



**SCHOOL-BASED  
HEALTH ALLIANCE**  
The National Voice for School-Based Health Care

# Welcome

**Webinar will start in a few  
minutes!**

**[www.sbh4all.org](http://www.sbh4all.org)**

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# Here are a few **ANNOUNCEMENTS...**



# 2022 CENSUS

## of School-Based Health Centers has begun!

We invite every school-based or school-linked health center, mobile health, and telemedicine program in the nation to participate!

All individuals who complete the survey (one per SBHC) will be eligible to win a gift card (valued at \$10-\$100).



To complete the survey today, go to:  
<http://tiny.ucsf.edu/2022censusofsbhcs>

*The 2022 Census is being conducted in partnership with the School Health Services Research Team from the University of California, San Francisco (UCSF).*



## Two Virtual Workshops for Health Centers Interested in School-Based Care

First workshop can be found at:

<https://www.healthcenterinfo.org/details/?id=3782>

**Workshop 2: May 17, 2022 | 2:00 – 4:00 PM ET**

Hosted by the *National Association of Community Health  
Centers and School-Based Health Alliance*

Visit: <https://www.nachc.org/two-virtual-workshops-for-health-centers-interested-in-school-based-care/>



For more information, email [trainings@nachc.org](mailto:trainings@nachc.org)



# SAVE THE DATE!



National School-Based Health Care Conference

2022   
ACHIEVING  
**HEALTH EQUITY**  
THROUGH SCHOOL-BASED HEALTH CARE

 VIRTUAL CONFERENCE June 27-30, 2022

## Registration is Open

Reserve your spot today!

Website:

<https://www.sbh4all.org/national-conference-registration/>





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# ADDRESSING DIABETES RISK FACTORS IN ELEMENTARY SCHOOL- AGED CHILDREN

May 3, 2022

# Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Community Health Center Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This series is intended for Nurses, Nurse Practitioners, Pharmacists, Physicians, Physicians' Assistants/Associates, Psychologists, Registered Dietitians, Social Workers

Please complete the survey – linked in the chat, and emailed to all attendees – to request your continuing education credit.

A comprehensive certificate will be available shortly after the end of the Part 2 of the webinar series.



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION



# Disclosures

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the presenters or other activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
- The views expressed in this presentation are those of the presenter(s) and may not reflect official policy of Community Health Center, Inc. and its Weitzman Institute.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.





# School-Based Health Alliance

## Transforming Health Care for Students

- **We provide technical assistance and training to the school-based health care field**
- **We support the improvement of students' health via school-based health care by supporting and creating community and school partnerships**

[www.sbh4all.org](http://www.sbh4all.org)

# Today's Team:



**Shameka Davis, MPA**  
School-Based Health Alliance  
Program Manager



**Jenny Altieri, BA**  
School-Based Health Alliance  
Administrative Assistant



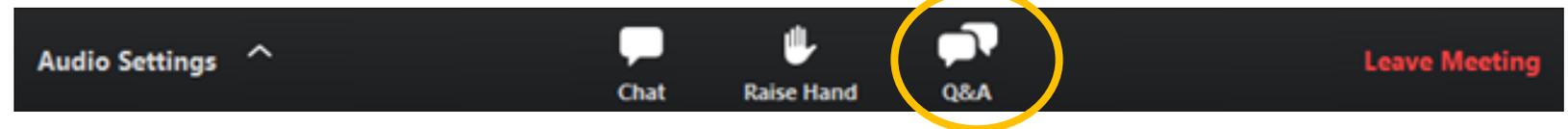
**Paula Fields, MSN, BSN, RN**  
School-Based Health Alliance  
Vice President of Programs & TA

**Jessica Wallace, MPH, MSHC, PA-C**  
Family Medicine PA + Director of Healthy  
World Programs

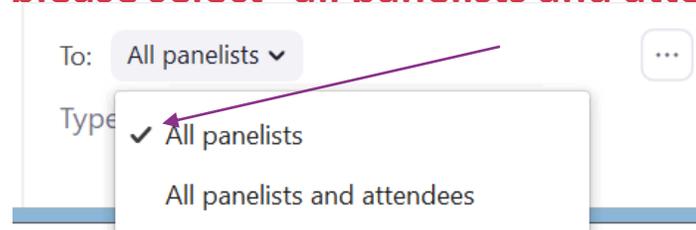


# REMINDERS

- All attendees are in listen-only mode.
- To ask a question during the session, use the “Q&A” icon that appears on the bottom your Zoom control panel.



- When using the chat, please select “all panelists and attendees” before typing a message.



- Please complete evaluation poll questions at the end of the presentation.



## Agenda:

- **Why Lifestyle Change Programs in School-aged Children – Paula Fields, SBHA**
- **Program Faculty Expert – Jessica Wallace, MEND at Denver Health**



## Objectives:

1. Participants will develop a deeper understanding of connections between excess weight and comorbidities such as diabetes, as well as modifiable risk factors to target for intervention.
2. Participants will review a wide range of comprehensive strategies to obesity prevention and treatment within FQHCs.
3. Participants will learn about a successful example of an intensive in-house family weight management program tailored for FQHCs.

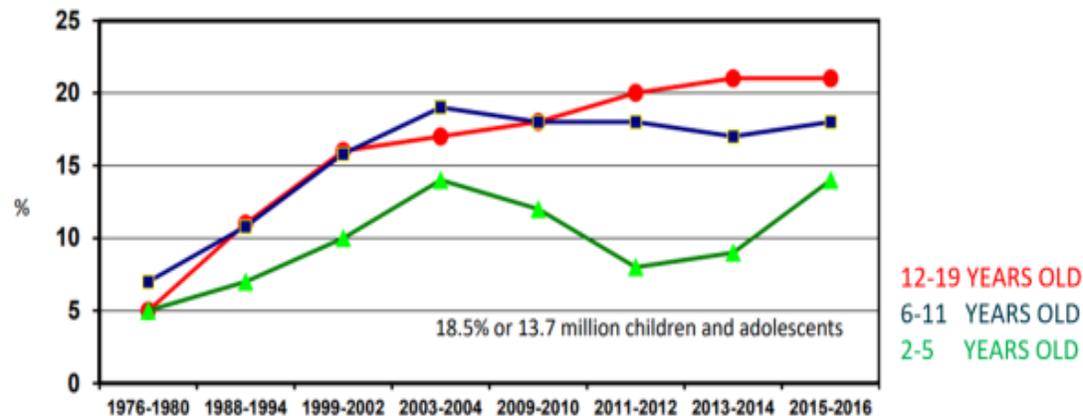


# WHY IS THIS IMPORTANT?

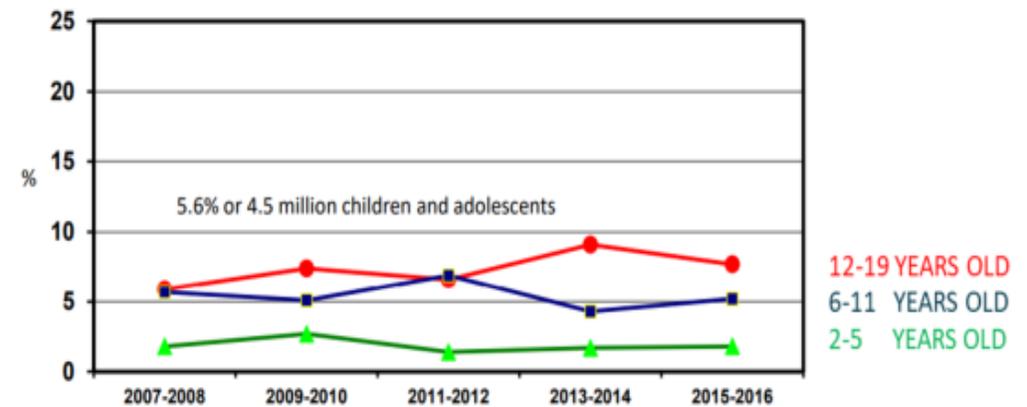


# PREVALENCE: OBESITY

## PREVALENCE: OBESITY



## PREVALENCE: SEVERE OBESITY



JAMA, Hales et al, 2018; Pediatrics Skinner et al, 2018.



# Burden

- Stigma, discrimination, and negative stereotypes common
- Class II and III obesity strongly associated with poor health outcomes with continued obesity into adulthood (cardiovascular and metabolic)
- Increased risk for
  - Type II diabetes
  - Sleep apnea
  - Musculoskeletal pain
  - More!
- Strong association between youth obesity and adult obesity



# BMI TRENDS DURING COVID-19

- In those identified as overweight or obese, BMI more than doubled during pandemic
- 6-11 year olds experienced the largest increase in rate of BMI change (2.5X pre pandemic rates)



## Longitudinal Trends in Body Mass Index Before and During the COVID-19 Pandemic Among Persons Aged 2–19 Years — United States, 2018–2020

Weekly / September 17, 2021 / 70(37);1278–1283



# TYPE 2 DIABETES MELLITUS (T2D OR T2DM) & PREDIABETES

## Among Children and Teens: Increasingly Prevalent in the US

- Before 1990, T2D among children and teens was almost unknown; still uncommon, but a growing problem
- Prediabetes in children and teens rising
- Nearly one in five (18%) youth met criteria for pediatric prediabetes
- School-wide focused approaches in high-risk areas address environmental risks for *everyone*



# WHAT ARE OUR REPORTING GUIDELINES?



# BMI - NATIONAL PERFORMANCE MEASURE

-  Center for Medicare and Medicaid Services
-  Uniform Data Set
-  HEDIS
-  School-Based Health Centers – Quality Counts

The national recommendation varies slightly between agencies but all similarly note the importance of:

- annual Body Mass Index (BMI) Screening
- nutrition and physical activity counseling



# SBHC NATIONAL PERFORMANCE MEASURES: QUALITY COUNTS!

## WHY NQI?

DISCOVER WHAT THE NATIONAL QUALITY INITIATIVE (NQI) MAKES POSSIBLE FOR YOUR STUDENTS



**1** The annual well visit represents the highest standard of quality, preventive care.  
And yet for most adolescents across the country today, it is grossly underutilized.

