



Behavioral Health &
Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

DIMENSIONS: Well Body Toolkit for Healthcare Providers

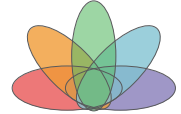
SUPPLEMENT

Priority Populations: Young Adults



Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus • School of Medicine



The DIMENSIONS: Well Body Toolkit for Healthcare Providers Supplement,
Priority Populations: Young Adult was developed by the University of Colorado
Anschutz Medical Campus, School of Medicine, Behavioral Health and Wellness Program
March 2014

Chad D. Morris, PhD, Director
Cynthia W. Morris, PsyD, Clinical Director
Rebecca M. Richey, PsyD

For further information about this toolkit, please contact:

Behavioral Health and Wellness Program
University of Colorado Anschutz Medical Campus
School of Medicine
1784 Racine Street
Mail Stop F478
Aurora, Colorado 80045

Phone: 303.724.3713

Fax: 303.724.3717

Email: bh.wellness@ucdenver.edu

Website: www.bhwellness.org

Acknowledgements:

This project was made possible through funding provided
by the Colorado Department of Public Health and Environment
(CDPHE).



Why Focus on Young Adults?

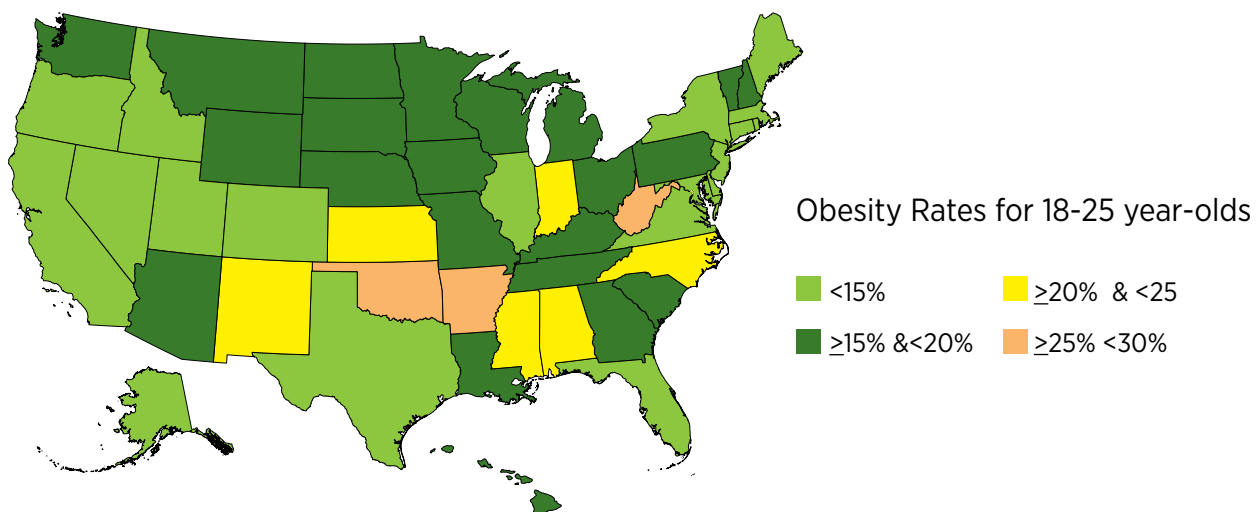
Among the 235 million adults in the U.S., 13% fall between the ages of 18 and 25, a developmental period known as young adulthood.¹ Young adults today face more weight-related problems than any past generation:

- Seventeen percent of young adults are currently overweight or obese.² This is more than triple the rate of overweight or obese adults thirty years ago.
- Seventy to eighty percent of overweight or obese young adults remain overweight or obese as middle-aged adults.³
- Overweight or obese young adults have a higher risk of experiencing weight-related

health problems such as heart disease, gout, kidney disease, breast cancer, metabolic syndrome and hypertension in middle age. This is true even if these young adults reach a healthy weight by middle adulthood.^{4,5}

Lifelong habits regarding eating and physical activity are often created during young adulthood. These individuals are often more open to new ideas and activities, making this an ideal time to reinforce healthy alternatives. As young adults try out different behaviors, they have the opportunity to make healthy or unhealthy choices, which can then be integrated into their long-term identities.

