COLLABORATIVE NUTRITION COUNSELING FOR ADOLESCENTS IN SCHOOL BASED HEALTH CENTERS

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WHO AM I?

- Natalie Nation, MPH, RD, LD | she/her
- Registered Dietitian, Community Health Specialist
- Contracted to work in the Minneapolis School Based Clinics through a partnership between Hennepin County WIC and the Minneapolis Health Department

MINNEAPOLIS SCHOOL BASED CLINICS

MINNEAPOLIS SBC

- Health clinics with licensed providers located within multiple high schools in the MPS district.
- No-cost, confidential, convenient, quality care regardless of insurance coverage or citizenship status

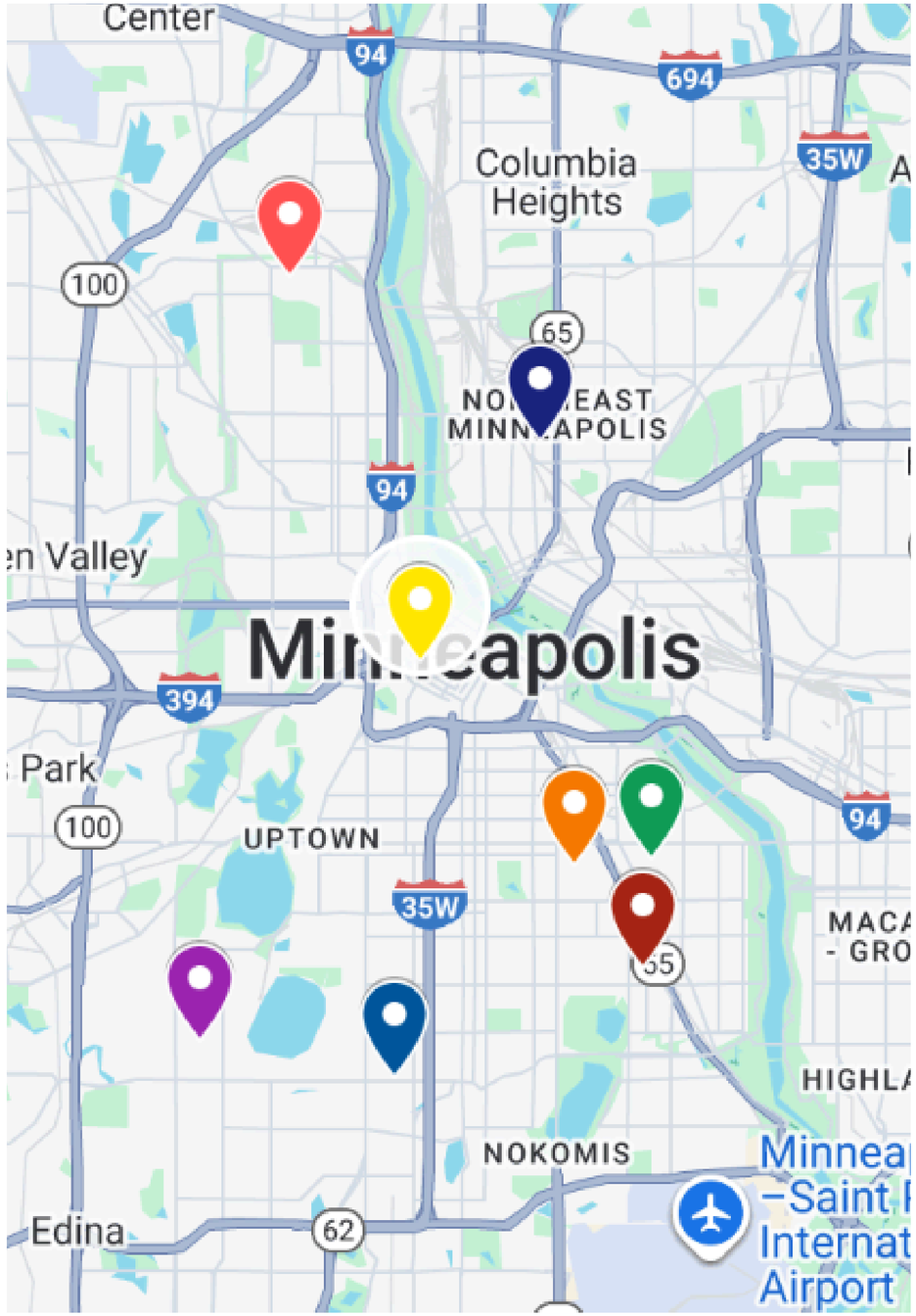
10,890 visits during the 2024-2025 school year

2655 unique clients

LOCATIONS

Minneapolis SBC has 9 clinic locations:

Camden, Edison, FAIR, Longfellow, Roosevelt, South, Southwest, Washburn, and Wellstone High Schools