*What percent of SBHC patients under your watch are receiving the highest standard of preventive care?*

**WELL CARE VISIT**



**2** Homelessness, hunger, substance misuse, anxiety, school failure, victimization, domestic violence.  
You can't know if you don't ask.

*What might you learn and prevent with 100 percent screening?*

**RISK ASSESSMENT**



**4** Fewer than half of children and adolescents with major depression receive treatment for mental health issues. It's worse for young people of color.

*What does depression screening and follow up in SBHCs make possible for your students' wellbeing and academic success?*

**DEPRESSION SCREENING**



**5** Rates of Chlamydia in 15-19 year-old females are five times higher among young women of color than their white peers.

*What's your SBHC's screening rate for one of the top ten most beneficial and cost-effective (but underutilized) preventive services?*

**CHLAMYDIA SCREENING**



**3** The only proven intervention for obesity in children and adolescents is comprehensive, intensive behavioral interventions with 26 or more contact hours.

*How does your SBHC's behavioral change strategy measure up?*

**BODY MASS INDEX**

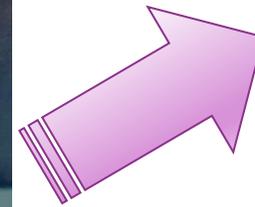
To learn more about the National Quality Initiative (NQI), visit [www.sbh4all.org/nqi](http://www.sbh4all.org/nqi)



# Find proven ideas for improving each measure

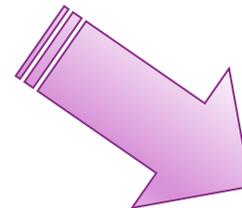


Children and adolescents should be screened at least annually for body mass index (BMI), according to the U.S. Preventive Services Task Force. Patients with a high or increasing BMI should be counseled on nutrition and physical activity to encourage healthy weight.



### Case Example: Documenting BMI Data in Electronic Health Records

Providers from one Connecticut SBHC conduct BMI screenings during each initial patient visit and provide nutrition and physical activity counseling to everyone. They offer a subsequent weight management and nutrition visit to any clients with a BMI greater than 85%. Based on the client's responses to questions about readiness for change, providers schedule an additional follow-up appointment. To be able to document, track, and report this work, the sponsoring organization developed an EHR template with discrete fields so they could extract BMI data (including nutrition and physical activity counseling).



### Frequently Asked Questions

- + What are some promising strategies I can use to increase the number of clients my SBHC assesses for BMI?
- + How do I document nutrition and physical activity counseling?
- + If a BMI assessment is part of a WCV or risk assessment, how can we separate it for reporting?

# USPSTF, AAP, others



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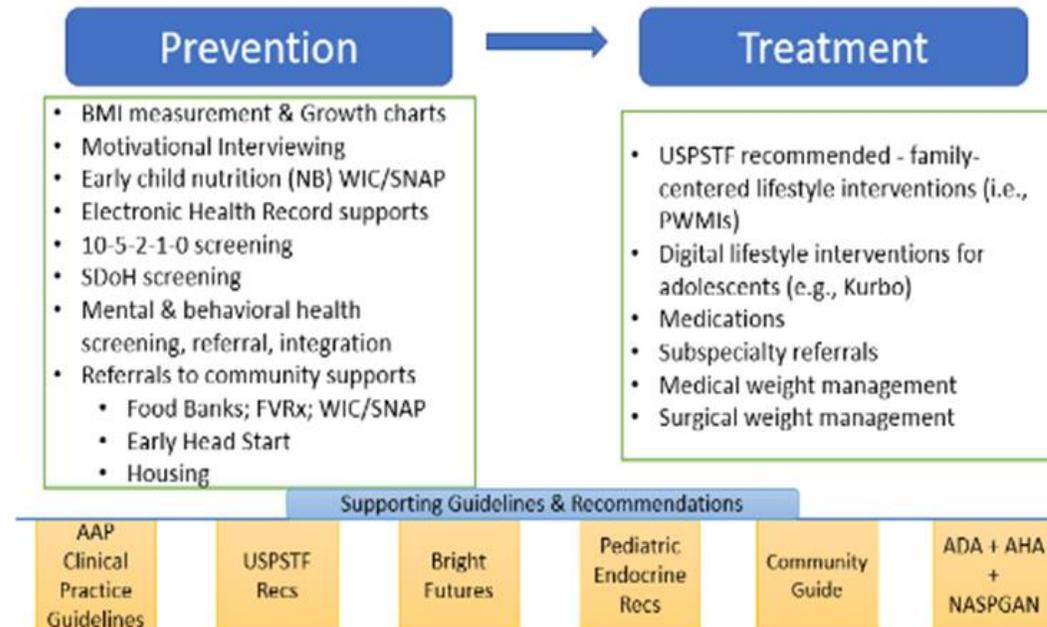
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# CDC guidance (and updated AAP guidelines from 2007 coming 2022!)

## Evidence-Based Strategies







## Additional screening

- Nutrition and physical activity screening
- Screen for SDOH
  - Food insecurity
- Family history
- Comorbidities
- Behavioral health needs

**5** FRUITS & VEGGIES 

**2** HOURS OR LESS OF RECREATIONAL SCREEN TIME 

**1** HOUR OR MORE OF PHYSICAL ACTIVITY 

**0** SWEETENED DRINKS 

**10** HOURS OF SLEEP 



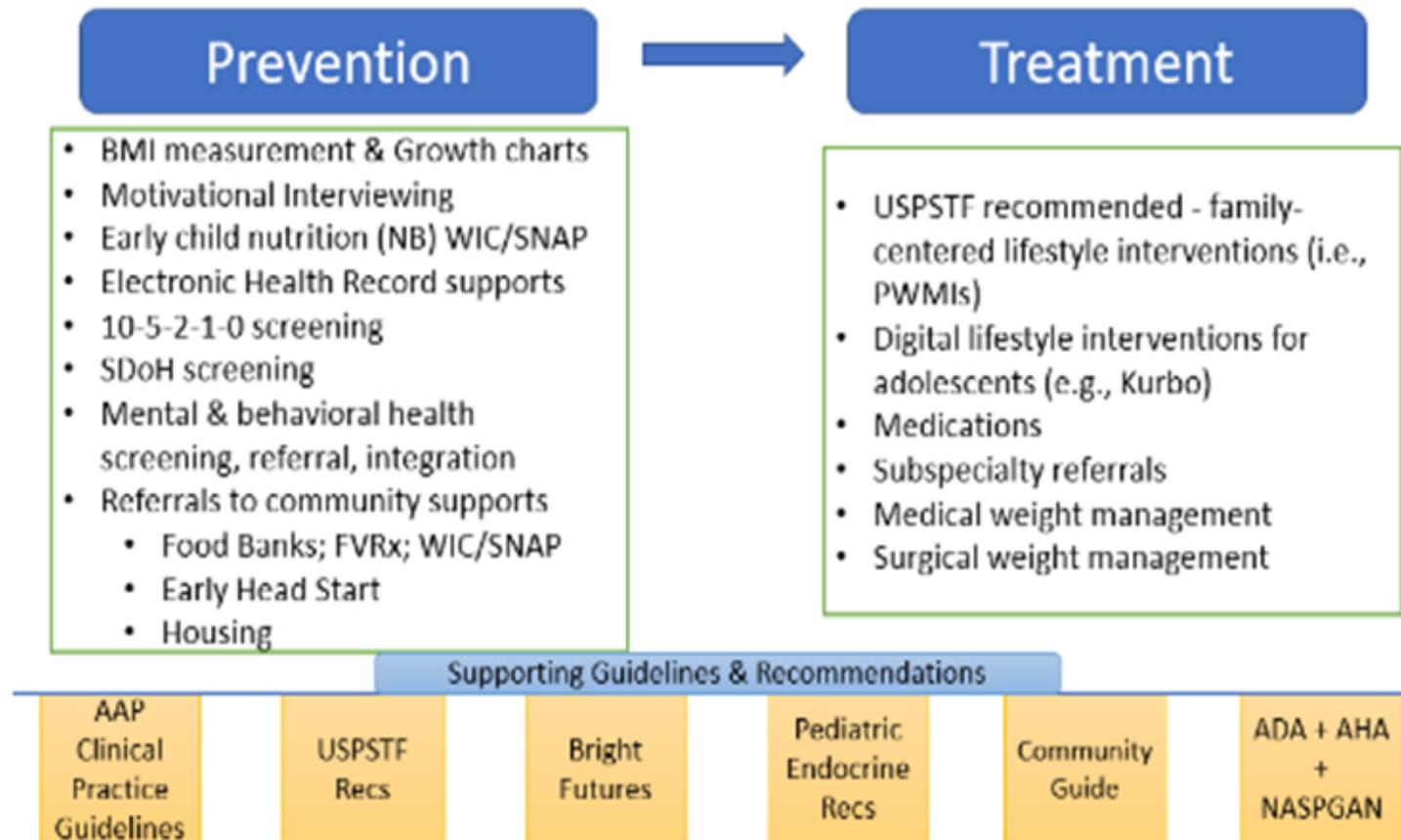
## POLL:

- What screening tools does your Health Center currently use?





# Evidence-Based Strategies





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# Motivational Interviewing

Engage- Making a connection

Guide- Jointly finding a focus

Evoke- Using internal forces to bring about change

Plan- Devise a strategy for change collaboratively





# RECOMMENDATIONS

## Lifestyle-based Weight Loss Interventions Outcomes

### Weight:

- Interventions improve weight outcomes at 6-12 months,
  - benefit increases with increasing contact hours
- <26 hours contact unlikely to be effective
- Almost all high-contact trials age 6+ years

### Cardiometabolic outcomes:

- Some cardiometabolic benefits with highest contact hours, particularly for blood pressure

### Health outcomes:

- Quality of Life and related outcomes sparsely reported, usually no benefit

### Harms:

- Little trial evidence
  - Harms of behavioral treatment bounded as small to none



## Pharmacotherapy Outcomes

- Inadequate evidence regarding benefits or harms of pharmacotherapy
- Medications show small benefit of uncertain clinical significance, commonly with GI side effects (moderate- orlistat)

## POLL:

Does your health center currently have a diabetes prevention program/ lifestyle change program for elementary school-aged children?

- Yes
- No
- Unsure



# FQHC experience



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## Denver Health

An innovative healthcare system that is a model of success for the nation.

OUR AREAS OF FOCUS

- Clinical Care**  
Highest quality, low cost provider\*
- Education**  
Academic center teaches the next generation of healthcare workers.
- Research**  
Ongoing, leading-edge research

**ACUTE Center for Eating Disorders**  
Providing medical stabilization for patients with life-threatening eating disorders—credited with saving more than **800 lives**

**Community Health Centers**  
Offering total family care in **9 neighborhood centers** where families need it the most – **400,000+** patient visits completed annually

**Denver Public Health**  
Keeping the public safe through prevention and tracking data – contributing toward decreased smoking and teen pregnancy rates

**Rocky Mountain Regional Trauma Center**  
Region's top Level I Trauma Center for adults and Level II Center for children = **whole family care**

**School-Based Health Centers**  
Keeping kids in school by providing vital health care to DPS students through **17 in-school clinics**, free of charge

**Rocky Mountain Center for Medical Response to Terrorism**  
Working every day to plan for the "what if" for **5 states**

**TOP 5% IN THE NATION**  
**Denver Health Medical Center**  
One of Colorado's busiest hospitals with **25,000+** inpatient admissions annually, ranked in the top 5% for inpatient survival

**Denver Health Medical Plan, Inc.**  
Keeping our community healthy by providing healthcare insurance to **90,000+**

**Denver Health Foundation**  
Providing **additional resources** that bridge the gap financially to fund special projects and specific needs

**Rocky Mountain Poison and Drug Center**  
Trusted experts for multiple states and **over 100** national and international brands

**Emergency Response**  
Operating Denver's emergency medical response system, the busiest in the state—handling **100,000 emergency calls** and logging 1 million miles on our emergency vehicles each year

**Denver Cares**  
Providing a **safe haven** and detox for public inebriants

**NurseLine**  
Registered nurses field **200,000+ calls per year** – advising on medical information, home treatment, and when to seek additional care – giving patients peace of mind 24/7

**Correctional Care**  
Providing **medical care to prisoners** in Denver's jails and via telemedicine



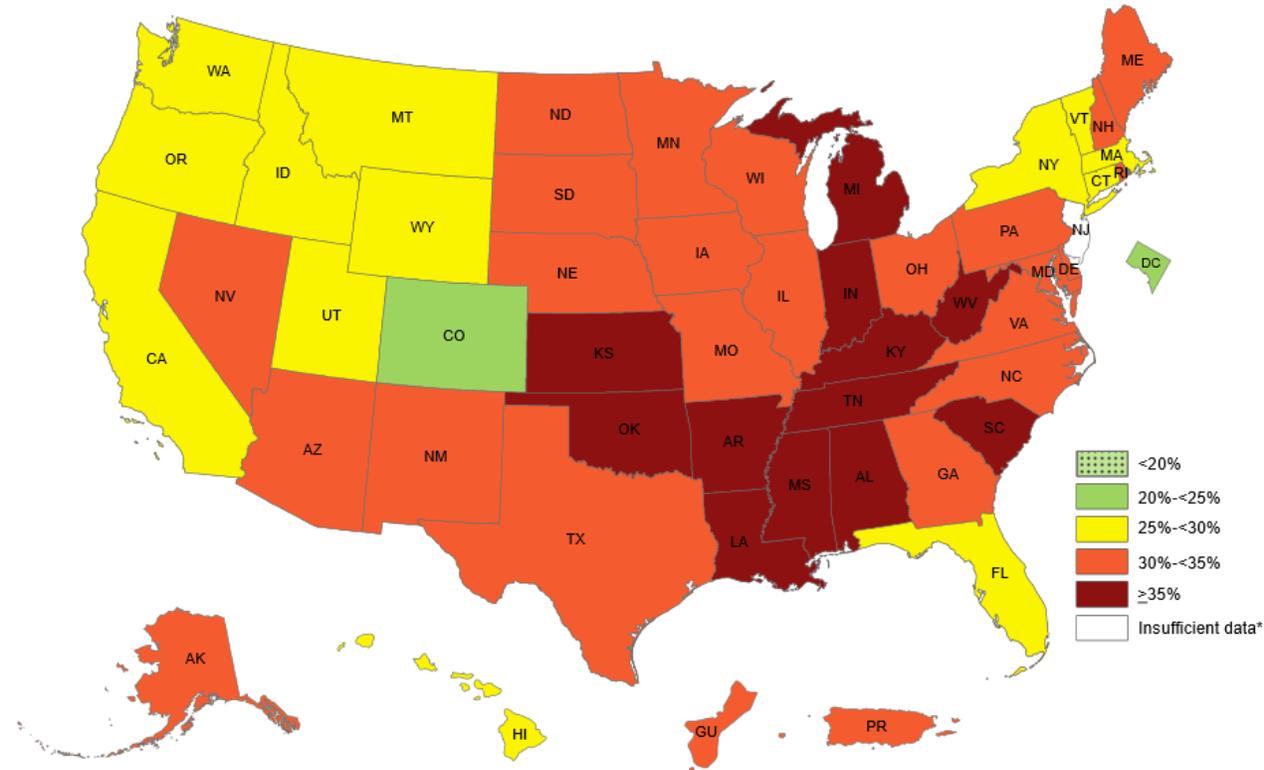
# What's happening here? 2019 ADULT data



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*"It is highly implausible that this pronounced trend – now being replicated in countries around the world – is simply the result of millions of independent, unconnected decisions"*



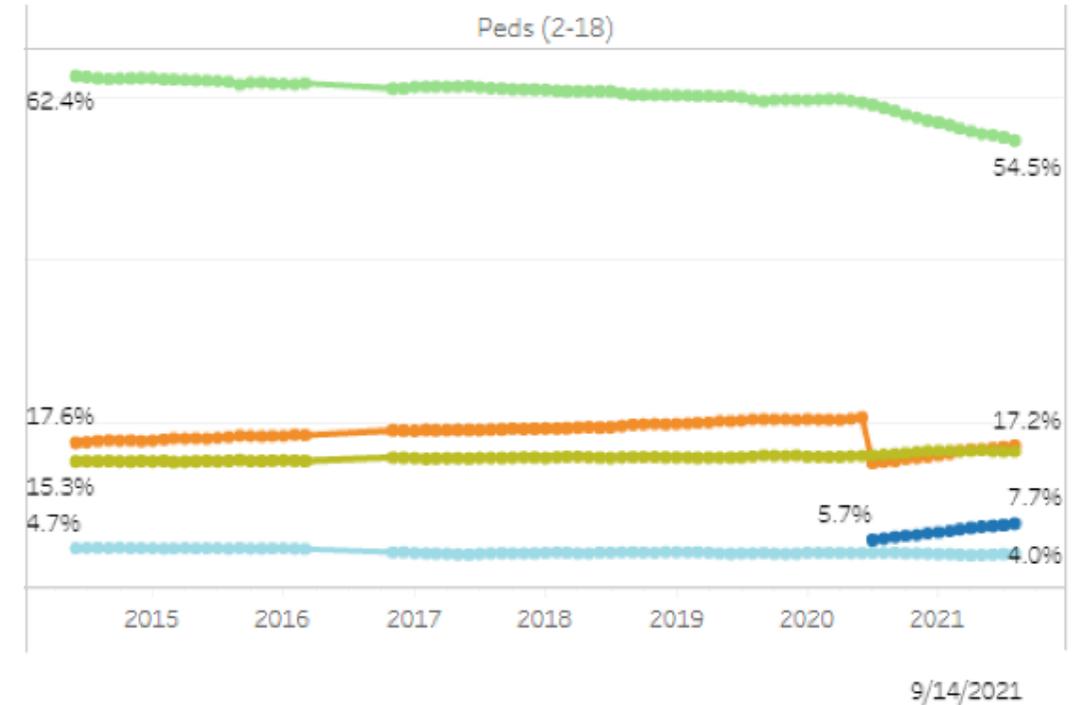
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# COVID IMPACT

% at healthy weight	Jan 2020	Sept 2021
peds (2-17)	59.6%	54.5%
adult (18+)	29.6%	28.2%



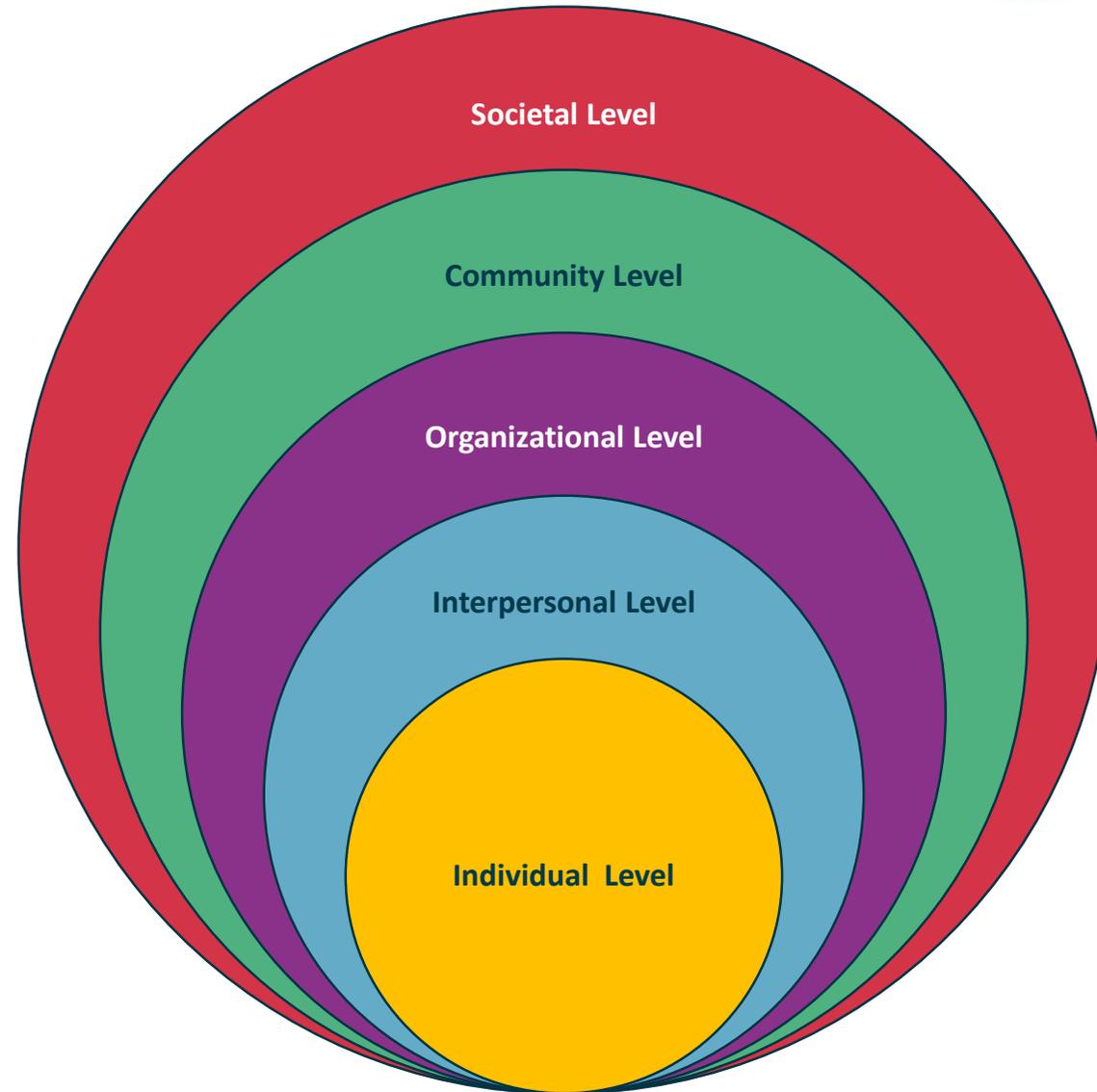
# Socio-ecological model



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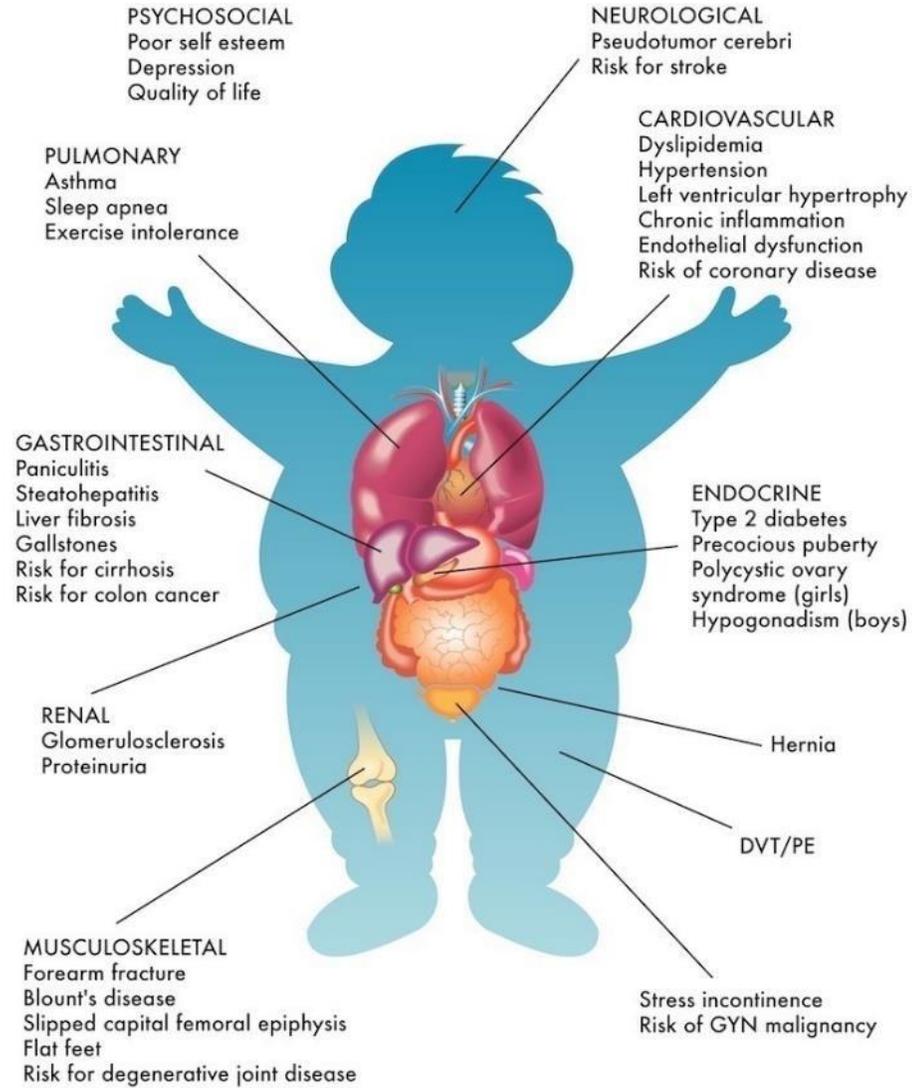
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# Childhood Obesity

## medical complications



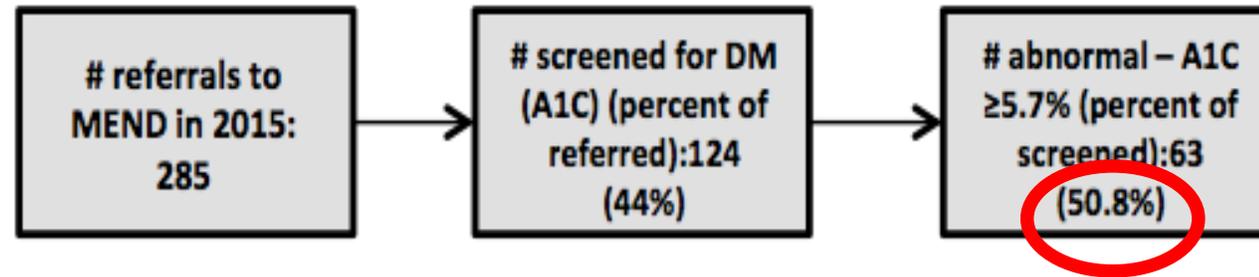
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# Our Kids are Sick: 22,000 overweight and obese kids (36%)



- 14% elevated cholesterol
- 12% elevated ALT
- 22% elevated BP

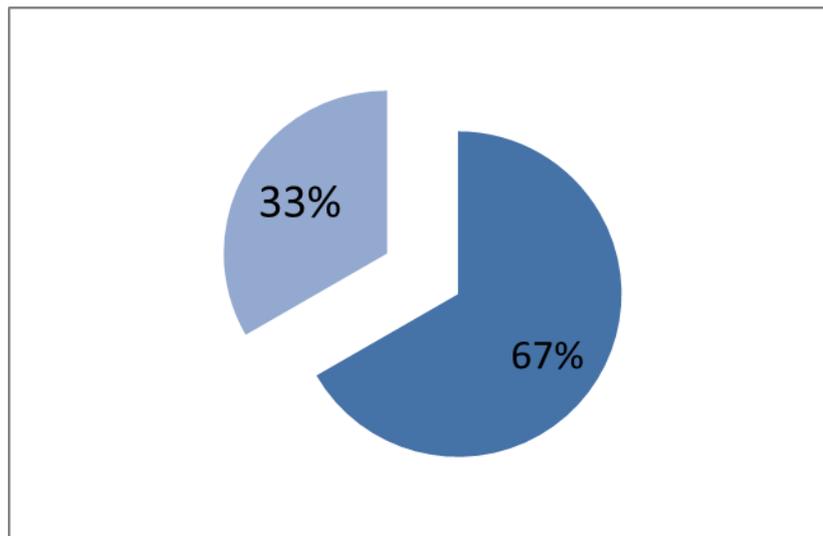




# Obesity $\neq$ Disease

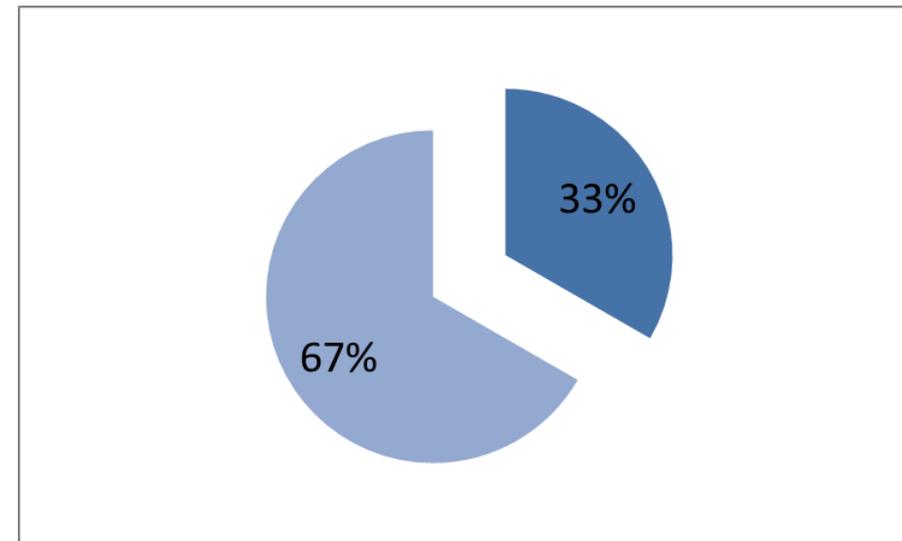
## Adults with elevated BMI

- 2/3 have metabolic abnormalities



## Adults with normal BMI

- 1/3 have metabolic abnormalities

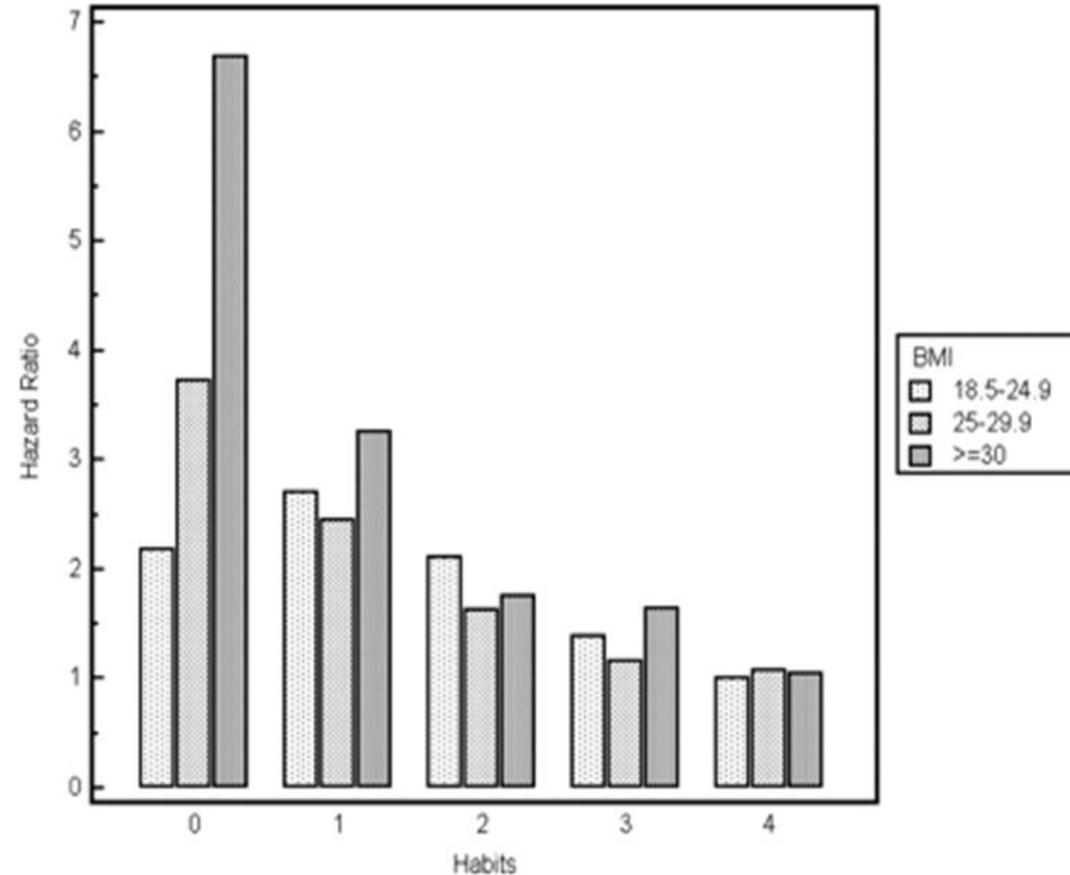




# NHANES study (n = 11,761)

## Habits:

- ✓ \*5+ fruits/veggies,
- ✓ Exercising regularly,
- ✓ Alcohol in moderation,
- ✓ Not smoking



Healthy Lifestyle Habits and Mortality in Overweight and Obese Individuals

Eric M. Matheson, Dana E. King and Charles J. Everett

The Journal of the American Board of Family Medicine January 2012, 25 (1) 9-15; DOI: <https://doi.org/10.3122/jabfm.2012.01.110164>

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Obesity  $\neq$  Disease



- CDC-recognized structured lifestyle change program since 2010
  - 85 million Americans with prediabetes (most unaware)
- For participants who lost 5-7% of body weight → **58% less likely to develop diabetes**







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## “Healthy World” Global Aim Statement

To support patients in making lifestyle choices that help them manage chronic medical conditions, improve the quality of their life, and reduce their health risks - by mindfully enjoying delicious and healthy food, moving their bodies in ways that make them happy, and improving their self-confidence, happiness and wellbeing.





### Stage 1 Prevention Plus

**Where/By Whom:** Primary Care Office/Primary Care Provider

**What:** Planned follow-up themed visits (15-20 min) focusing on behaviors that resonate with the patient, family and provider. Consider partnering with dietician, social worker, athletic trainer or physical therapist for added support and counseling.

**Goals:** Positive behavior change regardless of change in BMI. Weight maintenance or a decrease in BMI velocity.<sup>4</sup>

**Follow-up:** Tailor to the patient and family motivation. Many experts recommend at least monthly follow-up visits. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 2.

### Stage 2 Structured Weight Management

**Where/By Whom:** Primary Care Office/Primary Care Provider with appropriate training

**What:** Same intervention as Stage 1 while including more intense support and structure to achieve healthy behavior change.

**Goals:** Positive behavior change. Weight maintenance or a decrease in BMI velocity.

**Follow-up:** Every 2 - 4 weeks as determined by the patient, family and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 3.

### Stage 3 Comprehensive Multi-disciplinary Intervention

**Where/By Whom:** Pediatric Weight Management Clinic/Multi-disciplinary Team

**What:** Increased intensity of behavior changes, frequency of visits, and specialists involved. Structured behavioral modification program, including food and activity monitoring, and development of short-term diet and physical activity goals.

**Goals:** Positive behavior change. Weight maintenance or a decrease in BMI velocity.

**Follow-up:** Weekly or at least every 2 – 4 weeks as determined by the patient, family, and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 4.

### Stage 4 Tertiary Care Intervention

**Where/By Whom:** Pediatric Weight Management Center/Providers with expertise in treating childhood obesity

**What:** Recommended for children with BMI  $\geq$  95% and significant comorbidities if unsuccessful with Stages 1 - 3. Also recommended for children  $>$  99% who have shown no improvement under Stage 3. Intensive diet and activity counseling with consideration of the use of medications and surgery.

**Goals:** Positive behavior change. Decrease in BMI.

**Follow-up:** Determine based upon patient's motivation and medical status.





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# What is MEND?





## MEND 7-13: a family-centered intervention

10 weeks, twice weekly, 2 hours each session

Who	First hour	Second hour
Parents	Mind and Nutrition	Parenting discussion
Children		Exercise





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# Out-of-the-box program





# High-impact Teaching Tools

## MEND Nutrition Targets Chart

**1** Start doing it the MEND way!

1.1 Aim to eat breakfast every day

1.2 Aim to drink 6-8 cups of water per day or no added sugar squash, herbal/fruit tea (although water is the best drink)

**2**

2.1 Replace at least 1 MEND-Unfriendly food you eat a lot of with a MEND-Friendly food

2.2 Try at least 1 new MEND-Friendly food that you haven't eaten in the past

**3**

3.1 Reduce or stop eating 1 MEND-Unfriendly sugary food and 1 MEND-Unfriendly fatty food

3.2 Eat 2 portions of fish per week, especially ones high in Omega 3 oils

3.3 Replace the MEND-Unfriendly foods with MEND-Friendly alternatives

4.1 Read the labels on 10 foods from your cupboard and decide which are MEND-Unfriendly foods

4.2 Replace the MEND-Unfriendly foods with MEND-Friendly alternatives

**4**

4.1 Read the labels on 10 foods from your cupboard and decide which are MEND-Unfriendly foods

4.2 Replace the MEND-Unfriendly foods with MEND-Friendly alternatives

**5**

5.1 Aim to eat 3 servings of MEND-Friendly milk and dairy products per day

5.2 Eat (no more than) 4-7 servings of MEND-Friendly starchy foods per day

**6**

6.1 Prepare your MEND recipe for the next session and be ready to present it to the group

6.2 Try at least 3 new MEND-Friendly items at home that you haven't eaten before

**7**

7.1 Prepare 3 of your favourite MEND recipes at home and eat them instead of your normal meal or snack

7.2 Help your parents make the recipes and check they are prepared in a MEND-Friendly way

**8**

8.1 At your next party put your MEND-party survival plan into action: eat a MEND-Friendly meal beforehand and choose up to 3 MEND-Unfriendly snacks or foods

8.2 The next time you eat-out, search the menu for a MEND-Friendly meal

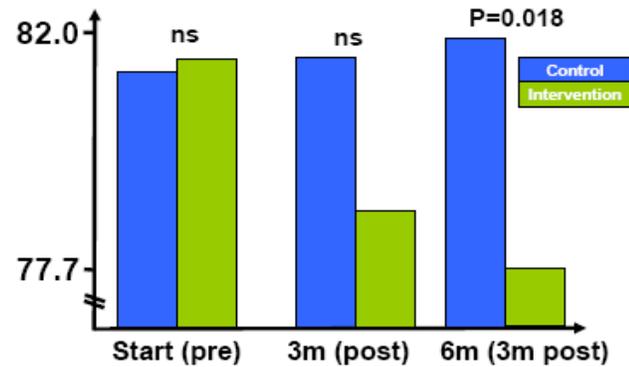
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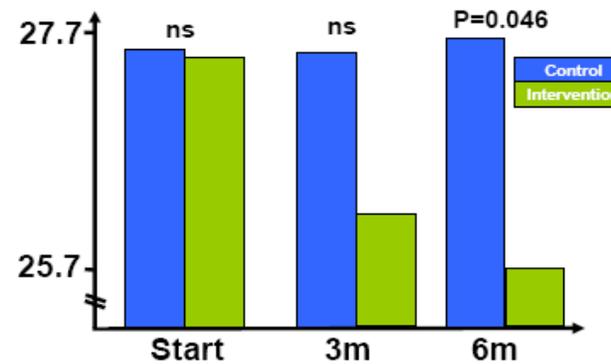


