LOGISTICS

- Where is the booth?
  - 4655 Humboldt Street, Denver, CO 80216 Exposition hall: Booth #217
  - Big brown building with animals on it

- Parking is free at the NWSS (on a first come first served basis) and the parking lots that are further away have shuttles that will bring you to the Exposition Hall.

- Do not leave any valuables in the car for safety reasons and remember to lock your car.

- Please allow 30 minutes before your shift to find parking and to ride a shuttle, especially if you are volunteering on the weekends.

- There is very little space at the booth so do not bring backpacks or large purses. There is no room for storage.

- Western wear (jeans, western shirt, and cowboy boots) and business casual are appropriate attire for the booth. Although we will be on carpet it is important to wear comfortable shoes/boots.

- Nursing students must wear approved uniform per the CU Anschutz College of Nursing guidelines.

- A white coat will be provided for you and must be worn during your shift. You do not need to bring your own.

- Your Student ID badge must be worn at all times and is required for admission into the EXPO Building.
Contact Patti Jo Wagner or Riannon Atwater if you have any questions, if you are running late, or if you have an emergency and will not make it to your shift.

- Patti.Wagner@cuanschutz.edu
- (303)724.3808

- Riannon Atwater
  - Riannon.Atwater@cuanschutz.edu
  - (303)242.6523

If you need to cancel your shift, please remove your name from Signup Genius well in advanced so that another student can sign up to take your place.

We are counting on you to be there! If you do not inform us that you cannot make it and fail to show for your shift, we will let your program know.
WHAT DO I NEED TO DO?

▪ Help recruit participants & help them feel at ease

▪ Help to set up and ready materials:
  ▪ BMI:
    ▪ Stadiometer
    ▪ Scale
  ▪ Blood pressure
    ▪ Blood Pressure Machine (with cuff)

▪ Blood glucose
  ▪ Cotton balls
  ▪ Bandaids
  ▪ Alcohol swabs
  ▪ Lancets
  ▪ Glucometer
  ▪ Glucometer test strips

▪ Pulse Oximeter
▪ Vision screener
IMPORTANT NOTES ON THE SCREENINGS

- Please make sure that you select the correct screening for the patient’s age. We have the following screening options:
  - Adult: ages 19+
  - Adolescent: ages 11-18
  - Child: ages 2-10

- The key part of these screenings are the interactions and conversations that you have with the participants. Please engage in robust conversations regarding health risks that the screen identifies while still being mindful of the time.

- We will have handouts with general health risk topics and how to improve these. Please provide these handouts to the individuals you screen based off their health risks.

- Height (inches) and Weight will be done for every patient and given to you on a sticky note prior to the screen.

- There is also a “cheat-sheet” at every station with teaching points. Please refer to this when having your discussions with the participants (screening will prompt you to refer to the guide).
HEALTH SCREENINGS: ADULTS
HEALTH SCREENINGS: ADULTS

- iPad
  - Obtain consent to perform the screen

- Demographic questions (required by HRSA)
  - Birthdate
  - Biologic sex
  - Gender identity (may decline to answer)
  - Ethnicity (may decline to answer)
  - Race (may decline to answer)
  - Residence (rural or not)
  - Insurance status
  - Access to a PCP
  - Last time seeing a medical provider
HEALTH SCREENINGS: ADULTS

- BMI (enter in the following data)
  - Height
  - Weight
  - The program will calculate the participants BMI

- Blood pressure
- Pulse Oximetry
- Blood glucose level
HEALTH SCREENINGS: ADULTS

- Insurance and General Health
  - What is your health insurance status?
  - Do you have a primary Provider?
  - Have you visited a medical doctor in the past 12 months?

- Vaccinations
  - Last tetanus shot
  - Do they get annual flu shots?
HEALTH SCREENINGS: ADULTS

- Family history: Do you have a family history of:
  - High blood pressure (hypertension)
  - High cholesterol
  - Heart problems (heart failure, heart surgery, heart attack, stroke, atrial fibrillation)
  - Diabetes
  - COPD
  - Depression
  - None of the above
  - Don’t know

- If 50+
  - Have you had a colon cancer screening in the last 10 years?
  - Have you had a mammogram in the last 2 years?
HEALTH SCREENINGS: ADULTS

- Diet and exercise
  - How many times a week do they eat out?
  - How many snacks per day do they eat?
  - How many healthy snacks per day?
  - How many sweetened beverages per day?
  - How much (in ounces) do they drink a day?
  - How many servings of calcium rich foods per day?
  - How many servings of fruits/veggies per day?
  - How many minutes of exercise per week?
  - Are they sedentary at work?
  - Do they have screens in their bedroom at night?
HEALTH SCREENINGS: ADULTS

- Substance exposure
  - Currently use tobacco?
  - Currently use alcohol and how much?
  - Currently use marijuana? How? How much?
  - Currently use illicit drugs?
  - Ever used illicit drugs?
  - Use of too many opioids?
  - Ridden in the car with someone under the influence or driven yourself under the influence?
  - Personal history of substance use disorder or substance misuse?
HEALTH SCREENINGS: ADULTS

- Safety Screen
  - Ever diagnosed with depression?
  - Seatbelt use
  - Driving others without seatbelts
  - Driving while distracted by phone
  - Helmet use
  - Sunscreen use
  - Sunglasses use
  - Hat use
  - Do they perform annual skin checks on themselves?
HEALTH SCREENINGS: ADULTS

- Vision screen
  - Do they wear glasses or contacts?
  - When was the last time you had your vision checked?
  - Have they had any vision changes since last getting it checked?
  - Check vision (if 20/40 or worse recommend seeing an eye care professional)
HEALTH SCREENINGS: ADULTS

- Oral Health Screen
  - Last time seeing a dentist?
  - Do they have dental insurance?
  - Have they ever had a cavity?
  - Do they brush at least twice a day?
  - Do they floss at least once a day?
  - Do they take medications that cause a dry mouth?
  - Do they currently have a mouth sore that has lasted longer than 2 weeks?
  - Do they have any piercings in your mouth?
  - Do they drink fluoridated water? (match adult on this).
  - Do they have dentures or a partial? If so, do they take these out and clean them regularly?
  - Do they wear a mouth guard for sports activities or at night?
HEALTH SCREENINGS: ADULTS

- Balance screening
  - Are they afraid of falling?
  - Have they had any near falls in the last 3 months?
  - Have they fallen in the last 3 months?
  - Balance test (Romberg test – feet shoulder width apart, eyes closed, arms crossed at chest for 30 seconds)
  - Test gait
HEALTH SCREENINGS: ADOLESCENTS
HEALTH SCREENINGS: ADOLESCENTS

- iPad
  - Obtain consent to perform the screen (parental permission required)

- Demographic questions (a lot of these are required by HRSA)
  - Birthdate
  - Biologic sex
  - Gender identity (may decline to answer)
  - Ethnicity (may decline to answer)
  - Race (may decline to answer)
  - Residence (rural or not)
HEALTH SCREENINGS: ADOLESCENTS

- BMI (enter in the following data)
  - Height
  - Weight
  - The program will calculate the participants BMI

- Blood pressure

- Pulse Oximetry

- Blood glucose level (they can opt in to having this performed if their parent is present)
  - Make sure to check if this is fasting or non fasting
HEALTH SCREENINGS: ADOLESCENTS

- Family history: Please indicate the family members who have either: had heart attacks or strokes before the age of 55 or have been told at any age that they have high cholesterol.
  - Mother
  - Father
  - Aunt
  - Uncle
  - Grandfather
  - Grandmother
  - Brother
  - Sister
  - Not Sure
  - None
HEALTH SCREENINGS: ADOLESCENTS

- Diet and exercise
  - How many times a week do they eat out?
  - How many snacks per day do they eat?
  - How many healthy snacks per day?
  - How many sweetened beverages per day?
  - How much (in ounces) do they drink a day?
  - How many servings of calcium rich foods per day?
  - How many servings of fruits/veggies per day?
  - How many hours of active play/sports per day?
  - How many hours per day of screen use for pleasure (not work or homework)?
  - Do they have screens in their bedroom at night?
HEALTH SCREENINGS: ADOLESCENTS

- Substance exposure
  - Does anyone smoke around them?
  - Have they ever tried tobacco (cigarettes or chewing tobacco)?
  - Do they currently use tobacco (cigarettes or chewing tobacco)?
  - Have they ever tried alcohol?
  - Do they currently use alcohol?
  - Have they ever gotten in a car with someone under the influence or have they ever driven while under the influence?
  - Do they have a family history of substance use disorder or substance misuse?
HEALTH SCREENINGS: ADOLESCENTS

- Safety Screen
  - Do they wear a seatbelt every time they get into a car?
  - Do they ever drive people around that are not wearing their seatbelt or get in a car with someone not wearing a seatbelt?
  - Do they ever use your cell phone while driving?
  - Do they wear a helmet when biking, skateboarding, horseback riding, skiing, snowboarding, ice skating, roller skating, ATVing, etc?
  - Do they use sunscreen every day?
  - Do they wear UV blocking sunglasses every day?
HEALTH SCREENINGS: ADOLESCENTS

- Vision screen
  - Do they wear glasses or contacts?
  - When was the last time you had your vision checked?
  - Have they had any vision changes since last getting it checked?
  - Check vision (if 20/40 or worse recommend seeing an eye care professional)
HEALTH SCREENINGS: ADOLESCENTS

- Oral screen
  - Last time seeing a dentist?
  - Have they ever had a cavity?
  - Do they brush at least twice a day?
  - Do they floss at least once a day?
  - Do they have any piercings in your mouth?
  - Do they drink fluoridated water? (match adult on this).
  - Do they wear a mouth guard for sports activities or at night?
HEALTH SCREENINGS: ADOLESCENTS

- Balance screening
  - Do you feel like you have good balance
  - Balance test (Romberg test – feet shoulder width apart, eyes closed, arms crossed at chest for 30 seconds)
- Test gait
HEALTH SCREENINGS: CHILDREN
HEALTH SCREENINGS: CHILDREN

- iPad
  - Obtain consent to perform the screen (parental permission required)

- Demographic questions (a lot of these are required by HRSA)
  - Birthdate
  - Biologic sex
  - Ethnicity (may decline to answer)
  - Race (may decline to answer)
  - Residence (rural or not)
HEALTH SCREENINGS: CHILDREN

- BMI (enter in the following data)
  - Height
  - Weight
  - The program will calculate the participants BMI
Family history: Please indicate the family members who have either: had heart attacks or strokes before the age of 55 or have been told at any age that they have high cholesterol.
- Mother
- Father
- Aunt
- Uncle
- Grandfather
- Grandmother
- Brother
- Sister
- Not Sure
- None
HEALTH SCREENINGS: CHILDREN

• Diet and exercise
  • How many times a week do they eat out?
  • How many snacks per day do they eat?
  • How many healthy snacks per day?
  • How many sweetened beverages per day?
  • How much (in ounces) do they drink a day?
  • How many servings of calcium rich foods per day?
  • How many servings of fruits/veggies per day?
  • How many hours of active play/sports per day?
  • How many hours per day of screen use for pleasure (not work or homework)?
  • Do they have screens in their bedroom at night?

• Substance exposure
  • Does anyone smoke around them?
HEALTH SCREENINGS: CHILDREN

- Safety Screen
  - Do they wear a seatbelt every time they get into a car?
  - Do they wear a helmet when biking, skateboarding, horseback riding, skiing, snowboarding, ice skating, roller skating, ATVing, etc?
  - Do they use sunscreen every day?
  - Do they wear UV blocking sunglasses every day?
HEALTH SCREENINGS: CHILDREN

- Vision screen
  - Do they wear glasses or contacts?
  - When was the last time you had your vision checked?
  - Do they have any trouble reading the board at school or their homework/papers in front of them?
  - Check vision (if 20/40 or worse recommend seeing an eye care professional)
HEALTH SCREENINGS: CHILDREN

- Oral screen
  - Last time seeing a dentist?
  - Have they ever had a cavity?
  - Have they ever had a baby tooth removed due to a cavity?
  - Do they brush at least twice a day?
  - Do they floss at least once a day?
  - Do they drink fluoridated water? (match adult on this).
  - Do they wear a mouth guard for sports activities or at night?
HEALTH SCREENINGS: CHILDREN

- Balance screening
  - Do you feel like you have good balance
  - Balance test (Romberg test – feet shoulder width apart, eyes closed, arms crossed at chest for 30 seconds)
  - Test gait
CLOSURE

- Review the results with the patient on the iPad and provide them with the appropriate handouts

- **DO**
  - Explain the power of small changes
  - Encourage them to follow-up with their healthcare providers as needed
  - Be sensitive to weight issues – especially with children and adolescents
  - Consult a faculty advisor if unsure of how to answer the questions
  - Encourage them to select one risk factor to try to make a small change on

- **DON’T**
  - Give a laundry list of the things they are doing wrong
PRACTICE TIME!