more about what is already being done, and what has been learned about child obesity surveillance conducted in partnership with schools. Supporters will be kept apprised of developments and opportunities to influence the process, and should be prepared to contribute to the discussion when asked, and to review ideas and proposals as they are developed.

IAPO stakeholders developed a State Obesity Action Roadmap and 2011-12 Policy Agenda following year-long efforts to engage communities across the state in identifying bold solutions to Illinois' obesity epidemic. Visit [www.preventobesityil.org](http://www.preventobesityil.org) for more information and to become an endorsing organization.

The Illinois Alliance to Prevent Obesity (IAPO) is a statewide coalition comprised of a broad range of stakeholders working for a state-level response to the obesity epidemic. The IAPO works to shape and advance solutions to reverse dangerous obesity trends. IAPO supporters believe that Illinois must respond to the obesity epidemic by developing coordinated systems, policy improvements and investment on the scale of the problem.