# MEND 7-13 RCT

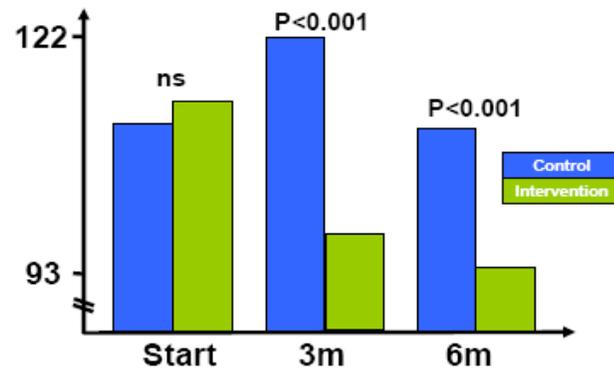
### Waist circumference (cm)



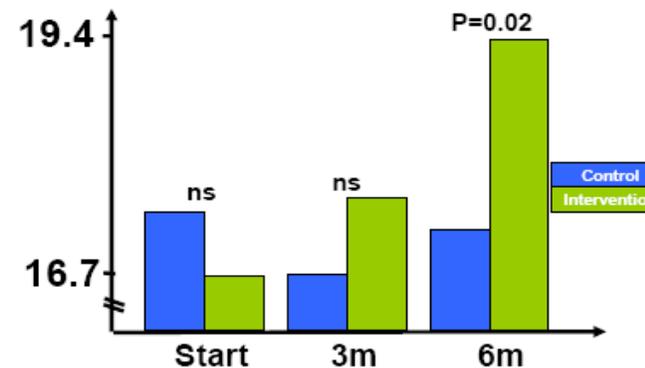
### BMI (kg/m<sup>2</sup>)



### Recovery Heart Rate (bpm)



### Self-esteem score (out of 24)



Sacher et al, Obesity, 2010





## US reach and demographics: 2008-2017

<b>n</b>	<b>6,713</b>
<b>Hispanic origin</b>	<b>73%</b>
<b>African American</b>	<b>17%</b>
<b>SES: &lt;200% FPL</b>	<b>83%</b>
<b>SES: single parents</b>	<b>30%</b>
<b>SES: ≤ HS education</b>	<b>51%</b>
<b>Medicaid</b>	<b>41%</b>
<b>Uninsured</b>	<b>17%</b>





# Change in health-related behaviors

	Before MEND	After MEND
60 minutes physical activity/day	52%	81%
Change in physical activity after MEND 7-13	+4.5 hrs / week	
Sedentary for more than 2 hours/day	20%	8%
Change in sedentary behavior after MEND 7-13	-2.8 hrs / week	
Sugar-sweetened beverages a few times/day	10%	2%
Rarely consumed sugar-sweetened beverages	25%	43%
> 5 servings fruit and vegetables/day	21%	40%
< 2 servings fruit and vegetables/day	16%	5%

*All results are highly statistically significant (all p < 0.0001)*

Cardiovascular fitness (recovery heart rate after step test)	<b>-4.5 bpm</b>
Participants decrease or reduce BMI z-score after MEND 7-13	<b>83%</b>



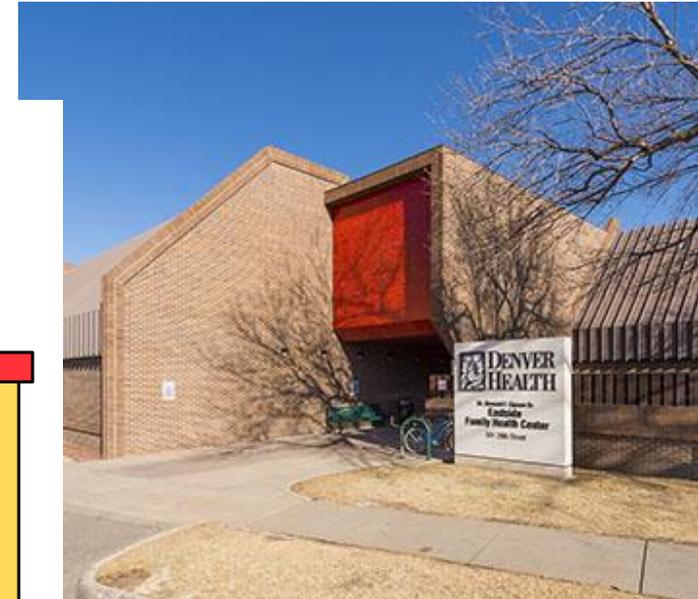


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# Implement MEND in FQHCs



# 2015-2016 outcomes



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	N	Before MEND		After MEND		Change	Before vs After MEND		
		Mean	SD	Mean	SD		Lower CI	Upper CI	p-value
BMI (kg/m2)	65	26.5	4.6	25.8	4.6	-0.8	-1	-0.5	<0.001
BMI z-score	65	2	0.43	1.88	0.49	-0.12	-0.16	-0.07	<0.001
Waist circumference (inches)	67	34.9	4.7	34.5	4.6	-0.4	-0.8	0	0.07
Physical activity (hours/week)	77	6.5	6.6	11.4	6.3	4.8	3.1	6.6	<0.001
Sedentary activities (hours/week)	73	6.4	6.7	3.7	3.2	-2.7	-4.3	-1.1	0.002
Heart rate (beats per minute)	80	104.5	13.5	94.5	12.4	-10	-14	-6	<0.001
Nutrition score (score 0-28)	72	16.8	4.4	21.5	3.8	4.7	3.5	5.9	<0.001
Total Difficulties (score 0-40)	69	11.6	6	10.1	5.9	-1.5	-2.7	-0.3	0.01
Body Image (score 0-24)	73	12.2	5.8	14.5	6.1	2.3	1.4	3.2	<0.001



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## Adaptations:

Integration of provider  
medical visits: **MEND+**



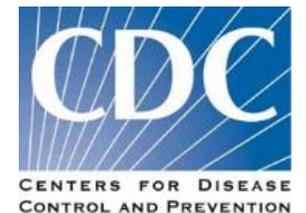
- Group visit model (Centering Pregnancy)
- Improved evaluation and management of individual issues
  - *Lab screening, medical workup, F/U*
  - *Behavioral health and social work issues*





## Measuring impact on weight and blood pressure:

Change in variable units per month				
Variable	Before MEND+	After first MEND+ visit	Slope after MEND+	P value
% BMI of the 95 <sup>th</sup> percentile	0.28	-0.42	-0.14	<0.001
SBP	0.19	-0.31	-0.12	<0.001
DBP	0.09	-0.13	-0.04	<0.01



\*2/3 children had trajectory change after MEND+ participation





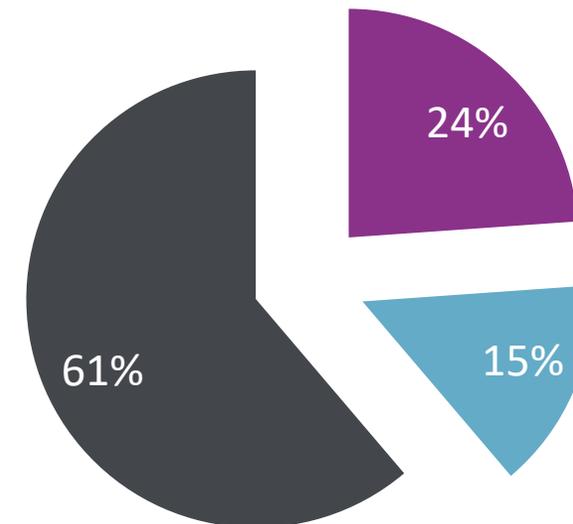
# What about diabetes risk?

(Imperfect data)

- 300 of 679 patients screened for prediabetes (44%)
- 117 of 300 patients abnormal - A1C 5.7% or greater (39%)
- 50 of 117 patients who screened abnormal not re-checked (42%)

## Prediabetes (n=67)

■ Worse ■ No change ■ Improved



2020-2022:



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## National Association of Community Health Centers Child Obesity Management Models in Team Setting (COMMIT)



# Ensuring Fidelity



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- Maintain program intensity (no change in timeline or dose)
- Include all key components
  - Nutrition education
  - Physical activity
  - Behavior change support
- ★ *Yet also allow innovation and trouble-shooting at local level*
- Measure to ensure ongoing effectiveness



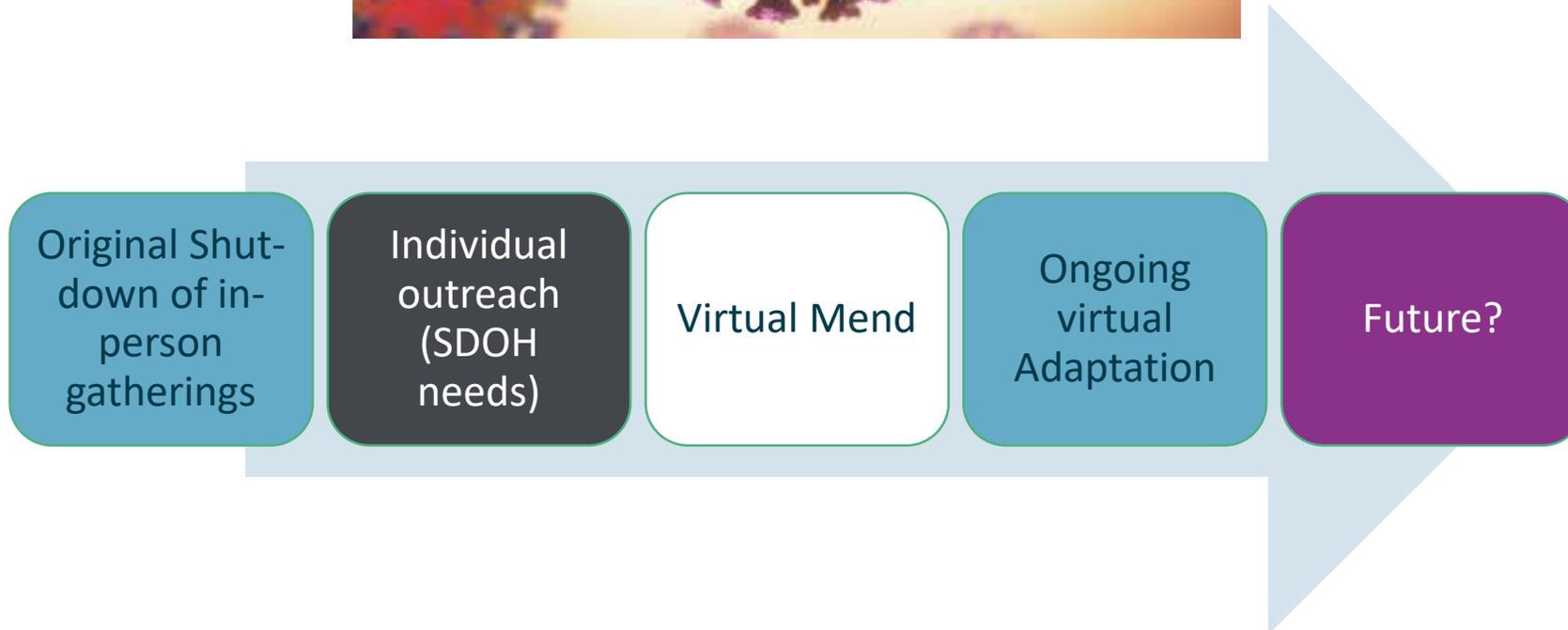
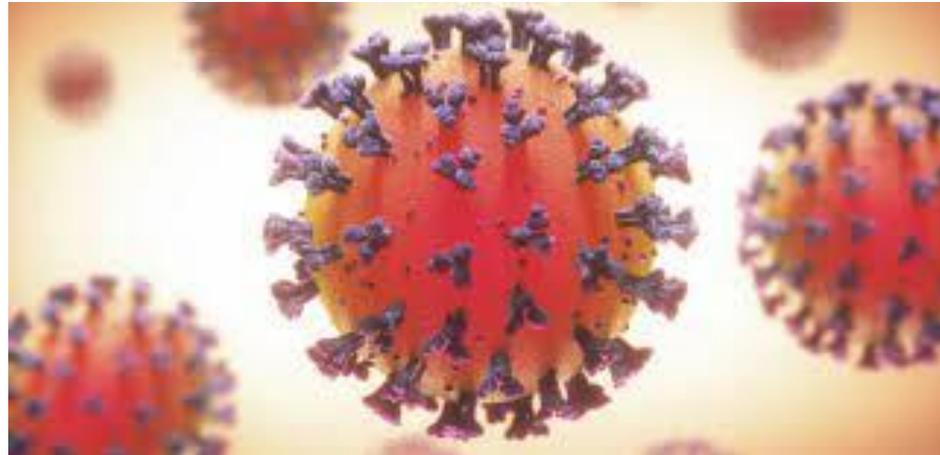
# COVID (ugh)



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# Virtual MEND



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## Worksheet: Boredom eating

- Explore ways to deal with stress. *Explora diferentes actividades para ayudarte con tu stress.*



Writing  
Escribir



Drawing  
Pintar



Physical Activity  
Jugar



Listen to music  
Oír música

## Guessing Game! *¡Juego de Adivinanzas!*



14g of sugar

VS



10g of sugar



# Virtual MEND



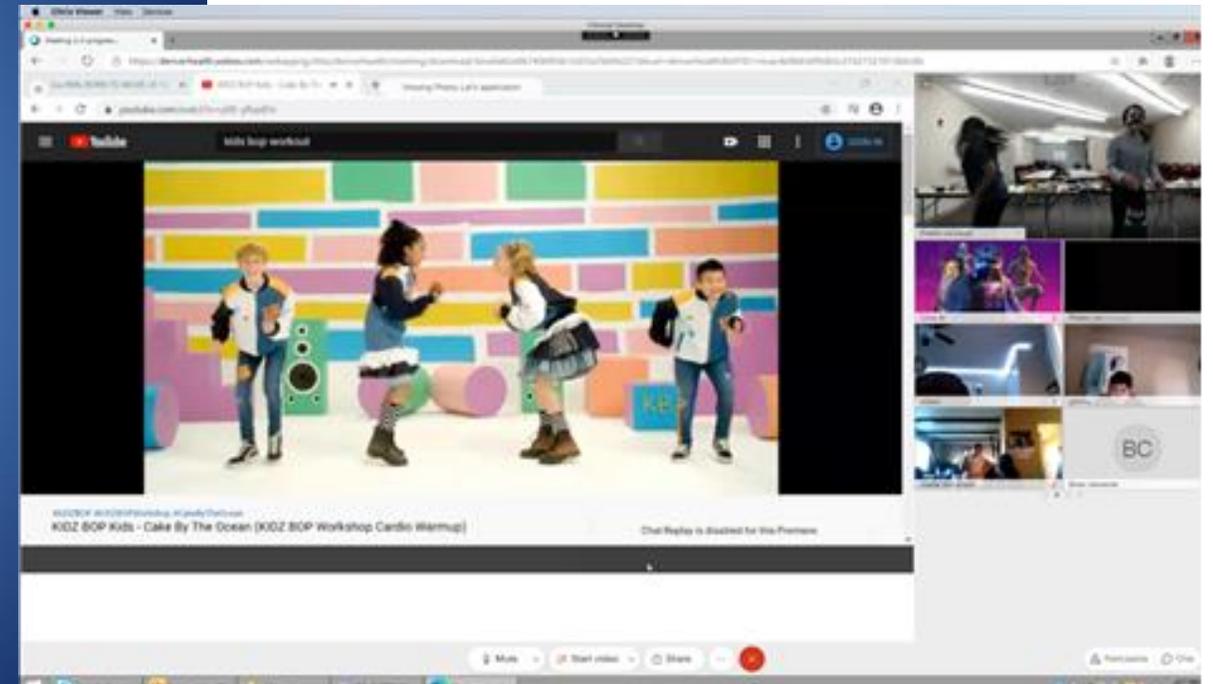
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## AT HOME EXERCISE IDEAS IDEAS POR EJERCICIO EN SU CASA

- YMCA – [www.ymca360.org](http://www.ymca360.org)
- Cosmic Kids Yoga (YouTube or [www.cosmickids.com](http://www.cosmickids.com))
- Joe Wicks PE Class (YouTube)
- GoNoodle ([www.gonoodle.com](http://www.gonoodle.com))
- Zumba Kids (YouTube)
- Just Dance Now ([justdancenow.com](http://justdancenow.com))
- Fitness Blender ([www.fitnessblender.com](http://www.fitnessblender.com))
- Take a walk/jog/run





# Ensuring Fidelity – even during COVID

- Maintain program intensity Include all key components
  - Nutrition education – *add cooking demonstrations, food distribution*
  - Physical activity
  - Behavior change support – *added behavioral health*
- Measure to ensure ongoing effectiveness



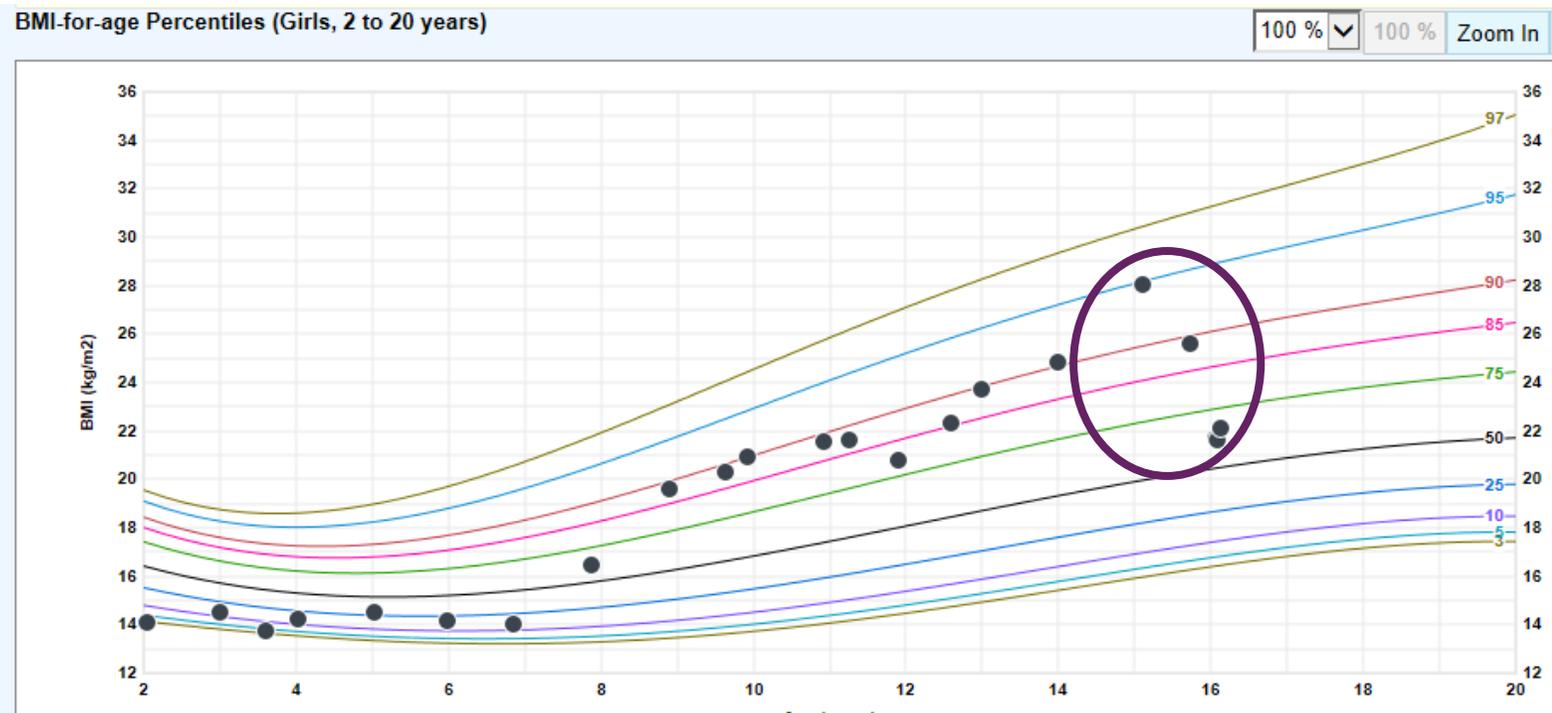
## POLL:

How has COVID affected your health center's ability to support patients and families in their healthy goals?





# Weight stigma – success?



In 1 year BMI went from “obese” to “overweight” to “normal”.

BUT  
HR 40  
Amenorrhea  
Hair loss  
Syncope

*How often do we miss or even praise disordered eating in patients with larger bodies because their BMI is “improving”?*



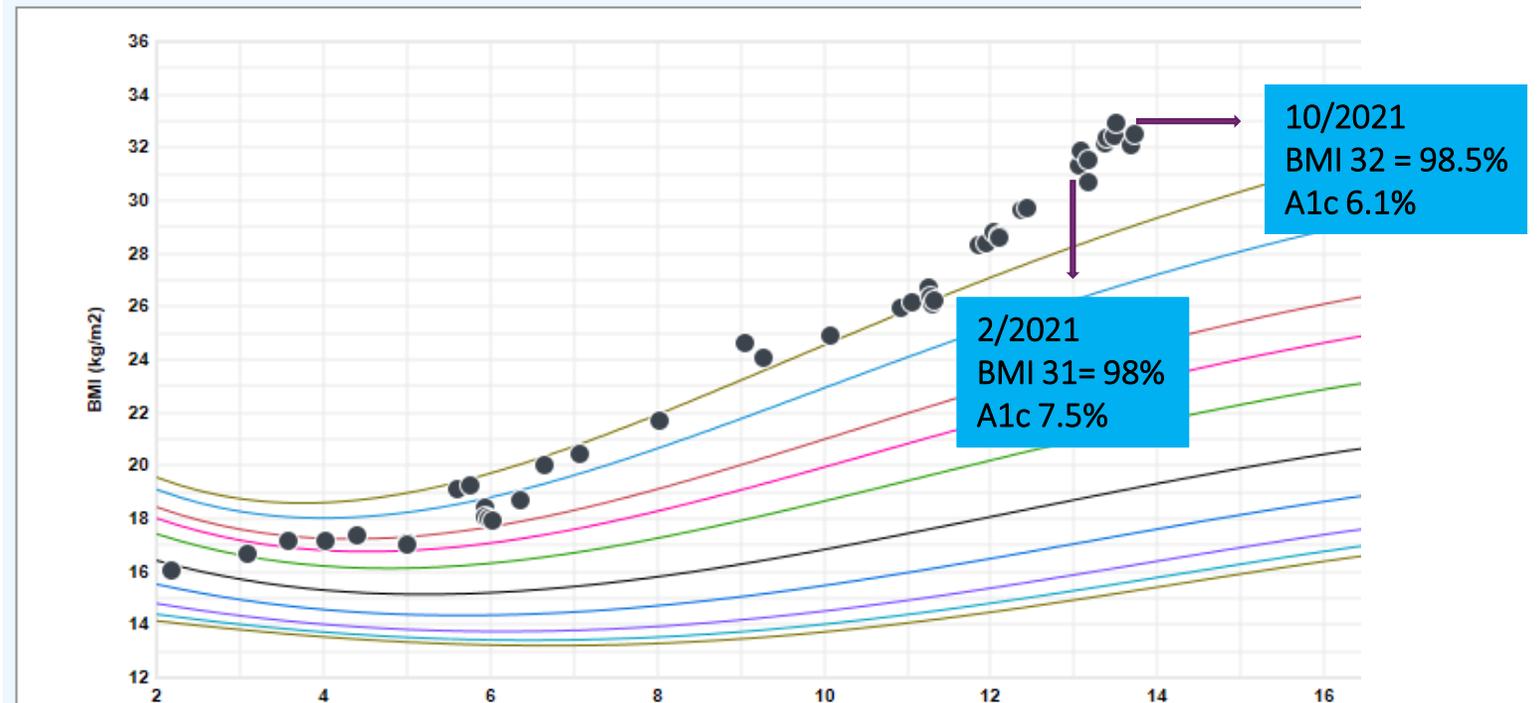


## Weight stigma – definitions of success?

### What changed?

- Didn't lose weight
- Didn't take meds
- IMPROVED FOOD ACCESS via DFR
- Participated in MEND
- Started skateboarding!

BMI-for-age Percentiles (Girls, 2 to 20 years)



# Praise



- ✓ lab improvements
- ✓ energy levels
- ✓ mood stability
- ✓ physical ability
- ✓ sleep
- ✓ regular bowel movements
- ✓ stress improvement
- ✓ increased strength and endurance
- ✓ increased confidence



# MEND/COMMIT + at Denver Health: Future opportunities

What is our ideal post-COVID world?

- A mix of virtual + in-person? Reach + effectiveness?

Fidelity

- to MEND model vs. adaptation vs. doing the next right thing

Measurement

- what should we measure? (can't get weights, etc.) and what exactly are we measuring?



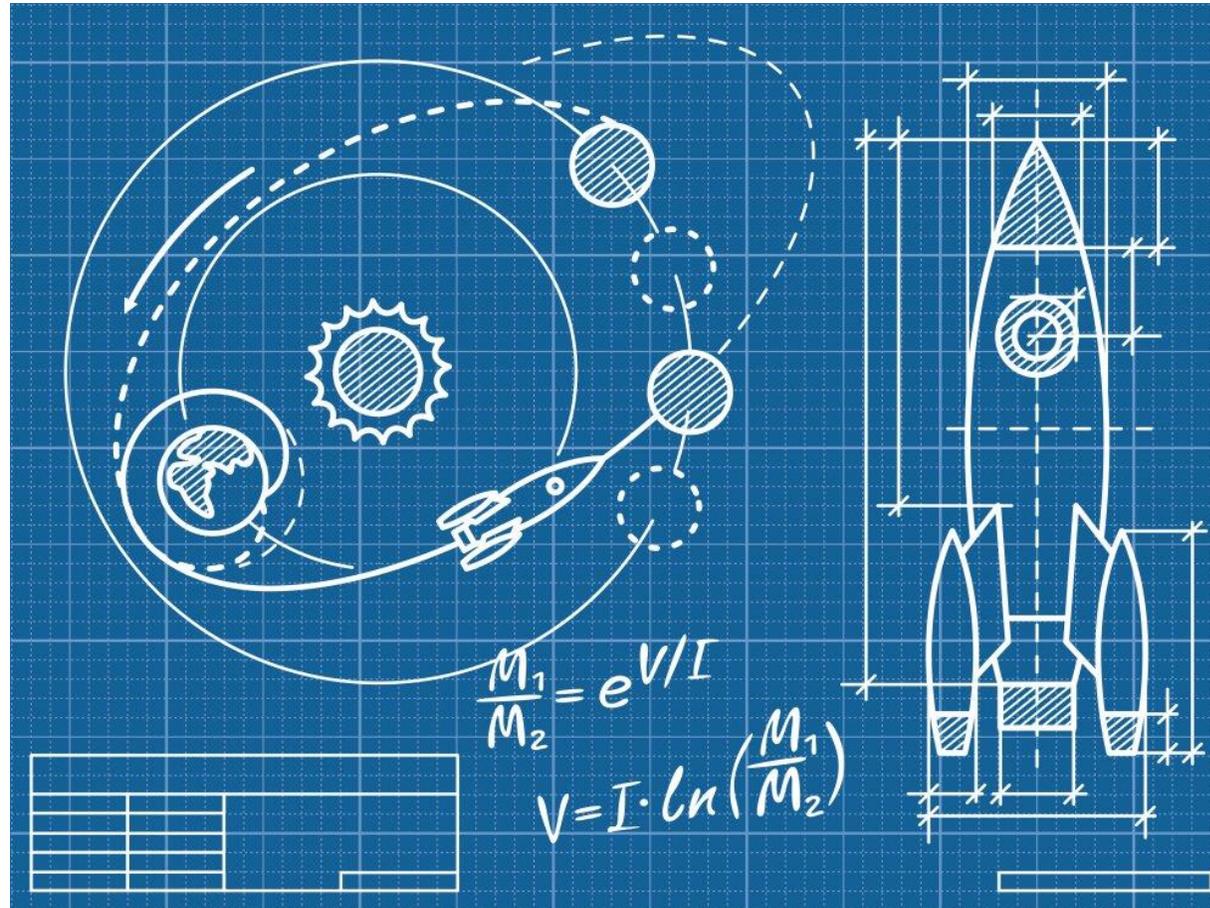
This is NOT rocket science! (it is hard though)



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There is always something (sometimes small) that can be done....



# THANK YOU!

## For more information, contact:

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