

Program and Policy Design

Nutrition Wellness Initiative

Jeeya Alag and Kaylee Ro

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Executive summary:

What are eating disorders?

Eating disorders are any range of mental conditions in which there is persistent disturbance of eating behavior and impairment of physical or mental health.

However, eating disorders can be categorized as several different types such as, anorexia nervosa, bulimia nervosa, purging, binge eating, avoidant/restrictive food intake disorder (ARFID), and diabulimia.

Why are nutrition counselors needed in high schools?

Teens facing eating disorders have been increasing in number over the past couple of years, impairing both the physical and mental health of upcoming generations. In relation to this, there has also been a persistent lack of counselors aiding support in mental health disparities such as combatting eating disorders within a high school setting.

Why is this important?

With the alarming level of teens impacted by eating disorders, increasing the number of nutrition counselors within high schools is necessary to promote the mental, physical, and emotional wellbeing of high schoolers. The policy will allow nutrition counselors to become more accessible for students of all income levels, race, and gender.

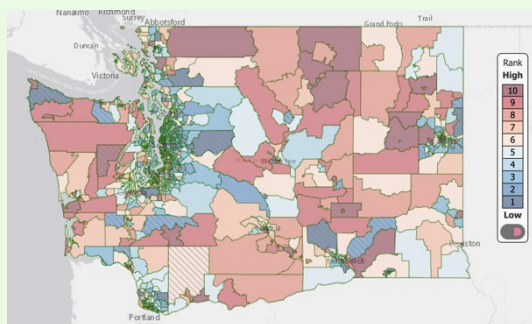
Who is our target demographic?

The Nutrition Wellness Initiative aims to target underprivileged teens across Washington state. As teens are the most impacted age group of eating disorders it is crucial that more awareness is widespread about this issue. We also hope to reach nutrition counselors with this message as there is a lack of them within Washington State. To implement such a policy as the Nutrition Wellness Initiative, we require approval from district board members as well as superintendents which is why we urge the importance of our policy.

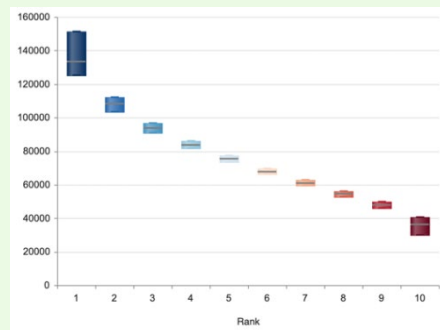
Problem:

Professionals define stable mental health as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity” however with the presence of eating disorders it is challenging to win the constant internal battle against an unhealthy mental state which often leads to eating disorders.

According to WTN data, more than 9% of adolescents in Washington state will suffer from eating disorders in their lifetime. This is around 700,800 people. Studies have shown that many factors such as healthcare accessibility, socioeconomic status, and age have a significant impact on eating disorders. Throughout Washington state the median percentage of children living in poverty is 37.95% and the median number of people with low household per region income is 133544. Furthermore, the median percentage of Washington residents, that have no health insurance is 21.4% and more specifically, the majority of residents in regions with lower socioeconomic status and no health insurance are made up of minority races such as Black, American Indian, Hispanic, Pacific Islander, and Multi-racial. These statistics reflect the high percentage of people who are more susceptible to mental health disorders and reduced access to health care.



People in Washington Living in Poverty (%)



Rank Data Distribution for Median Household Incomes in Washington

Additionally, with the increasing rate of media influence, unrealistic expectations of body image and physical appearance are becoming widespread across many teens. In efforts to fit into these unhealthy norms, several students have negatively impaired their physical and mental well-being. WTN data states

that among Washington students who are not obese or overweight, around 50% of 10th graders reported they were trying to lose weight. It is important to note that efforts resulting in diminishing physical health go hand and hand with the usage of social media. According to Healthy Youth Survey (HYS) results from 2021, 42% of Washington's students report having three or more hours of screen time per day. With extended time on media, students become increasingly receptive to misconceptions about beauty standards and body image. This often results in behaviors such as using laxatives and extreme dieting that contribute to the development of eating disorders.

Recommendation:

A solution to combat the presence of eating disorders in high schoolers is our Nutritional Wellness Initiative. Currently, in Washington state the stance against mental health within school districts is weak in relation to the high and growing demand for counselors - for every one counselor hired, roughly 236 students are appointed to them. With such a large discrepancy, and 9% of adolescents potentially suffering from eating disorders in their lifetime - the numbers don't add up.

A possible solution to counter the high rate of eating disorders within teens in Washington State is to establish a health nutrition firm. This firm could support the needs of students by creating a niche organization that directly aids teens grappling with eating disorders. However, this plan does not eliminate potential economic interferences that marginalized communities may face. For example, 34% of 10th graders are labeled as having a lower socioeconomic status in Washington State (see table below). Although it allows students to get specialized help, it limits those who may not be able to afford an appointment as the average cost is around \$75-\$150 per session with a mental health counselor. This hinders its accessibility to all students from different economic standings and further amplifies stress factors for several families. Something that mitigates economic drawbacks is the administration of the Nutrition Wellness Initiative- a policy that strives to decrease the number of eating disorder cases among teens by making it easily accessible and equitable.

Socioeconomic Status (10 th grade)*	
Higher	27% (± 2)
Lower	34% (± 3)

* Significant difference based on chi-square at $p < 0.05$ Source: Washington Healthy Youth Survey 2008

This policy targets public high schools in Washington state and focuses on student’s nutritional wellbeing by increasing the required number of counselors stationed in school systems. Specifically, our policy aims to highlight the necessity of nutrition counselors on high school campuses to reflect the increasing diagnoses of eating disorders. The initiative will appoint a team of 5-10 full-time nutrition counselors, in addition to regular school counselors, to each school within Washington state districts.

This program would require the team to host bimonthly discussions (45 minutes long), during school hours, that tackle eating disorder disparities through the usage of an elaborate curriculum. The curriculum would consist of a lesson guide separated into 5 units: what’s an eating disorder, types of eating disorders, consequences of eating disorders, prevention methods, and a question-and-answer session. An example of a lesson outline:

UNIT TWO: Types of Eating Disorders

Lesson plan:

- Recap from last lesson ‘What’s an eating disorder?’

Types of Eating Disorders	
Disorder Type	Symptoms and Characteristics
Other Specified Feeding or Eating Disorders (OSFED)	<ul style="list-style-type: none"> • Most common eating disorder diagnosis • Does not strictly meet the criteria for another specific eating disorder
Anorexia Nervosa	<ul style="list-style-type: none"> • Fear of gaining weight • Seeing their body in a distorted manner • Limiting calories or avoiding certain foods • Exercising more than recommended • Taking laxatives or diet pills
Bulimia Nervosa	<p>Bingeing, then purging</p> <p><i>Binge-eating</i></p> <ul style="list-style-type: none"> • Eating a large amount in short period of time • Eating, even when full and unable to stop <p><i>Purging</i></p> <ul style="list-style-type: none"> • Vomiting • Exercising more than recommended • Not eating for a long time • Taking laxatives or diet pills

Binge-Eating	<ul style="list-style-type: none"> • Binge episodes only • Eating alone or in secret • A sense of lack of control during the binge episode • Compulsive overeating shares similarities
Avoidant/Restrictive Food Intake Disorder (ARFID)*	<ul style="list-style-type: none"> • Avoiding types and restricting amounts of food • Being uncomfortable with food texture, smell, taste, or appearance • Worrying about choking, vomiting, or having stomach problems after eating • Not having enough nutrients • Faltering growth <p>*Not related to concerns about weight gain or body image. Referral to psychologist may help.</p>
Diabulimia	<ul style="list-style-type: none"> • Has a diabetes-specific disorder similar to bulimia • Restricting or neglecting insulin to lose weight

- Discuss the different types of eating disorders and their characteristics using information above
- Activity: Definition flashcards

- Have students form groups of 2 and quiz each other on the types of eating disorders and their respective symptoms and characteristics
- Answer any final questions

These designated sessions would additionally work to positively influence students' ideas of beauty standards which play into body image expectations- a leading cause of eating disorders. Mental health complications often invite feelings of loneliness and isolation, which can be countered by the Nutrition Wellness Initiative. This is done effectively as it enforces a trusting environment for impacted students by fostering one-on-one connections with counselors. Creating these relationships allows counselors to recommend personalized treatment plans as well as introduce additional forms of specialized support. Furthermore, many students are often marginalized by economic barriers which contribute to impairing their mental health. This can be prevented by incorporating full-time nutrition counselors into school systems as lower income students can access and receive resources to aid their physical and mental well-being, free of cost. This free service eliminates economic stress factors that families may struggle with across districts.

Significance and Impact:

The Nutrition Wellness Initiative holds significant potential to make an impact on health and equity regarding eating disorders for all teenagers across Washington school districts. As more districts implement this initiative, teens can gain widespread access to support and education about eating disorders. By providing teens with information about nutrition, healthy eating habits, and the consequences of certain behaviors, the awareness around eating disorders can be more widespread, allowing teens to better understand the importance of nourishing their bodies properly. Additionally, with more accessibility to nutrition counselors, students can have their progress monitored with individualized plans tailored to each student. Moreover, our Nutrition Wellness Initiative reverses the effects of socioeconomic discrimination. Stated previously, the median percentage of children per region living in poverty is 37.95% and median percentage of people without health insurance per region is 21.4%. Specialized healthcare like nutrition counselors, dietitians and nutritionists are often not options for those without

insurance and living in poverty. With nutrition counselors available at schools, teens from all socioeconomic backgrounds are equally ensured the opportunity to receive support and guidance for their nutritional needs. The future of Washington is the next generation. As they become future leaders, it is crucial to offer the best support and counsel regarding eating disorders.

Reflection:

Eating disorders aren't always something you can identify on the surface; however, it is alarming to note how many individuals battle with it internally, and often silently. One of our goals throughout our collaboration on this project was to spread awareness about eating disorders and to eliminate stigmas around it so that no one feels like they should suffer in silence. We chose this topic, eating disorders among teens in Washington state, because it holds a sensitive place in our hearts. Many of our fellow classmates live through day-to-day difficulties, some being eating disorders. We have seen ways in which it has impacted our closest friends both mentally and physically, and we have also noticed how they struggled to gain support. To educate ourselves even further we began to research eating disorders by utilizing WTNs published papers and data. Our research was divided into 3 distinct categories: eating disorders, mental health, and age/ethnicity. In efforts to draw parallels between mental health support inaccessibility and eating disorders, we came across the solution to enforce the Nutrition Wellness Initiative. During the creation of this policy there were a few barriers we came across such as the lack of nutrition counselors in Washington State and potential funding issues. The Nutrition Wellness Initiative sets a requirement of 5-10 nutrition counselors to remain full time on school campuses which consequently means enough counselors would need to be employed to implement this policy. We asked a nutritionist, Ms. Bedi, the senior advisor of John Hopkins Nutrition at Jhpiego India for her opinions on our policy, and we were open to feedback about how we should navigate this complication. She recommended that we reach out to Washington school district boards as well as their respective superintendents to advertise as well as express the dire necessity of nutrition counselors in school systems. She also mentioned possibly partnering with local universities to further fund education in nutrition, so that there is an increase in counselor job opportunities within school systems as well as more people certified to apply.

Taking both ideas into account, we continued to seek additional feedback to help improve our policy further. We worked with our own high school counselors and presented our initiative to them to understand its feasibility within our school specifically. According to Eastlake High School counselor Ms. Bailey, the Nutrition Wellness Initiative could be implemented into school systems, however, requires specific training. To counter this, school boards and superintendents could offer training sessions and courses in which nutrition counselors can understand how to work with and assist high school students adequately. In addition to Ms. Bailey's comment regarding a training program, she also explained that the budget and funding for counselors at public high schools come from student numbers. Currently, the trend at Eastlake High School and many other schools in Washington is that the upcoming freshmen classes are getting larger and larger every year. This would mean that despite potential budget issues, since the classes are growing in number, schools could receive a greater budget and more funding for a stronger support and counseling program. Overall, a lesson we learned is how many misconceptions there are about eating disorders and their common presence among teenagers. It is not a surprise that a teenager you walk by at school may be facing the hardships of an eating disorder and may be suffering to cope. The next time we encounter someone who has been impairing their physical or mental health, we will be more aware with an abundance of education and resources to help.

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