This image shows the rates of young adult overweight and obesity by state. Notice the geographical differences with the Western and Northern regions depicting lower rates overall. This may be caused by different cultural attitudes about weight, different food availability and eating habits, or differing exercise or other health-related activities that are available for young adults.⁶



Characteristics of Young Adults

Young adults in the 21st century live very differently than young adults in prior eras. Today's young adults are part of Generation Y, also called "Millenials." Overall, this generation has been characterized as optimistic and globally civic-minded.⁷ Their parents may be members of Generation X or the Baby Boomer generation. In general, members of these past two generations view a person as being an adult when they get married, have children, and obtain a full-time job. In contrast, Millenials often think individuals achieve adulthood when they are financially independent and have a strong sense of identity.⁸ Other common experiences of Millenials include:

- Technological advances provide immediate access to a vast array of information and resources;
- Almost half of the young adult population is currently enrolled in higher education programs;⁹
- 13% of young adults are un- or underemployed, compared to about 5% for older workers;¹⁰
- Almost a third of young adults occasionally live with their parents as they try out different career and relationship options;¹¹
- Young adults currently spend an average of 7.5 hours per day engaged in screen time;¹²
- Changes in relationships are frequent, as many young adults search for their "perfect partner" before settling down.¹³

Just as frequently changing relationships can lead to feelings of instability, young adults also experience many other life-altering events that can contribute to instability as well as being overweight and obese. In one study, young adults listed the following life events as preventing them from being physically active and keeping them at a higher weight:

- Getting married;
- Having a child;
- Entering into full time work;
- Moving from the family home;
- Becoming a full time student;
- Being un- or underemployed;
- Starting a new job.¹⁴

Definition

Screen time: Any time spent viewing or engaging in play with electronic devices such as computers, TVs, video games, cell phones, or social media.

The defining characteristics of young adulthood offer opportunities as well as challenges. Young adults are typically at the peak of physical health and ability. Despite this fact, many young adults struggle with being overweight or obese. Advances in technology have contributed to a sedentary lifestyle. According to one study, as young adults get older and have more autonomy, they spend more time in front of a screen and less time engaged in physical activity.¹⁵ In addition, the use of motorized transport has increased over the past twenty years. Affordable access to cars, buses and subways makes it easy for young adults to choose riding instead of walking or biking.¹⁶ At the same time, technological innovation and transportation can offer unparalleled access to wellness interventions. With the introduction of video game systems and consoles that require users to move, more young adults are engaging in exercise they consider fun and entertaining. There are numerous cell phones applications, which encourage physical activity. Some examples include searching for “treasure,” geocaching, item collection, attempting to beat other players and rank highest on leaderboards, and games fashioned around visiting new locations. Other applications promote tracking food intake, calories consumed, steps taken, and calories burned while exercising.¹⁷ Access to computers and the Internet have also increased access to wellness interventions, including educational materials about food and exercise, interactive games that encourage exercise, and videos modeling how to cook healthy meals or perform physical activities.

About This Toolkit

This supplemental toolkit provides guidance for healthcare providers who want to provide evidence-based obesity and weight management treatment to the young adult population. Weight management interventions for young adults are very similar to evidence-based strategies for the general population. However, young adults have unique characteristics and needs to take into consideration when providing treatment.

This supplement provides information about this population and how to partner with patients to help them reach their health goals. It is designed to be used in conjunction with the [DIMENSIONS: Well Body Toolkit for Healthcare Providers](#), which contains evidence-based information about assessment, skills building, and treatment interventions for weight management.



Contributing Factors

Young adults are affected by similar biological, financial and psychosocial factors that contribute to obesity in the general adult population. However, additional factors unique to this population need to be examined and addressed.

Stigma and Discrimination

In general, overweight and obese young adults are socially alienated and discriminated against. This is due to a common bias that overweight or obese people are lazy, unmotivated, lacking in self-discipline, and unwilling to control their weight.¹⁸ This negative bias leads to a lower subjective sense of well-being and higher rates of depression, both in young adulthood and beyond.¹⁹ In the U.S., this bias against overweight and obese young adults has worsened in the last few decades, especially toward young women. According to prevailing social norms, women are only attractive when they are of a healthy weight, especially during young adulthood.²⁰ Obesity in females during young adulthood is related to:

- Fewer romantic relationships overall;²¹
- Less earned money;^{22,23}
- Lower rates of college acceptance;²⁴
- Higher rates of multiple sex partners;
- Higher rates of sex with older partners;
- Decreased use of condoms;²⁵
- Less likelihood of getting married;
- Marrying spouses who make less money overall;²⁶
- Employment in lower paying and lower prestige occupations than normal weight women.²⁷

Special Factor: Cyberbullying

In addition to discrimination and stigma, young adults are often victims of bullying, including cyberbullying. Cyberbullying is bullying that takes place over electronic devices such as text, email, websites, and social media. Young adults are particularly affected by cyberbullying since they spend so much time connected to one another through electronic devices and social media. For more info about cyberbullying and what you can do to help, visit: <http://www.stopbullying.gov/cyberbullying/>

Discrimination among healthcare workers can act as a barrier to young adults receiving the treatment they need. Some ways to decrease stigma and discrimination in healthcare settings include:

1. As a healthcare provider, examine your thoughts and feelings about overweight or obese young adults. Do you have negative judgments about overweight or obese young adults?
2. Think about the messages you may send to obese or overweight young adults while providing services. Do you offer the same amount of empathy as with normal weight young adults?
3. Ask for feedback from young adult patients about their experience. Have they felt heard and respected during their visit?
4. Engage supervisors and peers in a dialogue about their thoughts and views of overweight or obese young adults.

The negative bias against overweight or obese young adults of both sexes has increased by 66% in the last decade. Young adults experience social stigma and discrimination across multiple settings, including workplaces, educational institutions, and healthcare settings. Healthcare providers are often prejudiced against overweight individuals, with over 50% of physicians and nurses reported finding obese or overweight individuals as awkward, unattractive, lazy, and lacking in self-control.²⁸ The higher a patient's body mass index, the less respect physicians show them.²⁹ Some people believe that stigmatizing obese individuals will motivate them to change their eating or physical activity habits. In reality, acting on a negative bias causes reactionary and negative responses, including:

- Increased binge eating;
- Lower levels of physical activity;
- Decreased adherence to weight loss programming;
- Increased psychological stress;
- Increased anxiety and depression.³⁰

Healthcare providers can act as a force for positive change instead of a barrier to success for overweight or obese young adults. In order to ensure young adults feel heard and respected, healthcare providers should think about the treatment interactions they have with young adults and ask for feedback about how their messages regarding weight and wellness are being interpreted.

Socio-Economic Status

The highest rates of overweight and obesity are found in populations with the lowest levels of education and the highest levels of poverty.³¹ One study found that young adults, particularly African- or Hispanic- Americans, dealing with financial difficulties during significant life events such as getting married, having a child, and moving from the family home were also found to have the highest rates of overweight and obesity.³²

One of the biggest financial problems for all young adults is a lack of health insurance. Availability of health insurance is immensely important for young adults. Those without coverage do not have access to:

- Health screenings
- Education
- Preventative care
- Monitoring

Individuals between the ages of 18-25 are uninsured at a higher rate than any other age group in America.³³ Compared to peers who have access to healthcare, uninsured young adults more often report they do not follow up on necessary medical care, fill prescriptions, or have a relationship with a primary care physician.³⁴ However, this may change with the Affordable Care Act, which makes coverage available to young adults through their parents until the age of 26.³⁵

Obesity, overweight and the problems associated with them can be cyclical in nature. Young adults with a lower socio-economic status often do not have resources to obtain appropriate care for their condition, yet being overweight or obese can cause more significant financial consequences.



Eating Habits

In addition to lifestyle changes that lead young adults to experience barriers to living at a healthy weight, many report making poor choices in their eating habits. For example, many young adults report skipping breakfast due to lack of time and/or money, despite knowing that eating breakfast is healthy. In addition, many young adults report frequently dining out due to lack of time, money and cooking skills.³⁶ Even when not eating out or skipping meals, young adults report eating less nutritious foods. According to the CDC (2012):

- 85% reported eating fewer than three servings of vegetables per day;
- 78% of young adults reported eating fewer than three servings of fruit per day;
- 19% reported drinking two or more sugary sodas per day.³⁷

Eating disorders are also common in young adulthood. While young adults struggle with all types of eating disorders, binge eating contributes most significantly to overweight and obesity for this group. Binge-eating disorder is defined as: recurring episodes of eating more than one would eat during a normal meal accompanied by feelings of lack of control.³⁸ This disorder affects approximately 3% of young adult women and 1% of young adult men. Of young adults who report symptoms of binge-eating disorder, 20% describe experiencing depressive symptoms and 30% became overweight or obese during young adulthood. Other issues that occur frequently in young adults with binge-eating disorder include anxiety and poor coping skills. Young women with binge-eating disorder reported greater body dissatisfaction, lower

ACA Guidelines for Young Adult Insurance

Young adults can join or remain on their parents' plan even if they are:

- married
- not living with their parents
- attending school
- not financially dependent on their parents
- eligible to enroll in their employer's plan

self-esteem, more depressed mood, and higher rate of suicidal ideation than young women who did not fit the criteria. The link between binge eating disorder and other psychiatric symptoms is thought to be related to guilt and shame at not being able to control one's eating habits. This guilt and shame combined with poor communication and coping skills can lead to coping through unhealthy eating.³⁹



LINK: Visit this link for a fact sheet about binge-eating disorder that can be shared with young adults.

<http://www.womenshealth.gov/publications/our-publications/fact-sheet/binge-eating-disorder.html>

Assessment and Intervention Planning

Talking with young adults about overweight or obesity can be a challenge. First-hand experiences of stigmatization associated with overweight and obesity can make it difficult for young adults to talk about the subject until an open, trusting relationship has been established. Many young adults have been subject to many negative experiences surrounding their weight. It might be helpful to talk with the young adult first about the way he or she feels about being overweight or obese. Healthcare providers should encourage young adults to talk about their experiences while listening actively, openly and non-judgmentally.

Interventions used with this population should be targeted to young adults specifically. Healthcare providers working with this population need to have an understanding of the lifestyle of today's young adults. This information, such as their frequent use of electronic devices, should be incorporated into treatment.

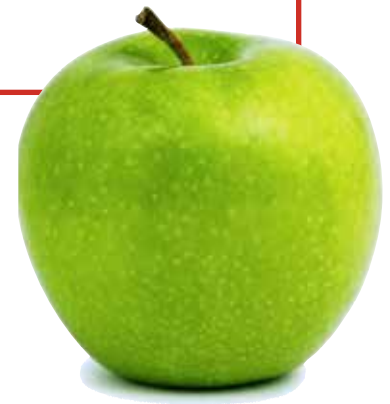
Interventions for Young Adults

- 1** Behavioral interventions
 - Instituting a food diary
 - Promoting use of exercise logs
 - Encouraging non-food rewards for following through with interventions
 - Writing a list of pros and cons related to eating healthy and exercising
- 2** Intensive treatment
 - Meeting with young adults two or more times per week
 - Continuing discussion of challenges and successes
 - Making supportive services available during late evening hours
- 3** Long-term support
 - Meeting with young adults for more than twelve weeks
 - Continuing discussion and support past the initial behavioral change period
 - Making it clear to young adults that someone cares about their health
- 4** Focus on education about health behaviors
 - Information about what types of foods to eat and in what quantities
 - Ensuring understanding of balance between calories ingested and calories expended
 - Assisting in creating a physical activity plan that starts with a low level of exertion and gradually increases over time
- 5** Self-monitoring and self-regulation (as opposed to monitoring or regulation done by others)⁴⁰
- 6** Use of technological devices (Exergames, video games that require moving one's body, and GPS exergames, games that are played outdoors with the help of a GPS, can be helpful in motivating young adults to be more physically active)⁴¹
- 7** Therapeutic relationship through which the young adult experiences empathy and support⁴²
- 8** Group therapies that facilitate mutual accountability and motivation among young adults⁴³

Quick Tips for Talking with Young Adults about Maintaining a **Healthy Weight**

Young adults may find it difficult to talk openly about their thoughts and experiences regarding maintaining a healthy weight. Here are some tips to facilitate this conversation:

1. **Be authentic.** Young adults appreciate openness, honesty, and authentic empathy.
2. **Listen without judgment.** Be open to their unique experience. Ask open-ended questions that demonstrate your accessibility and interest.
3. **Ask permission to talk about weight.** This will help young adults take ownership of the conversation and feel more comfortable opening up.
4. **Focus on the future.** Point the conversation in the direction of new freedoms found when healthy behaviors are adopted.
5. **Explore goals.** When losing weight seems worthwhile to the young adult, motivation will increase and results will be easier to attain. Share this informative YouTube video with your young adult patients, “23 and 1/2 hours: What is the single best thing we can do for our health?” <http://www.youtube.com/watch?v=aUalnS6HIGo> with the young adult for a potential starting place.
6. **Avoid lectures.** Young adults do NOT respond to lectures about how being overweight or obese hurts their health in the long run. Instead, focus on current factors that will improve with health improvements.



Targeted Programming

Several types of programming targeted at young adults who are overweight or obese are being developed. The following chart outlines some key programs for this population:

Name of Program	Description and Resources
Let's Move!	<p>A comprehensive initiative launched by First Lady Michelle Obama, focused on decreasing overweight and obesity in children, adolescents and young adults.</p> <p>www.letsmove.gov/</p>
The Early Adult Reduction of Weight Through Lifestyle Intervention (EARLY) project	<p>A National Institute of Health funded program in which young adults are supported in losing weight through technologies such as text messaging, online social networking, and Bluetooth-enabled scales.</p> <p>www.nhlbi.nih.gov/resources/obesity/trials/early.htm</p>
Finding Local Resources	<p>Contact your State Public Health Department to learn about state-based programs.</p> <p>www.cdc.gov/mmwr/international/relres.html</p>
DIMENSIONS: Well Body Program	<p>A comprehensive, structured and manualized wellness program focused on weight management, nutrition, and exercise. This model can be utilized by healthcare providers, behavioral health providers, and/or trained peers working in collaboration.</p> <p>www.bhwellness.org/programs/wellbody</p>

End Notes

- ¹ Howden, L.M. & Meyer, J.A. (2011). *Age and Sex Composition: 2010*. Lakewood, California: U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau. Retrieved from <http://www.census.gov/prod/cen2010/briefs/>
- ² Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2012). Prevalence of obesity in the United States, 2009-2010. *NCHS=National Center for Health Data Brief (82)*, 1-8.
- ³ National Adolescent Health Information Center (2005). *A health profile of adolescent and young adult males: 2005 brief*. San Francisco, CA; Regents of the University of California at San Francisco. Retrieved from: <http://nahic.ucsf.edu/downloads/MaleBrief.pdf>
- ⁴ Linna, M. S., Kaprio, J., Raevuori, A., Sihvola, E., Keski-Rahkonen, A., & Rissanen, A. (2013). Body mass index and subjective well-being in young adults: A twin population study. *BMC Public Health*, *13*, 231. doi: 10.1186/1471-2458-13-2311471-2458-13-231 [pii]
- ⁵ Wing, R. R., Tate, D., Espeland, M., Gorin, A., Larose, J., Ferguson Robichaud, E., & Lewis, C. E. (2013). Weight gain prevention in young adults: Design of the study of novel approaches to weight gain prevention (SNAP) randomized controlled trial. *BMC Public Health*, *13*(1), 300. doi: 1471-2458-13-300 [pii] 10.1186/1471-2458-13-300.
- ⁶ Levy, J., Segal, L.M., Thomas, K., St. Laurent, R., Lang, A., & Rayburn, J. (2013). *F as in fat: How obesity threatens America's future*. Washington, DC: Trust for America's Health/Robert Wood Johnson Foundation. Retrieved from <http://fasinfat.org/obesity-by-age/>
- ⁷ Strauss, W., & Howe, N. (2000). *Millenials rising: The next great generation*. Toronto, Canada: Random House Publisher.
- ⁸ Arnett, J.J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. London, England: Oxford University Press.
- ⁹ U.S. Department of Education, Institute of Education Services, National Center for Education Statistics. (2013). *Back to school statistics*. Retrieved from <http://nces.ed.gov/fastfacts/display.asp?id=372>
- ¹⁰ Ayres, S. (2013). *America's 10 million unemployed spell danger for future economic growth*. Center for American Progress. Retrieved from: <http://www.americanprogress.org/issues/economy/report/2013/06/05/65373/americas-10-million-unemployed-youth-spell-danger-for-future-economic-growth/>
- ¹¹ Pew Research Center (2013). *A rising share of young adults live in their parents' home*. Washington, D.C., Pew Research Center and Social & Demographic Trends Project, August. Retrieved from: <http://www.pewsocialtrends.org/files/2013/07/SDT-millennials-living-with-parents-07-2013.pdf>
- ¹² Kaiser Family Foundation Study (2010). *Generation M2: Media in the lives of 8-18 year olds*. Menlo Park, CA; Henry J. Kaiser Family Foundation. Retrieved from: <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8010.pdf>
- ¹³ Arnett, J.J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. London, England: Oxford University Press.
- ¹⁴ Brown, W. J., & Trost, S. G. (2003). Life transitions and changing physical activity patterns in young women. *American Journal of Preventative Medicine*, *25*(2), 140-143. doi: S0749379703001193 [pii]
- ¹⁵ Ohri-Vachaspati, P., Lloyd, K., DeLia, D., Tulloch, D., & Yedidia, M.J. (2013). A closer examination of the relationship between children's weight status and the food and physical activity environment. *American Journal of Preventative Medicine*, *57*(3), 162-167.
- ¹⁶ James, W.P.T. (2006). The challenge of childhood obesity. *International Journal of Pediatric Obesity*, *1*, 7-10.
- ¹⁷ Boulos, M. N., & Yang, S. P. (2013). Exergames for health and fitness: The roles of GPS and geosocial apps. *International Journal of Health Geography*, *12*, 18. doi: 10.1186/1476-072X-12-181476-072X-12-18 [pii]
- ¹⁸ Puhl, R.M., & Heuer, C.A. (2010). Obesity stigma: Important considerations for public health. *American Journal of Public Health*, *100*(6), 1019-1028.
- ¹⁹ Frisco, M. L., Houle, J. N., & Lippert, A. M. (2013). Weight change and depression among U.S. young women during the transition to adulthood. *American Journal of Epidemiology*, *178*(1), 22-30. doi: 10.1093/aje/kws462kws462 [pii]
- ²⁰ Yeh-hsin, A.C., & Landale, N.S. (2011). Adolescent overweight, social relationships and the transition to first sex: Gender and racial variations. *Perspectives on Sexual and Reproductive Health*, *43*(1), 6-15.
- ²¹ Yeh-hsin, A.C., & Landale, N.S. (2011). Adolescent overweight, social relationships and the transition to first sex: Gender and racial variations. *Perspectives on Sexual and Reproductive Health*, *43*(1), 6-15.

