Children's Hospital of Philadelphia
PolicyLab

Making Nutrition Education for Teens Accurate, Comprehensive and Inclusive

Adolescent Health & Well-Being

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Health education in schools is an important strategy to support children's health and well-being across their lifespan.

In celebration of Teen Health Week, PolicyLab's Adolescent Health and Well-being Portfolio released an issue brief aimed at ensuring that school health education is accurate, comprehensive and inclusive. Like Teen Health Week, health education is often designed to support the development of healthy habits to help youth grow into their healthiest selves.

One habit that often immediately comes to mind is "healthy eating."

Healthy eating is frequently included in health education in middle or high school, yet as health care providers who see the impact of health education on eating habits, we ask whether or not education provided around food and nutrition is accurate, comprehensive or inclusive. Taking a page from our own brief, we explore how well nutrition education may (or may not) meet our recommendations for health education.

Reshaping what nutrition education looks like for teens

Traditional nutrition education often focuses on avoidance, restriction, and disease prevention by creating a dichotomy between "healthy and unhealthy" foods. This type of messaging can have the unintended consequence of leading to disordered eating.

Ideally, comprehensive nutrition education would teach students that food is more than its nutritional components and that eating may occur in response to a variety of experiences— physical or emotional hunger, in preparation or recovery from an athletic endeavor, or at family functions or social events. As such, competent eating fosters a positive relationship with all types of foods, as well as recognition and respect of one's internal hunger and satiation cues. In a comprehensive approach to health education, nutrition education can serve to

complement education on physical activity and movement, mental health education and other topics.

Ensuring medical accuracy

Nutrition education needs to be medically accurate, and we see two areas for improvement. The first is around the use of MyPlate.

The U.S. Department of Agriculture created MyPlate in 2011 to guide Americans in making healthy food choices; it also serves as the basis for federally funded health education. The first area for improvement is that MyPlate excludes fat, despite the U.S. Department of Health and Human Services' recommendation that 20-35% of one's daily caloric intake come from fat. The omission of a major source of nutrition is medically inaccurate and can be confusing to teens.

The second is related to the use of Body Mass Index (BMI). BMI is not an accurate indicator of health or fitness. Nutrition lessons should be weight inclusive and encourage students in bodies of all shapes and sizes to improve their health without using weight loss as a desired outcome.

Gearing nutrition education for teens

Nutrition education should be age and developmentally appropriate. For teens, it should address anti-fat bias and weight stigma, which leads to negative physical, mental and social consequences.

Many teens maintain well-intact internal satiety (or fullness) cues, but they are in danger of losing those cues if they doubt their intuition and feel the need to rely on external guidelines, calorie counts, meal plans or fitness trackers. Additionally, research has shown that nutrition education programs, many of which rely on these tools, are a precursor to restrictive eating.

The way in which eating disorders are typically discussed within school curricula is also antiquated and not reflective of patients' lived experiences. Eating disorders do not discriminate based on race, ethnicity, gender, sexual orientation, body size, religion, socioeconomic status or geographic region. Inaccurate messaging perpetuates stigma and an untrue depiction of eating pathology that can deter teens from seeking treatment and disclosing their difficulties to trusted adults.

The goal is not to teach teens to fear or avoid certain foods in order to achieve societal perfection or the perception of "health," but rather to have a positive relationship with all types of foods, move their bodies joyfully and feel confident in the bodies they are genetically meant to live in.

Building and supporting health literacy skills

The increase in social media use by teens has highlighted how necessary it is for them to learn to critically assess the information they receive on these platforms.

Teens are bombarded with ads and information from influencers, celebrities, and athletes, as well as filtered and edited images from these individuals and their peers. Many youth do not recognize that such photos are edited and that endorsements are often paid advertisements that lack credentialing and scientific research to support them. Teens would benefit from school-based curricula focused on health and social media literacy that teaches skills for critically evaluating and navigating this information.

Creating a culturally humble and inclusive environment

School health curriculum has the potential to reach individuals who otherwise may face significant barriers to accessing the same information. Simultaneously, it can also alienate and demoralize students whose experiences are not considered nor represented. School educators are encouraged to incorporate a culturally humble approach to health-based curriculum, one that encourages and recognizes the unique perspectives and experiences of their students.

Humble and inclusive nutrition lessons would teach students to respect cultural diversity in food choices and recognize the privilege associated with food accessibility. MyPlate or similar nutritional guidelines for eating often do not take into consideration the significant financial or geographical barriers that families face in accessing the recommended foods. Similarly, many health and gym classes encourage an approach to "healthy" eating and activity that are Western-centric and are not racially or ethnically individualized or inclusive.

Importantly, schools would benefit from learning from the experiences of their students and incorporating a multiculturally sensitive and flexible approach to health-based recommendations and curricula.

Moving forward

School health education has the power to provide teens, and all students, with opportunities to grow into healthy adults, but we need to acknowledge that it also has the power to do significant harm if we fail to update our approach.

We know that educators and caregivers need better tools to support youth, and that discrepancies in funding for health-behavior programs perpetuate inequitable access to comprehensive health education and widens gaps in health literacy. Federal legislation such as the proposed Anna Westin Legacy Act, which would support the training of health care providers, educators and caregivers on how to identify individuals with eating disorders, is a promising step, as is the U.S. Surgeon General's advisory on protecting youth mental health.

Kerri Heckert, MS, RD, LDN, is a clinical dietitian with the Clinical Nutrition Program. She supports the Eating Disorder Assessment and Treatment Program at CHOP.

Eleanor Benner, PsyD, MA, is a psychologist with the Department of Child and Adolescent Psychiatry and Behavioral Sciences and the Eating Disorder Assessment and Treatment Program at CHOP.

Kerri Heckert MS, RD, LDN

Eleanor Benner PsyD

Alix Timko
PhD
