

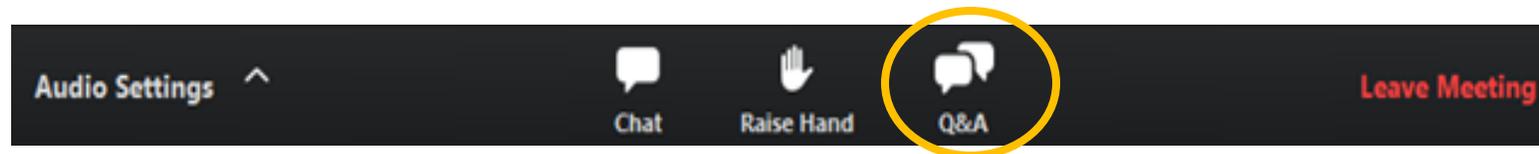
# Body Mass Index (BMI) Assessment in Well Visits

**Thursday, February 12, 2026**

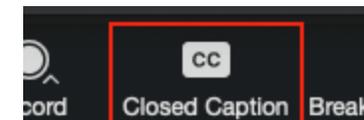
**2:00 – 3:00 pm ET**

# 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 of your Zoom control panel.



- To turn on closed captioning, click on the “CC” button.



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

## Our Initiatives

For more than 20 years, the School-Based Health Alliance has been at the forefront of efforts to advance child and adolescent health. Our collaboration with national, state, and local partner organizations has yielded a multitude of resources, learning collaboratives, and initiatives that have helped to establish and enhance school-based health care as a critical component of community health.

### OUR WORK

## We are continually making An impact

Through our initiatives, we have been able to empower school-based health providers with the knowledge, tools, and resources necessary to respond effectively to the unique health needs of children and adolescents. By building their capacity and promoting best practices, we have not only improved the quality of care provided but also helped to establish a strong foundation for future generations.

Our work has had a profound impact on the development of school-based health care and the broader community. By investing in this critical area of healthcare, we have been able to help promote the well-being of children and adolescents and create a healthier, more prosperous future for all.

Learn More About Our  
Work at  
<https://www.sbh4all.org/>

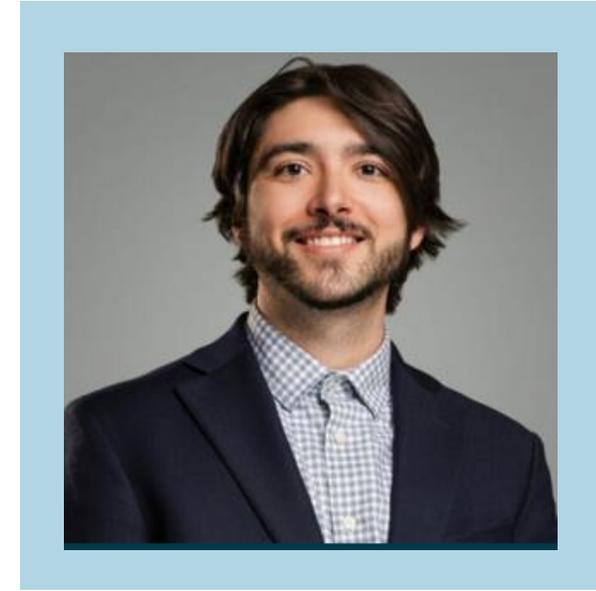
# Today's Presenters



**Paula Fields**  
Executive Vice President  
School-Based Health Alliance



**Dannielle Dobbins**  
Director  
School-Based Health Alliance



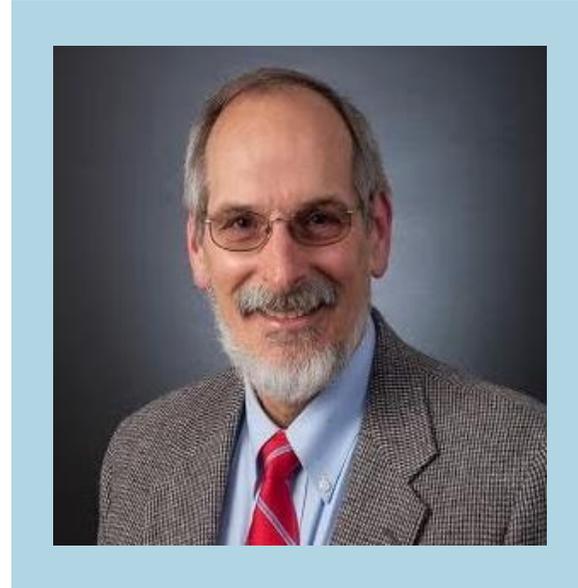
**Donnie Greco**  
Associate  
School-Based Health Alliance



# Today's Presenters



**Caroline Andrew**  
Family Nurse Practitioner



**Chris Kjolhede**  
Pediatrician



**Bassett Healthcare Network**  
School-Based Health

# Learning Objectives

## Participants will be able to...

- Describe why BMI screening and well care visits are included as national quality measures and how BMI percentiles are used in pediatric care.
- Identify strategies to integrate BMI assessments into routine workflows that promote quality care, patient safety, and clinical effectiveness

# Body Mass Index (BMI)

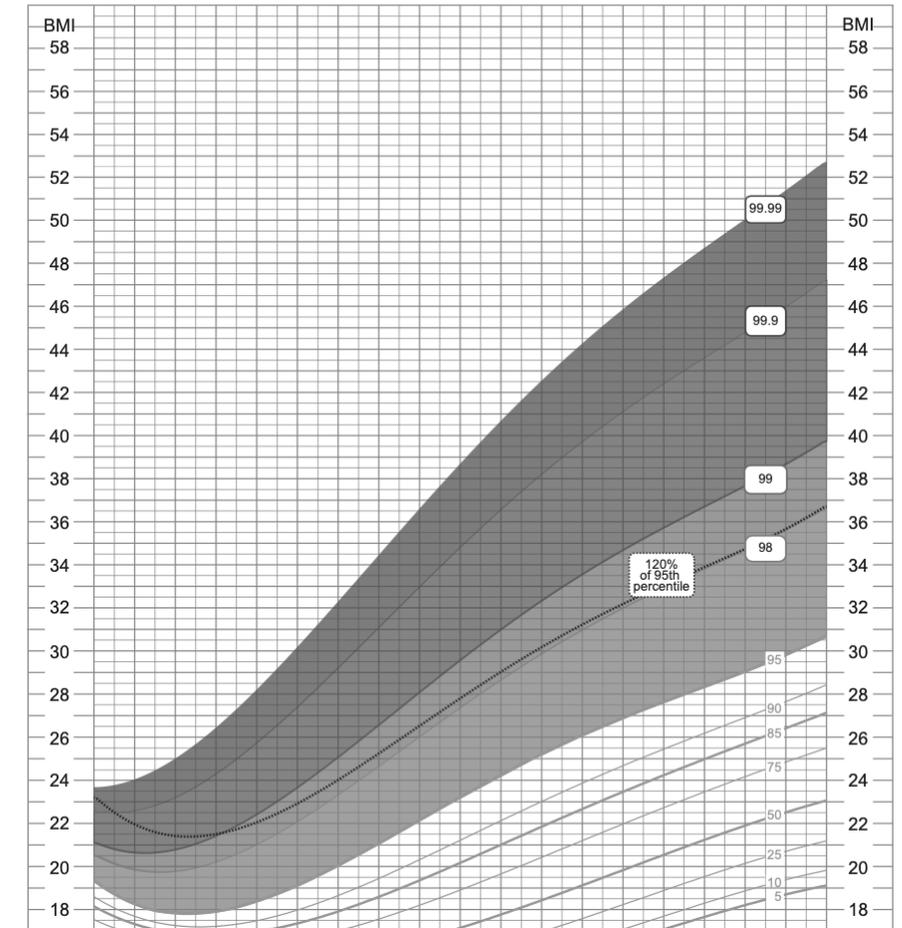
- A screening tool used to assess weight status
- Calculated using weight and height
- For children, BMI is interpreted using age and sex-specific percentiles
- **Considerations:** Muscle mass, fat distribution, and lifestyle.

## Boys: Ages 2–20 years

Body mass index-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



”

Source: Center for Disease Control. Child and Teen BMI Categories. CDC - BMI. Published July 1, 2024. <https://www.cdc.gov/bmi/child-teen-calculator/bmi-categories.html>

# Why BMI and Well Care Visits are National Quality Measures

## Why BMI Is a National Performance Measure

- BMI screening is a standardized way to monitor growth patterns in children and adolescents
- It supports early identification of potential nutrition- and activity-related health concerns
- BMI screening is included in national quality reporting to promote consistent preventive care across settings

## Why BMI Is Included in Quality Measures

- Quality measures track whether recommended preventive services are being delivered
- BMI screening reflects adherence to evidence-based pediatric care guidelines
- Consistent BMI documentation supports population-level health monitoring and improvement efforts

## Why Well Care Visits Are a Standard of Care

- Well care visits provide routine, preventive health services at recommended intervals
- They allow providers to assess growth, development, and overall health over time
- Well visits create opportunities for screening, counseling, and early intervention



# BMI Screening as a National Performance Measure

## Why BMI screening matters in conversations about nutrition, food access, and patient health:

- **What is this Measure?**
  - National Uniform Data System (UDS)/ Clinical Quality Measure (CMS)
- **Who is Included?**
  - Unduplicated SBHC patients ages 3–17
- **What must be documented (at least once per school year)?:**
  - BMI percentile
  - Nutrition counseling
  - Physical activity counseling
- **How is Performance Calculated?**
- **Denominator**
  - All unduplicated SBHC patients ages 3–17 with  $\geq 1$  visit during the school year
- **Numerator:**
  - **Patients with:**
    - Documented BMI percentile
    - Nutrition counseling
    - Physical activity counseling
- **Additional reporting focus:**
  - Youth with BMI  $\geq 85$ th percentile



# Understanding BMI Percentiles in Children and Adolescents

- Ideally, children should fall in the target ranges between the 5th and 85th percentiles.
- BMI percentiles are used to describe growth patterns, not to diagnose health.
- Results should be discussed using clinical judgement and additional information.
- Growth patterns may be influenced by food access, stress, health conditions, and living conditions.

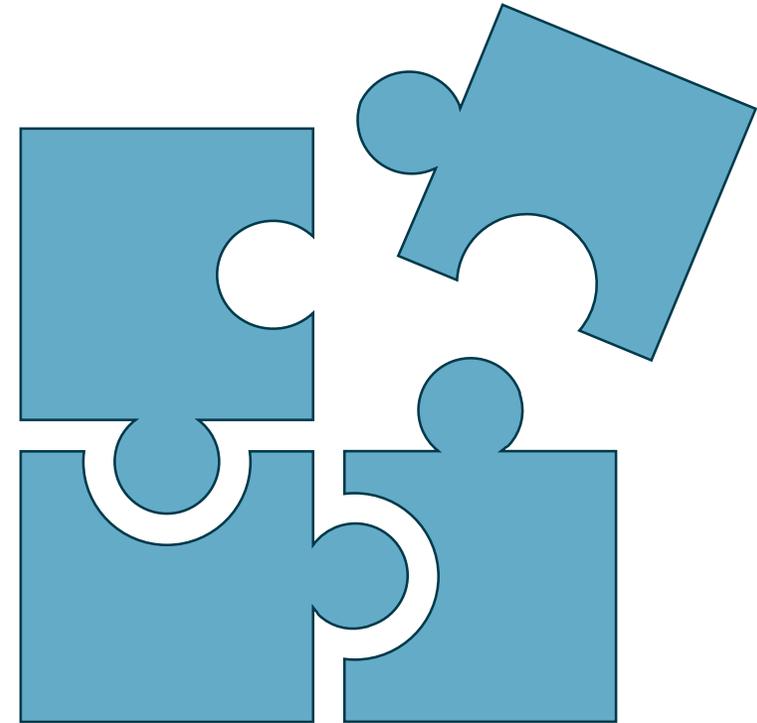
BMI Percentile Range	Category
Less than 5 <sup>th</sup> percentile	Underweight
5 <sup>th</sup> to 84 <sup>th</sup> percentile	Healthy weight
85 <sup>th</sup> to 94 <sup>th</sup> percentile	Overweight
At or above 95 <sup>th</sup> percentile	Obese



**Source:** Center for Disease Control. Child and Teen BMI Categories. CDC - BMI. Published July 1, 2024. <https://www.cdc.gov/bmi/child-teen-calculator/bmi-categories.html>

# BMI is Just One Piece of the Puzzle

- BMI is a commonly used screening tool to help assess growth patterns in children.
- BMI is **NOT** a perfect measure and should not be used alone.
- Factors such as height, muscle mass, and physical activities can influence BMI values.
- Some children with higher muscle mass and physical activity may have higher BMI without excess body fat.
- BMI screening can help determine whether additional assessment or follow-up may be appropriate.



”

Source: <https://www.sbh4all.org/increasing-the-delivery-of-school-age-children-well-care-visits-and-body-mass-index-screenings-through-health-center-and-school-partnerships-06-24/>

# Why School Partnerships Matter for BMI & Well Care

## Why Health Center–School Partnerships Matter

- School partnerships increase access to well care visits for school-aged children.
- Well care visits provide opportunities for BMI screening, nutrition counseling, and physical activity counseling.
- Bringing services closer to where students spend their time helps reduce access barriers.
- School-based care supports health center performance on national quality measures, including UDS and SBHC BMI measures.



Source: <https://www.sbh4all.org/increasing-the-delivery-of-school-age-children-well-care-visits-and-body-mass-index-screenings-through-health-center-and-school-partnerships-06-24/>

# What Partnerships Make Possible for Quality Improvement

Increased completion of annual well care visits for school-aged children

Improved documentation of BMI screening and counseling services

Better tracking of performance across quality measures

Use of data to identify gaps, strengths, and opportunities for improvement

Greater ability to demonstrate reach and impact within the community

”

Source: <https://www.sbh4all.org/increasing-the-delivery-of-school-age-children-well-care-visits-and-body-mass-index-screenings-through-health-center-and-school-partnerships-06-24/>

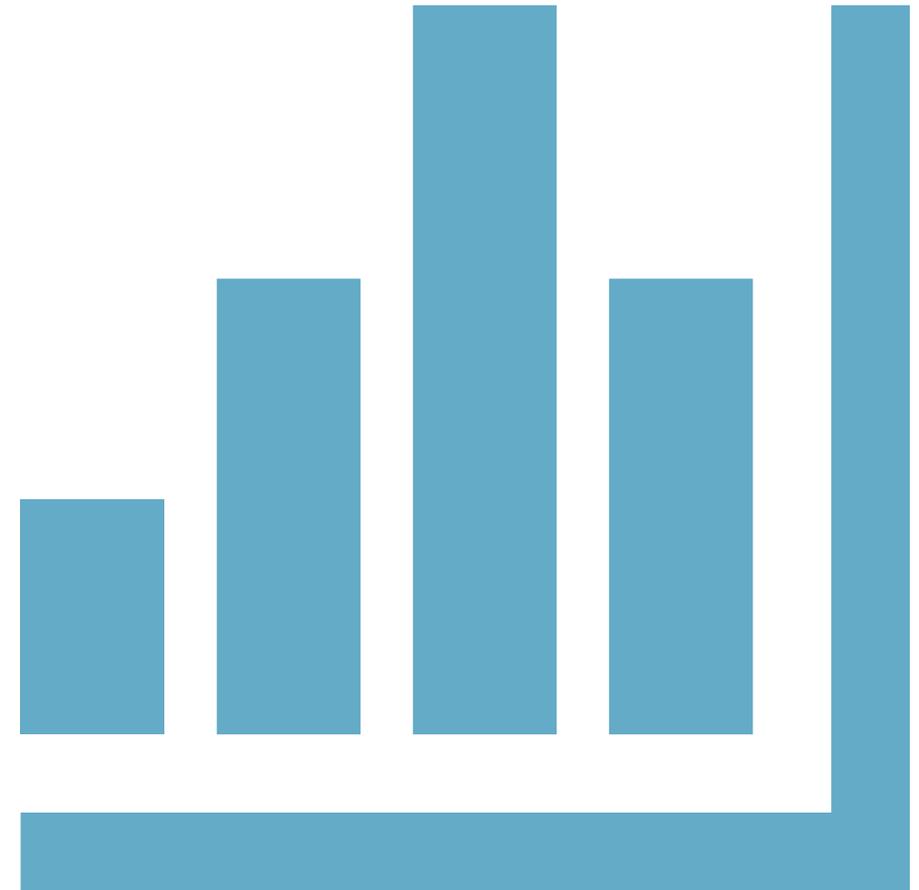
# Menti Poll:

What is one additional consideration SBHCs should keep in mind when measuring or interpreting BMI?

Please log on to Menti.com and enter code: **5421 8328**



Or use QR code



# School-Based Health Centers: Beyond Just BMI

**Caroline Andrew, FNP-BC**

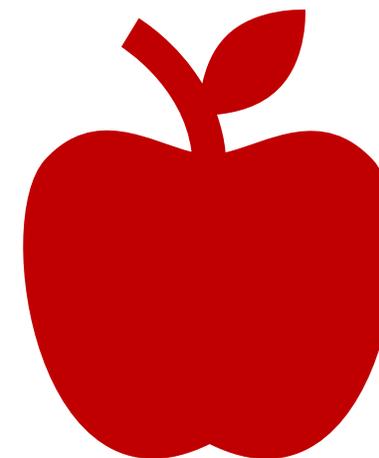
**Chris Kjolhede, MD, MPH**



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# School-Based Health Centers: Beyond Just BMI

- Neither speaker has any conflict of interest
- Neither speaker has anything to disclose



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# SBHCs at Bassett Healthcare Network

- Healthcare network centered in Cooperstown, NY
- Five hospitals and many outpatient clinics
- There is one electronic medical record (EMR) which is standard for the whole network
- Service area covers 9 counties
- Rural setting with limited social service resources
- Health professional shortage area (HPSAs) in all the Bassett service area
- Bassett has sponsored SBHCs for over 30 years
- Currently 23 sites in 4 counties, all rural



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# SBHCs at Bassett Healthcare Network



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# SBHCs in New York State

- **Guidelines:** staffing, must be enrolled in the program to be seen
- **Funding:** some funding from the Department of Health (DOH), all SBHCs are supposed to bill for services; there are no out-of-pocket expenses to patients or families
- **NY SBHCs:** 2/3rds in Metro NYC, 1/3 in Upstate NY
- Many schools use the physician in the SBHCs as their 'medical officer' (required in all schools)
- School nurses remain present and employed by the school (some exceptions: NYC, larger cities in Upstate NY)



# Well Child Care in SBHCs

- Standard well visit formats are used as recommended by the American Academy of Pediatrics
- Bassett SBHCs schedule the next year's annual exam at the end of this year's visit
- NY State Education Department (SED) has set years for required Well Visits (WCC Visits), and all new students have a required Well Visit



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# Bassett Standard Screenings

- Vital signs, including temperature, blood pressure (BP), heart rate (HR), and respiratory rate (RR) are measured at every visit
- Weight and height are measured, and a BMI is automatically calculated; 'best practice alerts' are suggested by the EMR based on BMIs that are out of the normal range
- PSC, RAAPS, PHQ9, sports clearance, oral health assessments, vision, hearing, abuse/neglect, 5-2-1-almost none, and CRAFFT
- Additional screenings dependent on the history and/or physical exam



# Abnormal BMI Screenings: What Follows

- BMIs are flagged if there is a loss or a gain of  $\geq 10\%$  or beyond certain percentiles
- Institutional 'Best Practice Alerts' are prompted:
  - BMI elevated above 90%: flagged for lab screenings (lipids, A1c, LFT) and a referral to dietician
  - BMI below 5%: flagged to consider additional testing
- Screenings for eating disorders are **NOT** routine, as referral to someone with expertise in eating disorders is very difficult
- Recent attempts to refer: the nearest source of care is  $> 1$  hour away; patient must be medically cleared to use telehealth services

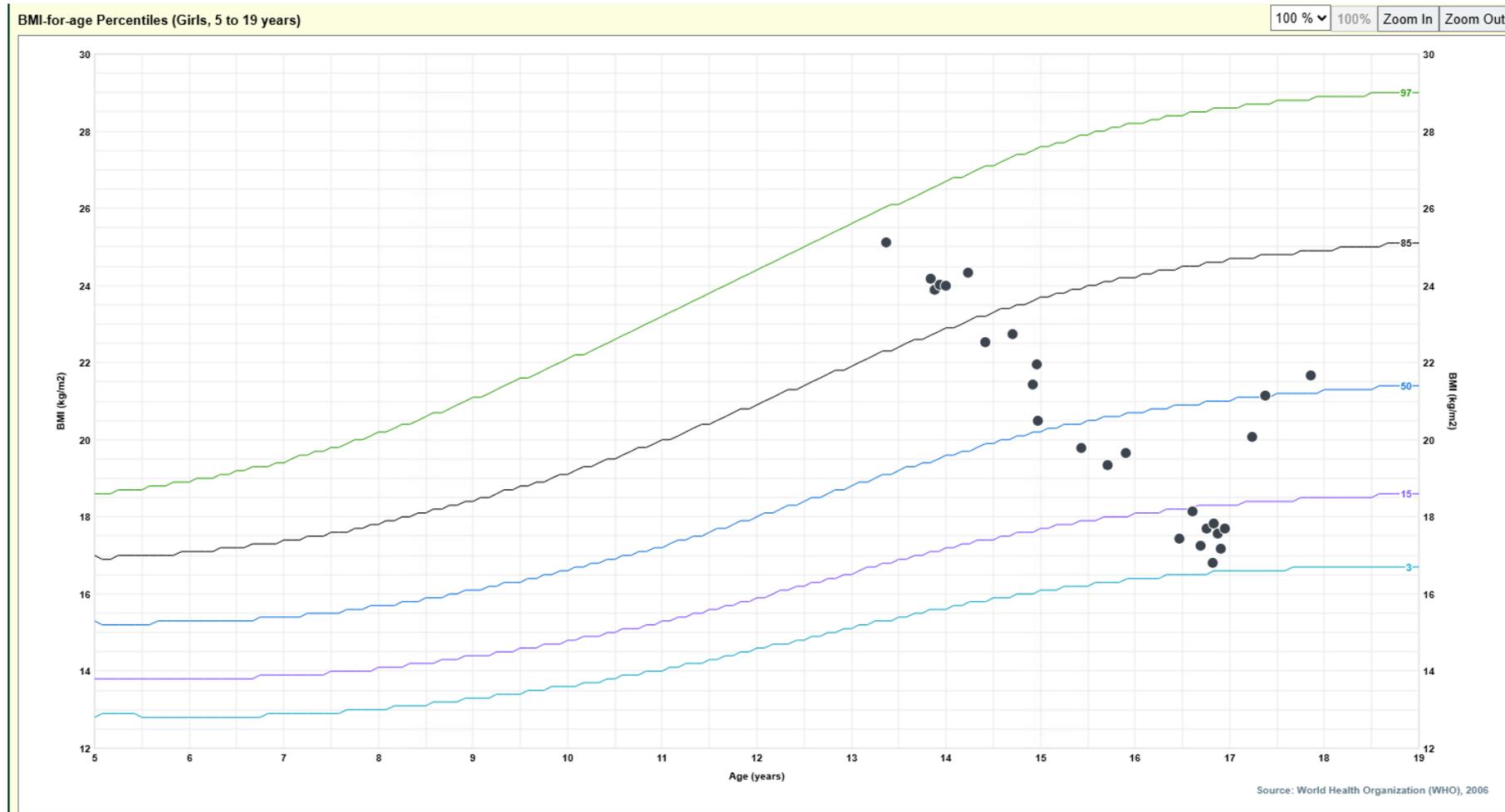


# Case Study #1

- AJ 16 year 16-year-old female, 5'4"
- Annual exam, 118 lbs, down from 130 lbs 2 years prior
- 2 months later, acute visit weight was 111 lbs
- 1 month later, acute visit weight 104 lbs
- 2 weeks later, follow up for weight loss 97 lbs
- 1 week later, weight 94 lbs
  - Screened negative for eating disorder
  - Labs and ECG normal
  - Vital signs did not meet criteria for admission



# BMI graphed for AJ



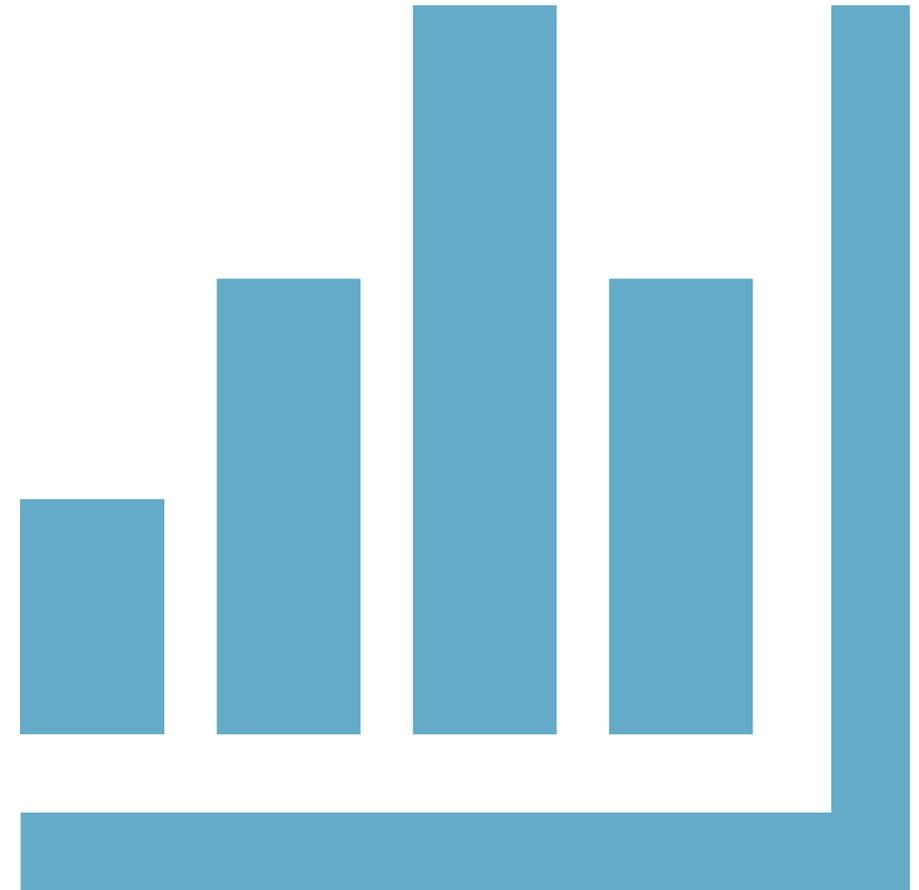
# Menti Poll:

How does your organization currently address BMI?

Please log on to [Menti.com](https://www.menti.com) and enter code: **5421 8328**



Or use QR code



# Intervention

- Encouraged to increase caloric intake to include 3 meals a day plus snacks
- Not eligible for evaluation at an eating disorders clinic due to lack of acceptable insurance
- Referred to School-Based Health Program dietician



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# FOOD INSECURITY

The dietitian had the answer!



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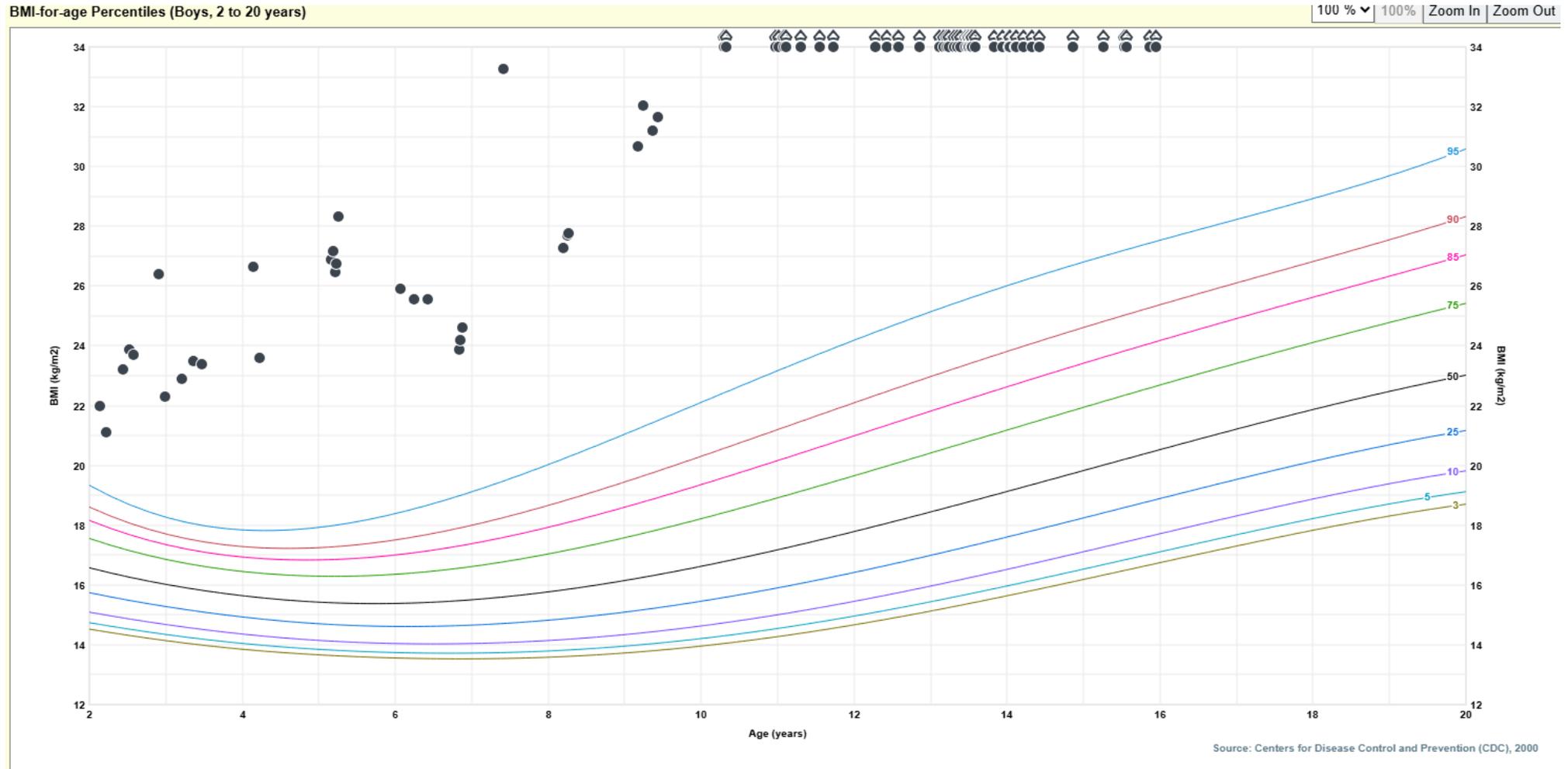
# Case Study #2

- WL was first referred to the SBHC due to concerns about his gait
- His BMI had been noted to be high in the past
- His BMI at his last annual visit was increasing very rapidly
- His mother, who dropped out of school as a teen, was obese
- He lived in a mobile home with his mother, his grandfather and his uncle
- He had never eaten blueberries before being given some at the SBHC
- He reported little access to fruits and vegetables at home
- He regularly ate in the school cafeteria



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# BMI graphed for WL



# Health Outcomes Shaped by Nutritional Needs

- Food insecurity is defined as the limited or uncertain access to enough food
- Barriers to adequate food can be economic, geographic or both
- 21% of children in the US live in food-insecure households
- Assessing food insecurity is fraught with issues
- Food insecurity can be seen in two forms:
  - Quantitative food insecurity usually means not enough calories for growth and good health
  - Qualitative food insecurity usually means lack of access to healthy foods



# Health Outcomes Shaped by Nutritional Needs

- Screenings for food insecurity have been incorporated into the history section of well visits (in part due to these cases)
- Many of the schools with SBHCs have 'Backpack' programs
- This program allows students from households felt to be at risk for food insecurity, to pick up a backpack with food supplies for the family for the weekend
- Many of the SBHC staff have noted that MS and HS students are reluctant to use this program
- This reluctance among students is real



# Screening Questions

- Screening questions should be for all students at annual exams
- Screening questions should be used any time there are concerns or positive physical findings
- Screening questions should be used in follow-up for anyone who previously answered positively



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# Screening Questions

## Hunger as a vital sign

- In the past 12 months, you worried that your food would run out before you got the money to buy more?
  - Never true
  - Sometimes true
  - Often true
- Within the past 12 months, the food you bought just didn't last, and you didn't have money to get more
  - Never true
  - Sometimes true
  - Often true



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# Screening Questions

- **Do you eat fewer than two meals a day?**
  - Yes
  - No
- **Which of the following describes the amount of food your household has to eat?**
  - Enough to eat
  - Sometimes not enough to eat
  - Often not enough to eat



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# Resources

- School-Based Health Alliance. Quality Counts: Clinical Performance Measures QI Toolkit. Sbh4all.org. <https://tools.sbh4all.org/quality-counts/quality-counts-home/>
- Center for Disease Control. Screening for Child Obesity. CDC - Obesity. Published May 13, 2024. <https://www.cdc.gov/obesity/child-obesity-screening/index.html>
- Center for Disease Control. Child and Teen BMI Categories. CDC - BMI. Published July 1, 2024. <https://www.cdc.gov/bmi/child-teen-calculator/bmi-categories.html>
- Increasing the Delivery of School-Age Children Well-Care Visits and Body Mass Index Screenings through Health Center and School Partnerships <https://www.sbh4all.org/increasing-the-delivery-of-school-age-children-well-care-visits-and-body-mass-index-screenings-through-health-center-and-school-partnerships-06-24/>
- Emerging Models and Resources to Address Food Insecurity in School-Based Health Centers: <https://tools.sbh4all.org/no-kid-hungry-toolkit-home/>

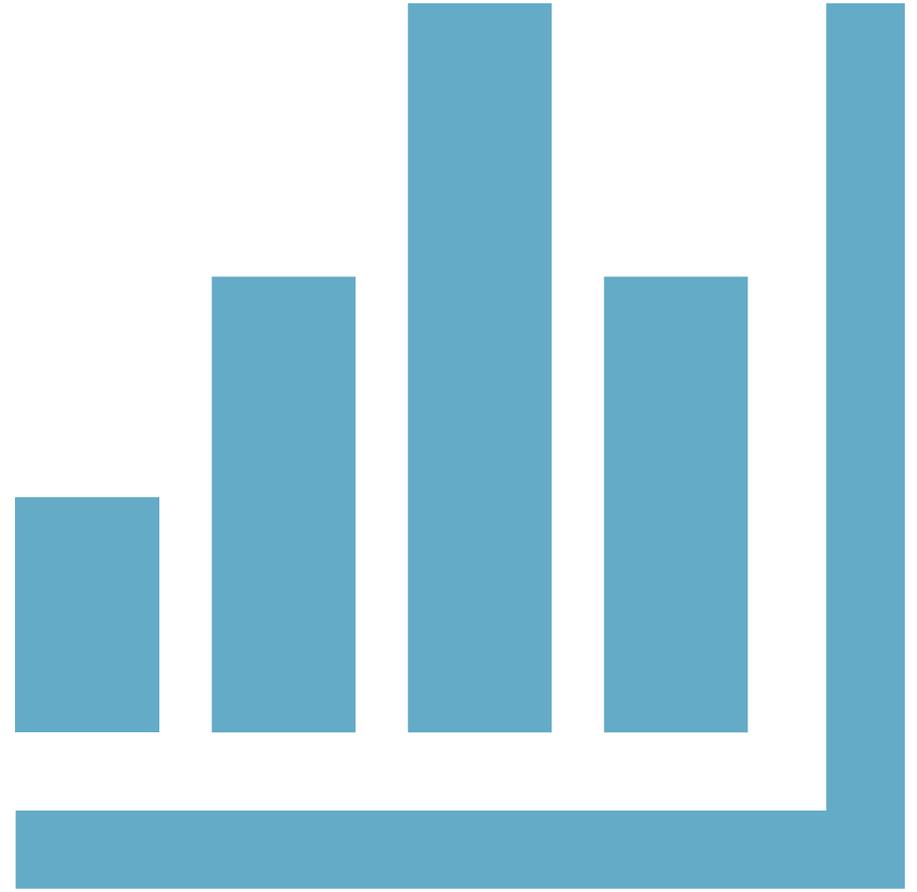
# Resources Continued

- National Association of Community Health Centers. What is a Community Health Center? NACHC. Published 2023. Accessed July 9, 2024. <https://www.nachc.org/community-health-centers/what-is-a-health-center/>
- Bureau of Primary Health Care. Partnerships between Schools and HRSA-Supported Health Centers: 10 Need-to-Know Tips. Health Resources and Services Administration <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/partnership-schools-health-centers-ten-tips.pdf>
- Bureau of Primary Health Care. Uniform Data System Reporting Requirements for 2024 Health Center Data. Health Resources and Services Administration; 2024:1-231. <https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2024-uds-manual.pdf>
- School-Based Health Alliance. Reports and Data. Published 2023. Accessed July 9, 2024. <https://www.sbh4all.org/reports-and-data/>
- School-Based Health Alliance. Standardized Performance Measures for School-Based Health Centers.; 2023. <https://sbh4all.org/wp-content/uploads/2023/09/Quality-Counts>

# Questions & Answers



# Please complete our Zoom poll





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