MINNEAPOLIS SBC

Minneapolis SBC provides:

- Sports physicals, well-child visits, acute care visits for minor illnesses and injuries, immunizations
- Confidential reproductive care - pregnancy and STI testing, emergency contraceptives, birth control, including LARCs
- Mental health visits with licensed therapists
- Reproductive health and healthy relationships education with sexual health educators
- Nutrition education and counseling appointments 🙂

ADOLESCENT NUTRITION

ADOLESCENTS

- Adolescents have increased macronutrient and micronutrient needs during puberty
- Adolescents are in a unique stage of development, focused on building relationships with peers, exploring independence, and developing autonomy
- Adolescents are becoming more independent in their food choices, are more likely to be influenced by their peers when it comes to food choices, and are less likely to select healthy foods

ADOLESCENTS

- Preteens and teens aged 9-18 need
  - 1400-2400 kcals per day (females), 1600-3200kcals per day (males)
  - Teen athletes may need up to 5000kcals per day
- Adolescents are a group that is often overlooked when it comes to food assistance programs
  - Many assistance programs are aimed at young children, or require participants to be 18+
  - Many food shelves and hot meal programs require participants to be 18+, and are only open during the school day

ADOLESCENTS

- Adolescents are at risk of
  - undernutrition (not enough food/Calories)
  - micronutrient deficiencies
  - overnutrition (overconsumption of high-Calorie, low nutrient-density foods)
- These risks are increased in under-resourced and marginalized communities and in populations with low socioeconomic status.
- Poor nutrition status in childhood and adolescence increases risk for chronic health conditions in adulthood like Type II Diabetes, Cardiovascular disease, and hypertension

DIETITIAN VERSUS NUTRITIONIST

- **Dietitian** - Legally protected title for a medical nutrition professional who:
  - Has a bachelors degree (and often a masters degree) in nutrition
  - Has completed an accredited internship with 1000+ supervised practice hours in healthcare and community settings
  - Passed a national certification exam
  - Completes 75 hours of continuing education every 5 years.

- **Nutritionist** - A title that varies depending on state licensure:
  - Some states require a masters degree and certification
  - Other states have no legal requirements

NUTRITION INTERVENTION

Dietitians can provide support to teenagers by:

- Developing and maintaining healthy relationships with food
- Develop food literacy skills like label reading, grocery shopping, etc.
- Address picky eating, ARFID, and disordered eating patterns
- Manage food intolerances or allergies as well as diets like vegan, vegetarian, gluten-free, Kosher, Halal, etc.
- Address previously diagnosed conditions that impact food intake and diet like Celiac disease, Type 1 and 2 diabetes, ADHD and autism, etc.
- Provide support and education for athletes and performers
- AND MORE!

YES, IT WORKS!

Access to nutrition education with a registered dietitian has been shown to improve many pediatric and adolescent health outcomes and reduce risk for developing chronic diseases

- Iron deficiency anemia
- Cardiovascular disease
- Hypertension
- Type II diabetes
- Obesity/excess adiposity
- Eating disorders

NUTRITION IN THE SBC

WHAT DO I DO?

Provide 1:1 nutrition education and counseling to clients on a wide variety of topics

And also:

- Assist with referrals for nutrition care and resources outside of the SBC (WIC, SNAP, eating disorder care, etc.)
- Precept dietetic interns from local internship programs
- Lunchroom tabling and classroom presentations
- Support clinic operations and the school community as needed

WHAT DO I ACTUALLY DO?

- RDs are trained in motivational interviewing, a counseling modality that prioritizes open-ended questions and client-led goals and interventions
  - **Open-ended questions** to encourage conversation flow, accompanied by specific questions to clarify concepts like frequency, portion size, etc.
  - Use **clear, relevant examples** and plain language in assessment questions and education
  - Emphasis on **positive behavior change** and what can be “added” to diet and lifestyle, rather than what needs to be “removed”

WORKING WITH ADOLESCENTS

- Prioritize **building on existing knowledge** and reinforcing messaging from reliable, evidence based sources
- **Teach back method** - have the client explain a concept back to you or provide their own examples
- Get **creative** with interventions to fit client needs
    - *EX: I'm hearing that you love your Bubblr in the morning, and that lost your water bottle last week and can't remember to drink water during the school day? What if, after you finish your morning Bubblr, you rinse out the can and refill it with water?*

WORKING WITH ADOLESCENTS

- **Praise praise praise**! When possible, highlight what the client is already doing well to care for their body. (Hydration, sleep, breakfast, etc)
  - *EX: Wow, you refill your water bottle twice during the school day? That's awesome to hear! A lot of my clients struggle with staying hydrated. What helps you remember to hydrate?*

- Tell them **why** you are asking about sensitive topics:
  - *EX: I'm asking if you smoke marijuana or use THC products, because these chemicals can cause changes to your appetite and sometimes cause stomach problems*

HOW WE GET CLIENTS IN MY DOOR

- Referrals from other SBC providers
  - Medical nutrition referrals for sports nutrition, iron-deficiency anemia, GI issues, appetite concerns, and more!
  - Mental health nutrition referrals for appetite concerns, weight changes, disordered eating, and other MH related eating concerns
  - Students can “self-refer” for any reason
- Outreach in the schools
  - Health educators give “Intro to clinic” presentations, which include a slide and “blurb” about nutrition counseling appointments
  - Brochures, flyers, and other clinic “swag”

INTEGRATING NUTRITION INTO A SCHOOL BASED HEALTH CENTER

SO YOU WANT TO BRING AN RD ON BOARD?

- Logistics - Who, What, Where, When, Why, How?
  - **Who**: A registered dietitian!
    - Experience working in pediatric/adolescent healthcare
    - Experience working with populations that align with your school community
    - Passion for working on an interdisciplinary team in a unique healthcare niche
  - **What** - What will the RD primarily do in their role? 1:1 appointments, small-group facilitation, education and outreach?
  - **Where** - Is there an available, private, accessible space for the RD to have appointments with clients?

SO YOU WANT TO BRING AN RD ON BOARD?

- **When** - Is your SBHC mostly open before, during, or after school hours? How big is your school population? How much time will need to be allocated for open appointment slots, plus charting, administrative, and outreach time.
  - RD services are billed in 15 minute increments. (1 unit = 15 minutes, 2 units = 30 minutes, etc)
  - Initial RD visits are ~45-60 minutes (longer if language interpreting services are used)
  - Follow-up RD visits are generally 30-45 minutes

SO YOU WANT TO BRING AN RD ON BOARD?

- **Why**: Complete a needs assessment
  - What kinds of nutrition issues are your clients facing?
  - What interdisciplinary care scenarios would benefit from a dietitian's knowledge and input?
  - What education materials or resources would your SBHC/school community benefit from having, that an RD could source or create?
  - What can a dietitian do to improve outcomes for your clients?
- **How:** Ways to add an RD to your staff:
  - Dietitian hired directly by your organization
  - Dietitian contracted from a local partner organization
  - Dietitian partnering from a local university

GET CREATIVE

- Can’t get an RD on board right away?
  - Prioritize improving nutrition literacy with your existing SBHC staff
    - Training and in-services on nutrition topics with guest speakers from partner organizations
    - Update handouts and education materials
  - Solidify your referral process
  - Seek out unique local partnerships - dietitians are everywhere!
    - *EX: Invite the dietitian working in your district’s school nutrition program to lead a workshop with your staff about benefits of school meals and how to encourage teens to take advantage of school meals*

BILLING

- Who does your medical billing/insurance wrangling? Get them on board!
- Billing code: **Z71.3 - Dietary Counseling**
  - Can be used by RDs, physicians, and/or advanced practice providers, depending on state licensure and insurance plan
- Facts about medical billing for nutrition services:
  - Surprise, surprise…it’s complicated
  - Most insurance plans require a referral from a medical provider to prove “medical necessity” before seeing an RD
  - Nutrition counseling for the prevention or management of conditions like diabetes and heart disease, may be covered at no-cost under the ACA when seeing an in-network provider

SO YOU'VE GOT A DIETITIAN, NOW WHAT?

INTEGRATING NUTRITION INTO INTERPROFESSIONAL TEAM

- Talking points - Prepare your clinic staff members and community partners to explain and recommend nutrition appointments to your clients
  - *EX: “It sounds like you have a lot of questions about fueling for basketball season. Would you be open to meeting with our nutritionist? They would be a good person to talk to about post-practice recovery snacks, and they have a great sports hydration handout.”*
  - *EX: “It sounds like you’re frustrated that your ADHD medication takes away your appetite. Did you know we have a dietitian on staff who could help you figure out a plan to eat even when you don’t feel hungry?”*

INTEGRATING NUTRITION INTO INTERPROFESSIONAL TEAM

- Creative, collaborative, cohesive interventions - “Same message, different voices”
  - *Ex: A food-insecure student doesn’t want to talk to the school social worker, but they are willing to talk to the clinic dietitian, who can provide a list of community food resources, and talk through options for eating well even when options is limited.*

- Keep it comfortable with “warm hand-offs” and casual introductions
  - *EX: “Our dietitian is in her office right now. Would it be okay if we walked over together to meet her? I can explain to her what we talked about today, and the two of you can chat for a few minutes while I get your iron supplements ready.”*

QUESTIONS?

Minneapolis School Based Clinics

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