- ²² Sargent, J.D., & Blanchflower, D.G. (1994). Obesity and stature in adolescence and earnings in young adulthood. Analysis of a British birth cohort. *Archives of Pediatric and Adolescent Medicine*, 148(7), 681-7.
- ²³ Han, E., & Powell, L. M. (2011). Effect of food prices on the prevalence of obesity among young adults. *Public Health*, 125(3), 129-135. doi: 10.1016/j.puhe.2010.11.014S0033-3506(10)00369-0 [pii]
- ²⁴ Crosnoe, R. (2007). Gender, obesity and education. *Sociology of Education*, 80, 241-260.
- ²⁵ Leech, G.J., & Dias, J.J. (2012). Risky sexual behavior: A race-specific social consequence of obesity. *Journal of Youth and Adolescence*, 41, 41-52.
- ²⁶ Averett, S., & Korenman, S. (1999). Black-white differences in economic consequences of obesity. *International Journal of Obesity and Related Metabolic Disorders*, 23(2), 166-73.
- ²⁷ Haskins, K.M., & Ransford, H.E. (1999). The relationship between weight and career payoffs among women. *Sociological Forum*, 14, 295-318.
- ²⁸ Puhl, R.M., & Heuer, C.A. (2010). Obesity stigma: Important considerations for public health. *American Journal of Public Health*, 100(6), 1019-1028.
- ²⁹ Huizinga, M.M., Cooper, L.A., Clark, J.M., & Beach, M.C. (2009). Physician respect for patients with obesity. *Journal of General Internal Medicine*, 24(11), 1236-1239.
- ³⁰ Puhl, R.M., & Heuer, C.A. (2010). Obesity stigma: Important considerations for public health. *American Journal of Public Health*, 100(6), 1019-1028.
- ³¹ Drewnowski, A., & Specter, S.E. (2004). Poverty and obesity: The role of energy density and energy costs. *American Journal of Clinical Nutrition*, 79(1), 6-16.
- ³² Scharoun-Lee, M., Adair, L.S., Kaufman, J.S., & Gordon-Larsen, P. (2009). Obesity, race/ethnicity and the multiple dimensions of socioeconomic status during the transition to adulthood: A factor analysis approach. *Social Science & Medicine*, 68(4), 708-716.
- ³³ National Adolescent Health Information Center (2005). *A health profile of adolescent and young adult males: 2005 brief*. San Francisco, CA; Regents of the University of California at San Francisco. Retrieved at: <http://nahic.ucsf.edu/downloads/MaleBrief.pdf>
- ³⁴ National Adolescent Health Information Center (2005). *A health profile of adolescent and young adult males: 2005 brief*. San Francisco, CA; Regents of the University of California at San Francisco. Retrieved at: <http://nahic.ucsf.edu/downloads/MaleBrief.pdf>
- ³⁵ U.S. Department of Labor (2013). *Young adults and the Affordable Care Act: Protecting young adults and eliminating burdens on businesses and families*. Retrieved from <http://www.dol.gov/ebsa/faqs/faq-dependentcoverage.html>
- ³⁶ Hebden, L. L., Chey, T. T., & Allman-Farinelli, M. M. (2012). Lifestyle intervention for preventing weight gain in young adults: A systematic review and meta-analysis of RCTs. *Obesity Reviews*, 13(8), 692-710. doi:10.1111/j.1467-789X.2012.00990.x
- ³⁷ Centers for Disease Control and Prevention (2012). Youth risk behavior surveillance—United States, 2011. *Morbidity and Mortality Weekly Report 2012, Surveillance Summaries*, 61(4), 1-162.
- ³⁸ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ³⁹ Sonneville, K.R., Horton, N.J., Micali, N., Crosby, R.D., Swanson, S.A., Solmi, F., & Field, A.E. (2013). Longitudinal associations between binge eating and overeating and adverse outcomes among adolescents and young adults: Does loss of control matter? *Journal of the American Medical Association Pediatrics*, 167(2), 149-155.
- ⁴⁰ Wing, R. R., Tate, D., Espeland, M., Gorin, A., Larose, J., Ferguson Robichaud, E., & Lewis, C. E. (2013). Weight gain prevention in young adults: Design of the study of novel approaches to weight gain prevention (SNAP) randomized controlled trial. *BMC Public Health*, 13(1), 300. doi: 1471-2458-13-300 [pii] 10.1186/1471-2458-13-300
- ⁴¹ Boulos, M. N., & Yang, S. P. (2013). Exergames for health and fitness: The roles of GPS and geosocial apps. *International Journal of Health Geography*, 12, 18. doi: 10.1186/1476-072X-12-181476-072X-12-18 [pii]
- ⁴² Cassidy, O., Sbrocco, T., Vannucci, A., Nelson, B., Jackson-Bowen, D., Heimdal, J., Mizra, N., Wilfley, D.E., Osborn, R., Shomaker, L.B., Young, J.F., Waldron, H., Carter, M., & Tanofsky-Kraff, M. (2013). Adapting interpersonal psychotherapy for the prevention of excessive weight gain in rural African American girls. *Journal of Pediatric Psychology*, 38(9), 965-977.
- ⁴³ Kichler, J. C., Marik, P., Kaugars, A. S., Nabors, L., & Alemzadeh, R. (2013). Effectiveness of groups for adolescents with Type 1 Diabetes Mellitus and their parents. *Families, Systems & Health: The Journal Of Collaborative Family Healthcare*, 31(3), 280-293. doi:10.1037/a0033039

The Behavioral Health and Wellness Program's DIMENSIONS: Well Body Program is designed to train peers and providers to assist people to maintain a healthy lifestyle. The DIMENSIONS: Well Body Program Advanced Techniques training supports individuals to envision and achieve their Well Body goals through motivational engagement strategies, group process, community referrals, and educational activities. Contact the Behavioral Health and Wellness Program at bh.wellness@ucdenver.edu for more information.



Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine