School-based Eating Disorder Prevention for Adolescents in Allegheny County: Stopping the Cycle of Food and Body Shame Before It Becomes a Disorder

Natalie Colantuono (she/her)
Dietitian Nutritionist Program Graduate Student

BACKGROUND

• Eating disorders are the second most life-threatening mental illnesses, only second to opioid addiction. 1
• According to the Healthy Allegheny Teens Survey of 2014, 41% of teens report trying to manipulate their body size through dieting and other methods. 2
  • Dieting has been found to be the number one predictor of developing an eating disorder. 3
• Higher risk of eating disorders are found to occur in specific populations:
  • 14% of children in Allegheny County are food insecure. 4
  • 38% of teens report being depressed within the last year. 2
  • At least 21% of adolescents within the United States are living in larger bodies frequently described using stigmatizing terminology such as “ov*riweight” or “ob*se.” 5
  • Over 5,000 adolescents openly identify as transgender within Pennsylvania. 6
• State-mandated health education on eating disorders is limited to one singular lesson, showing insufficient education around relationship with food, body, self, and well-being. 7
• Pre-existing literature on eating disorder prevention programs in the school setting have indicated that such programming is effective, even among varying gender identities and across diverse racial and ethnic identities. 8,9

DESIGN AND THEORY

Biopsychosocial Model of Eating Disorder Development

Addressing the Social Component of Development on a Community Level, based on Social Cognitive Theory

OBJECTIVES

Objective #1: By the end of the program, students will be able to recognize and define contributing factors that lead to eating disorders including diet culture, weight stigma, society’s idealization of thinness, healthism & wellness culture, and media influences.

Objective #2: By the end of the program, school faculty and adolescent caregivers will have more knowledge on how to create body inclusive, food positive environments for adolescents that prioritize both mental and physical well-being.

OUTCOMES

Intrapersonal: Nurture a healthier relationship with food and body for students on an individual level.
Interpersonal: Foster a more inclusive school environment that prioritizes mental well-being and discourages food hierarchies and weight-based discrimination between peers, in teacher-student relationships, in caregiver-adolescent relationships, and in health-focused curriculum.
Larger Community: Encourage beliefs, thoughts, and behaviors around food and body to change at a community level in various age groups, which may lead to more sustainable change as the environment continues to shift and generations continue to be educated about these concepts.

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REFERENCES: