

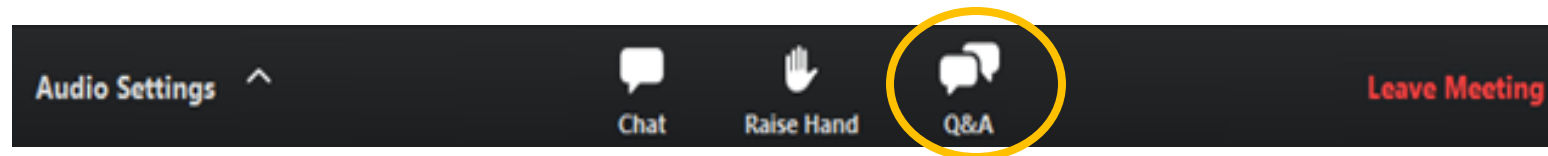
# Partnering for Prevention: Strategies for BMI Screening and Diabetes Prevention for School-Aged Children

**Thursday, April 2, 2026**

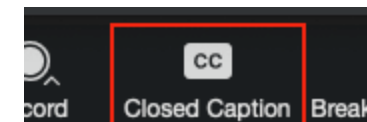
**1:00 – 2:00 pm ET**

# 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, MSN, RN**  
Executive Vice President  
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Chief Nurse Practitioner,  
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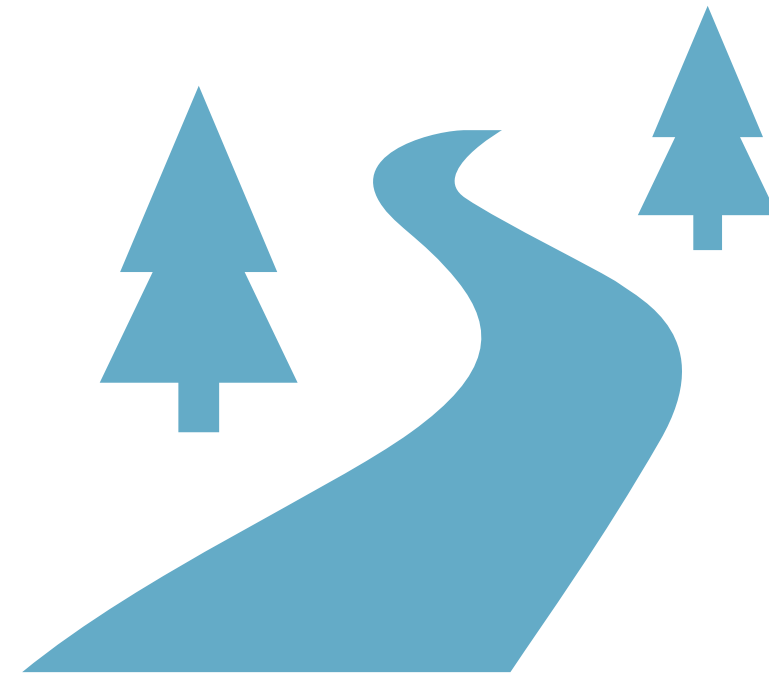
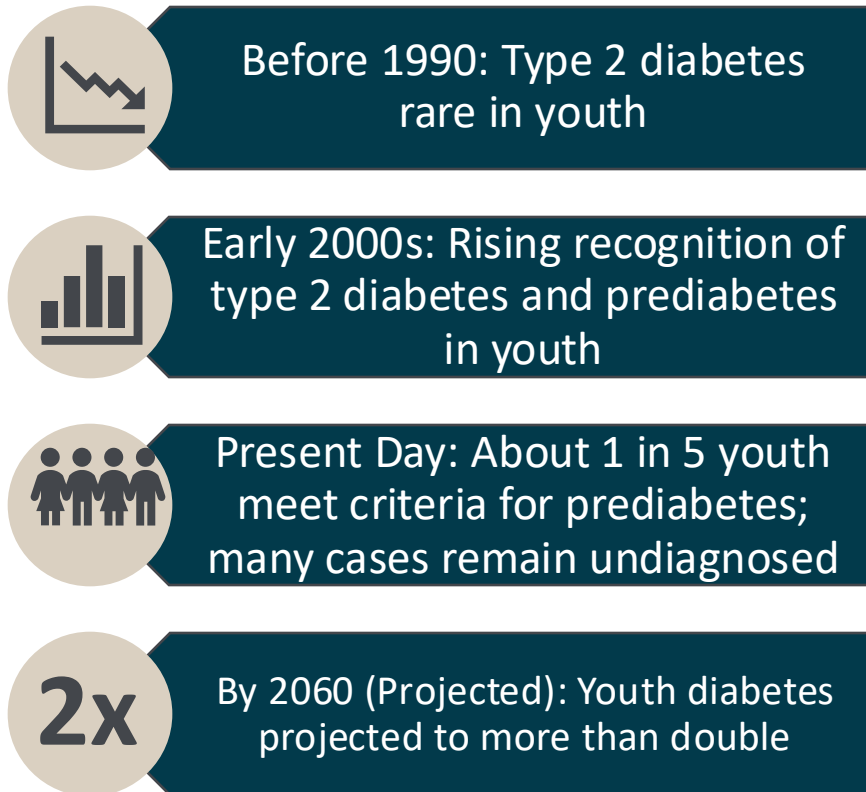
# Learning Objectives

## Participants will be able to...

- Explain why school-based BMI screening and diabetes prevention are critical to improving health outcomes for school-aged children
- Explore innovative, prevention-focused strategies used in school-based settings to support whole child health
- Discuss collaboration between schools, families, and health centers to improve student health and support prevention efforts

# The Changing Landscape of Type 2 Diabetes in Youth

## A Brief History and Overview:

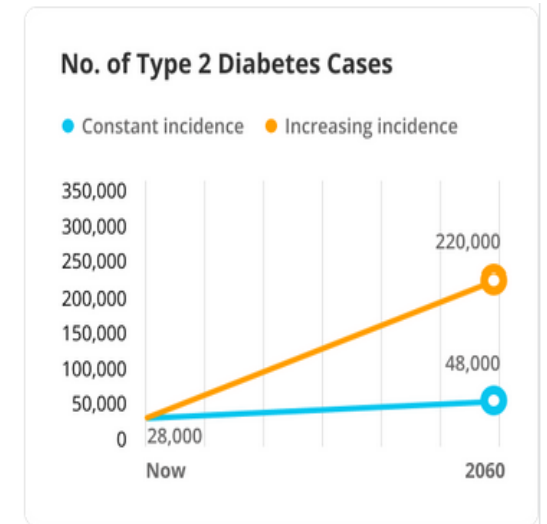
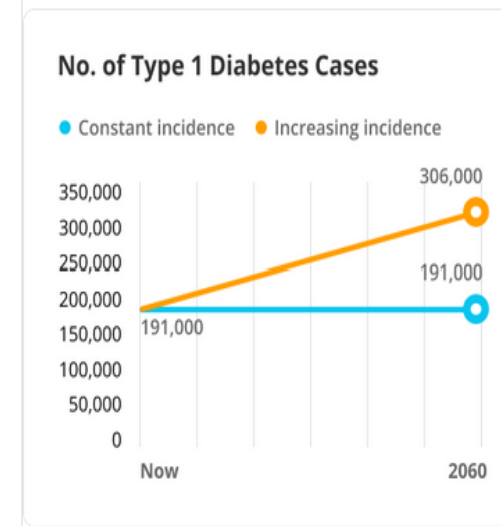


**Sources:** 1. Fagot-Campagna A, Pettitt DJ, Engelgau MM, et al. Type 2 diabetes among North American children and adolescents. *J Pediatr.* 2000;136(5):664-672. 2. Andes LJ, Cheng YJ, Rolka DB, et al. Prevalence of prediabetes among adolescents in the United States, 2005–2016. *JAMA Pediatr.* 2020;174(2):e194498. 3. Tönnies T, Brinks R, Isom S, et al. Projections of type 1 and type 2 diabetes burden in the US population aged <20 years through 2060: the SEARCH for Diabetes in Youth Study. *Diabetes Care.* 2023;46(2):313-320. doi:10.2337/dc22-0945.

# Understanding Diabetes

## Terms to Know

- **Type 1 diabetes**
  - Occurs when the body produces little or no insulin.
  - There is currently no known way to prevent type 1 diabetes.
- **Type 2 diabetes**
  - Develops when the body becomes less able to use insulin effectively over time.
  - In some cases, lifestyle changes can help prevent or delay type 2 diabetes.
- **Incidence**
  - Refers to the number of new cases diagnosed within a specific period of time.
  - Constant incidence: the rate of new cases remains stable.
  - Increasing incidence: the rate of new cases rises over time.



Source: Diabetes in young people is on the rise. Centers for Disease Control and Prevention. May 15, 2024. Accessed March 6, 2026. <https://www.cdc.gov/diabetes/data-research/research/young-people-diabetes-on-rise.html>.

# 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 Screening in School-Based Health Care

- BMI is a screening tool used during well visits to assess growth patterns in children and adolescents
- For youth, BMI must be interpreted using age and sex-specific percentiles
- In School-based health centers (SBHCs), BMI screening is often paired with nutrition and physical activity to support healthy habits
- Providers may use BMI results to guide preventative conversations and follow-up care

## Why this matters for Diabetes Prevention

- Higher BMI percentiles in childhood can be associated with increased risk for type 2 diabetes and other chronic conditions
- Early identification allows providers to support healthy eating, physical activity, and lifestyle habits
- School-based health centers can play an important role in early prevention and education

”

**Source:** Menke A, Casagrande S, Cowie CC. Prevalence of Diabetes in Adolescents Aged 12 to 19 Years in the United States, 2005-2014. JAMA. 2016;316(3):344-45

# School-Based Health Centers and Diabetes Prevention

## Impact

- Youth diabetes rates are rising
- Nearly 1 in 5 youth have prediabetes
- Early risk factors may appear during elementary school



## Access

- Health care where students already are
- Increased access to prevention services
- Early identification of health risks



Source: School-Based Health Alliance. Addressing diabetes factors in elementary school-aged children. Published July 2021. Accessed March 9, 2026. <https://sbh4all.org/wp-content/uploads/2023/07/AddressingDiabetesFactors.pdf>

# Health Centers and Partnerships



**Source:** School-Based Health Alliance. Addressing diabetes factors in elementary school-aged children. Published July 2021. Accessed March 9, 2026. <https://sbh4all.org/wp-content/uploads/2023/07/AddressingDiabetesFactors.pdf>



# Engaging Families as Partners

**Partner** with families to support diabetes prevention.

**Train** staff to communicate effectively with caregivers.

**Address** questions, concerns, and hesitations openly.

**Provide** caregivers with education and practical resources.

**Reinforce** healthy habits beyond the health center.



**Source:** School-Based Health Alliance. Addressing diabetes factors in elementary school-aged children. Published July 2021. Accessed March 9, 2026. <https://sbh4all.org/wp-content/uploads/2023/07/AddressingDiabetesFactors.pdf>

# Healthy Habits That Support Diabetes Prevention



## Key Habits for Children and Families

- **Encourage healthy eating patterns**  
Choose fruits, vegetables, whole grains, and balanced meals.
- **Stay physically active every day**  
Children should aim for about 60 minutes of activity daily.
- **Reduce sugary drinks and added sugars**  
Limit soda, sports drinks, and sugary snacks.
- **Support healthy sleep routines**  
Adequate sleep helps support healthy weight and metabolism.
- **Create healthy family habits**  
Families can model and reinforce healthy choices together.

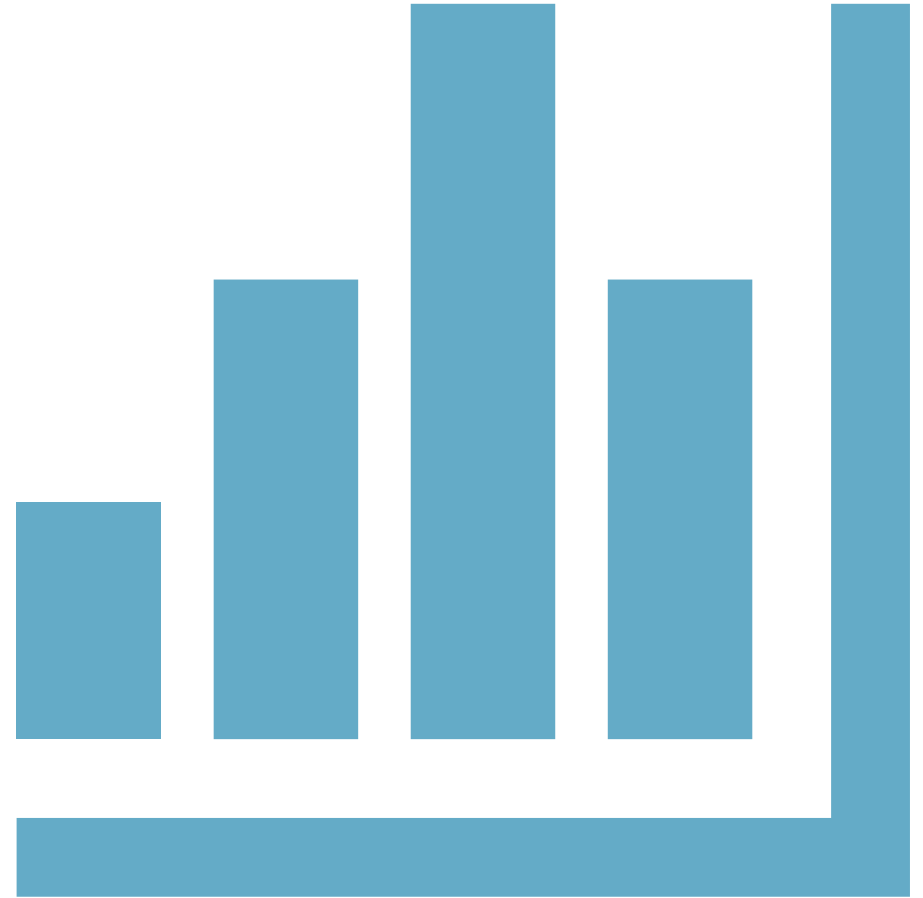


**Source:** Centers for Disease Control and Prevention. Preventing type 2 diabetes in kids. Updated May 15, 2024. Accessed March 9, 2026. <https://www.cdc.gov/diabetes/prevention-type-2/type-2-diabetes-in-kids.html>

# Menti Poll:

What is the biggest challenge to preventing diabetes among youth in your community?

Please log on to [Menti.com](https://www.menti.com) and enter code: 8172 6818





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**Tamekia Cunningham-Abrams,  
DNP, CRNP, FNP-C**

# Building Healthy School Communities



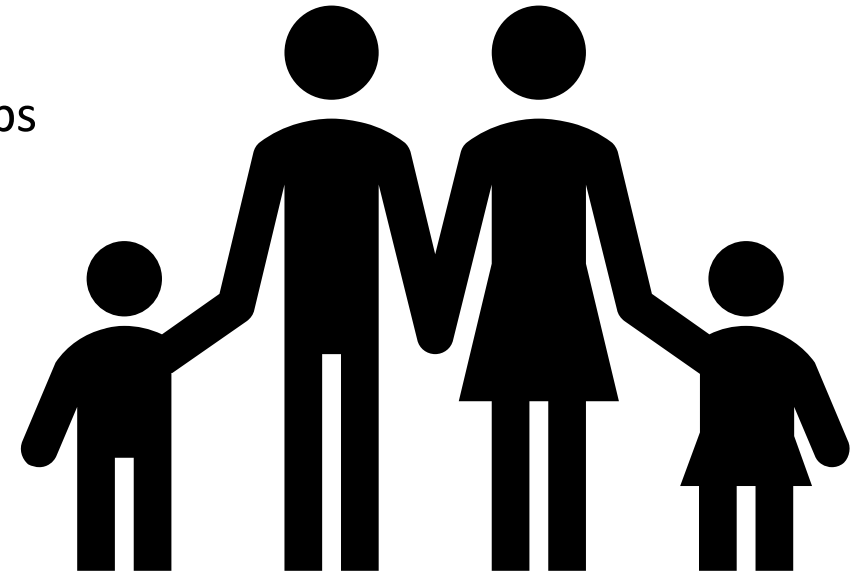
# Family & Community Engagement

- Childhood obesity increases the risk for early development of type 2 diabetes, hypertension, and cardiovascular disease.
- Prevention during childhood focuses on healthy nutrition, daily physical activity, and early screening through school-based health programs.
- When obesity and diabetes begin in childhood, individuals face higher risks for heart disease, kidney disease, stroke, and reduced life expectancy in adulthood.



# Family & Community Engagement Continued

- Family engagement is essential, including participation in nutrition education workshops offered by school-based health centers.
- Families can support prevention by encouraging healthy meals and snacks at home and daily physical activity such as walking, biking, or outdoor play.
- Communities can reinforce healthy behaviors through partnerships with parks, recreation programs, community organizations, and churches that host wellness activities.



# Daily Movement Supports Healthy Weight



# School Wellness Activities

- School environments provide opportunities for movement, healthy habits, and early prevention of childhood obesity and type 2 diabetes.
- The recommended daily activity is  $\geq 60$  minutes to include physical education (PE) and active recess movement breaks.
- Children consume up to 50% of their daily calories during school hours.
- Schools provide consistent access to meals, physical activity, and health services.



# SBHC Workflow: Prevention to Intervention

- **Step 1:** School-wide BMI and wellness screening
- **Step 2:** Identify students at risk ( $\geq 85$ th percentile)
- **Step 3:** SBHC clinical assessment and risk evaluation
- **Step 4:** Student & family education on nutrition and physical activity
- **Step 5:** Interventions (movement programs, nutrition counseling, cooking classes)
- **Step 6:** Follow-up visits and monitoring of BMI trends
- **Step 7:** Collaboration with teachers, parents, and community programs

# Innovations

- Telehealth services connecting students to specialists
- After-school wellness and physical activity programs
- Partnerships with food banks, community gardens, and cooking classes
- Expanded services beyond acute care to include chronic disease prevention, mental health, and nutrition counseling



# Innovations Continued

- Integration of obesity and diabetes screening within routine school health visits
- Increased collaboration with families, teachers, and community organizations
- Development of school wellness programs, movement therapy, and nutrition education





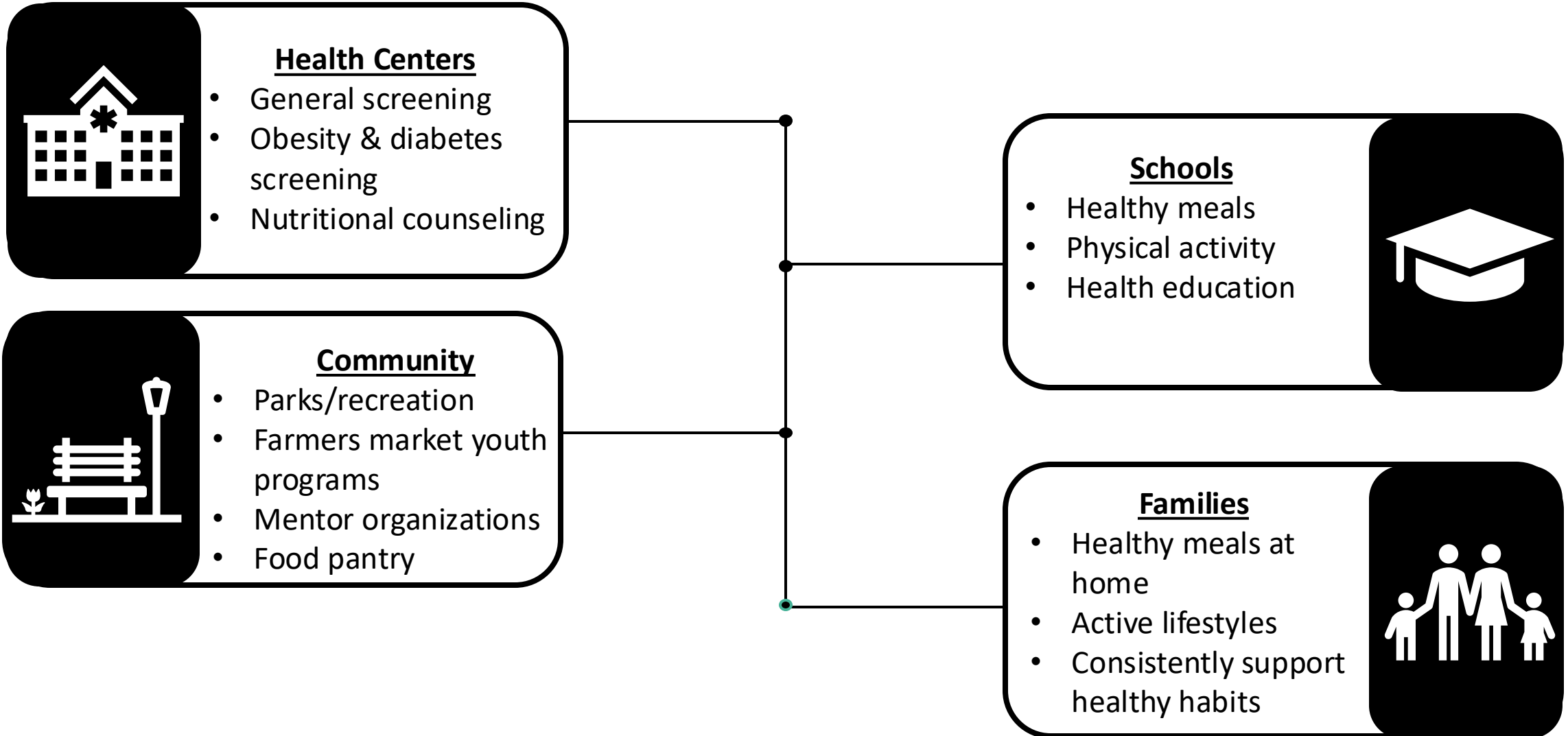
## Snapshots from the Field

# Challenges

- Limited funding and staffing
- Time constraints within the school day
- Addressing health-related needs such as food insecurity and limited access to safe physical activity spaces



# Student Health Partnership Model



# CASE STUDY

## ***STUDENT PROFILE***

- 12-year-old middle school student identified during routine SBHC BMI screening
- BMI at the 97th percentile
- Reports frequent sugary beverage intake and limited daily physical activity
- Family reports food insecurity and limited access to healthy foods

## ***SBHC INTERVENTION***

- Comprehensive SBHC clinical assessment
- Nutrition counseling provided to student and caregiver
- Enrollment in after-school movement program
- Referral to school cooking and nutrition education class
- Connection to school food pantry and weekend backpack food program
- Ongoing BMI monitoring and follow-up visits

# References

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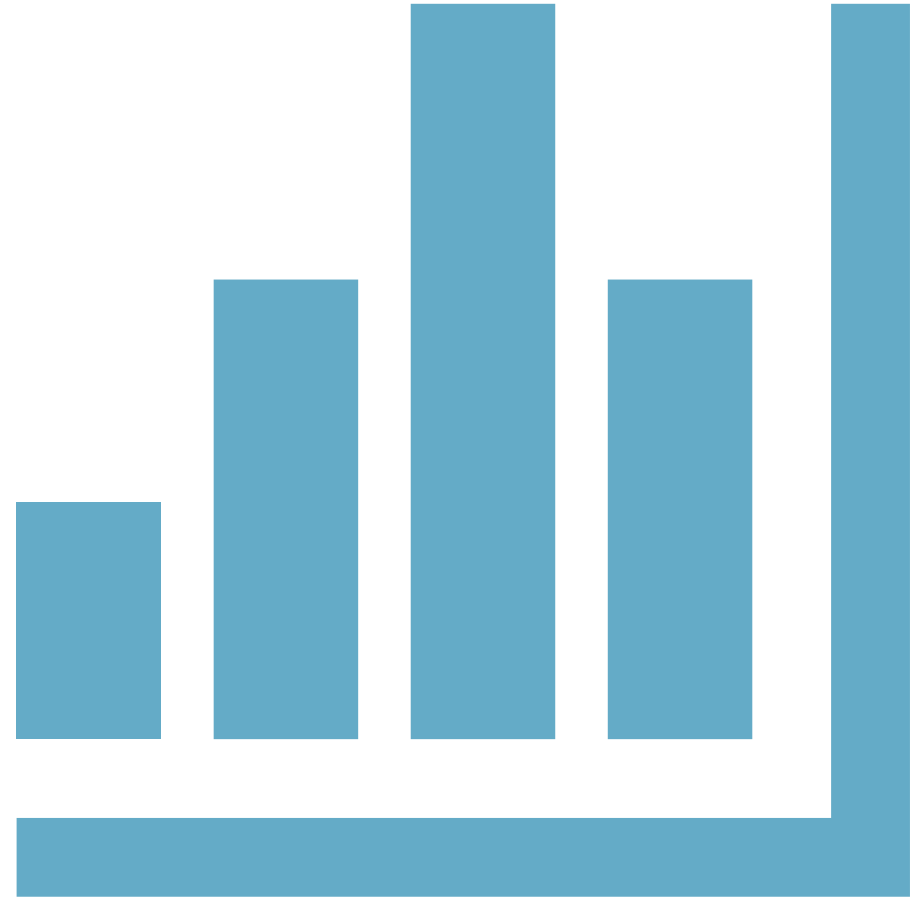
# Questions & Answers



# Resources

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