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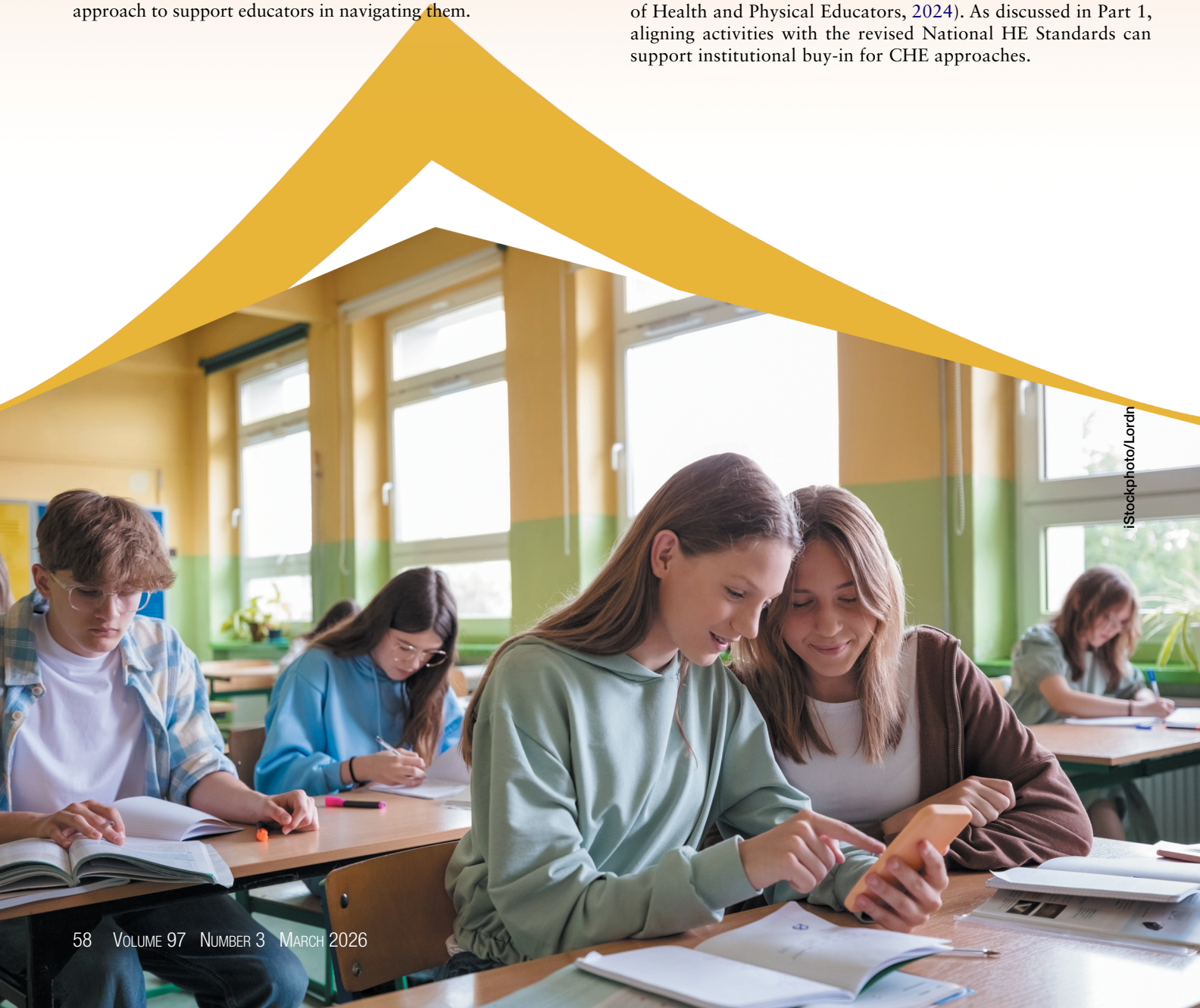
Critical Health Education for Weight Inclusivity in Schools: Part 2

Elicet Cifuentes, Sierra Cordova, and Saemi Lee

Critical health education (CHE) encourages students to question the dominant cultural narratives regarding health and critically examine the narratives' influence on their attitudes, behaviors, and health-related decision-making (Fitzpatrick et al., 2019; Oliver & Lalik, 2004). Part 1 of this two-part series described the importance of CHE and why health educators should integrate critical approaches to health into their classrooms (Cifuentes et al., 2026). Challenges related to CHE implementation were also identified, together with solutions such as a three-phase scaffolded approach to support educators in navigating them.

The purpose of Part 2 is to offer practical strategies and resources for health educators to integrate CHE. The following sections introduce personal and pedagogical strategies that health educators could incorporate when preparing to teach CHE. Examples of classroom activities that support the implementation of the three-phase scaffolded approach to CHE for weight inclusivity are also outlined. Moreover, this article demonstrates how classroom activities can be aligned with the 2024 SHAPE America National Health Education Standards (SHAPE America – Society of Health and Physical Educators, 2024). As discussed in Part 1, aligning activities with the revised National HE Standards can support institutional buy-in for CHE approaches.



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Personal Preparations for CHE

Before integrating a CHE curriculum, health educators are encouraged to engage in self-reflection and learning for cultural competence and humility (Tervalon & Murray-García, 1998) to increase or enhance their cultural awareness, knowledge, and skills regarding weight inclusivity. To increase cultural awareness regarding sizeism, educators can start by looking inward at their existing assumptions and beliefs about weight. To support this process, educators are invited to reflect on their implicit biases regarding weight (and other social identities) by completing the Harvard Implicit Association Test (Project Implicit, 2011). Health educators are invited to consider reflecting on their beliefs about their role as educators with regard to weight. What do health educators think are their roles and responsibilities when addressing weight? For instance, in a study by Quennerstedt et al. (2021), researchers identified that physical educators, in particular, adopted one of five beliefs regarding their role as educators in relation to fatness (p. 287, emphasis is original):

(a) *Solving* obesity and inactivity
(b) *Including* overweight pupils
(c) *Rejecting* an obesity epidemic
(d) *Supporting* and understanding overweight pupils
(e) *Transforming* PE [physical education] in relation to a plurality of perspectives on body weight.

The role educators believed they played was attributed to the discourse they adopted to understand fatness and the perceived purpose of physical education (PE; Quennerstedt et al., 2021). For example, if an educator adopted a risk discourse by believing that fatness is an illness and a threat to health, they perceived the purpose of PE to be "preventing and treating obesity" (Quennerstedt et al., 2021, p. 290) and their role as educators to be the one to solve this public health crisis. Educators could do so by increasing students' physical activity, teaching about healthy behaviors regarding food and exercise, role modeling healthy behaviors, and creating a welcoming climate for fat students so they can have access to, and ultimately increase, physical activity. In contrast, if educators adopted a "critical obesity discourse" or "pluralistic discourse" regarding weight (Quennerstedt et al., 2021, p. 290), they perceived the purpose of PE to be "engaging all children in meaningful PE" (Quennerstedt et al., 2021, p. 290) and their role as educators to reject status-quo narratives regarding fatness as a health risk and to support and transform students' views about fatness through critical inquiry. Educators could do so by having students examine the consequences of weight-centric health care, creating supportive learning environments for all students through individualization and choice, and removing content and practices that perpetuate weight stigma, such as weighing students in PE. Health educators are advised to reflect on their underlying assumptions regarding weight and how this informs their roles as health educators.

Health educators are encouraged to increase their cultural knowledge and skills by learning more about the differing weight-related discourses (i.e., critical obesity discourse, pluralist discourse) and their impact on one's beliefs, feelings, and behaviors regarding fatness (Quennerstedt et al., 2021). For example, health educators can learn about the Health at Every Size® (HAES®) principles and framework of care, published by the Association for Size Diversity and Health (ASDAH, 2024), as they align with the critical obesity and pluralist discourses. The four HAES® principles state:

1. Healthcare is a human right for people of all sizes, including those at the highest end of the size spectrum.
2. Well-being, care, and healing are resources that are both collective and deeply personal.
3. Care is fully provided only when free from anti-fat bias and offered with people of all sizes in mind.
4. Health is a sociopolitical construct that reflects the values of society.

The accompanying HAES® framework of care helps illustrate how educators can practice care differently based on these critical weight-inclusive discourses. Educators are additionally invited to pursue continuing education regarding weight inclusivity. Educators should also examine the scholarly evidence for supporting a weight-inclusive approach to health and physical activity (see Cardinal et al., 2014; Hunger et al., 2020; O'Hara & Taylor, 2018; Tylka et al., 2014). Previous research shows that education on weight inclusivity can decrease anti-fat attitudes among pre-service teachers (Russell-Mayhew et al., 2015; Tingstrom & Nagel, 2017).

To further increase one's cultural skills regarding weight inclusivity, educators are encouraged to explore additional strategies for thinking about weight inclusivity in their personal and professional lives (see Cardinal et al., 2014; Ebbeck & Austin, 2018; Miyairi & Reel, 2011; Tingle et al., 2023). For example, to decrease one's internalized weight stigma, health educators could adopt self-compassion exercises (see Ebbeck & Austin, 2018). Specifically, they could engage in a continuous reflection and learning process by journaling with a focus on being mindful of one's thoughts and emotions, recognizing the common humanity of pain and struggle, and being affirming and kind to oneself (Ebbeck & Austin, 2018). By continuing to increase one's cultural awareness, knowledge, and skill regarding weight stigma, health educators can be better prepared to integrate CHE into their teaching.

Pedagogical Preparations for CHE

In the following paragraphs, pedagogical approaches are outlined for the consideration of educators when designing an effective CHE curriculum for adolescents. To facilitate an effective critical inquiry process, educators are encouraged to centralize relationship-building and reflection throughout the learning process (Fitzpatrick & Allen, 2019; O'Hara et al., 2021). Incorporating social media is recommended as a strategy to design a contemporary and culturally relevant curriculum for adolescents.

Build Community and Collaboration

When designing materials for CHE, health educators should be mindful of building relationships and collaboration in the classroom (Fitzpatrick & Allen, 2019). For example, O'Hara et al. (2021) emphasized the importance of creating a supportive environment where girls had ample space to discuss how reconsidering their weight made them feel. Following a 10-week follow-up, the researchers found a reduction in internalized weight-based oppression.

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Similarly, Oliver and Lalik (2004) facilitated group discussions during their critique and noted increased participation and engagement during group work. The research conducted by these scholars demonstrates that community-building activities, such as pair-share and small-group discussions, help increase students' confidence and comfort level to engage in a learning process based on critical inquiry.

By its very nature, social change also requires collaboration. O'Hara et al.'s (2021) research illustrates the immense impact of group activities, specifically during sharing experiences, thus highlighting the importance of implementing a culturally sensitive approach whereby each student can tailor to their unique experiences. Additionally, Oliver and Lalik (2004) emphasized the importance of social talk and group support to help young girls confront social pressures about body image. Collaboration creates opportunities for students to learn from one another and, most importantly, to feel empowered to use their own voices and perspectives to create solutions to problems they encounter in their lives. Thus, facilitating collaboration is vital to helping students build upon each other's ideas and acquire the critical and analytical abilities necessary to make the best decisions regarding their bodies.

One strategy to create collaboration and community at the beginning of the curriculum is to introduce an icebreaker, such as a collaborative media content–analysis activity. To start, students can be instructed to collectively watch teacher-selected short media clips—purposefully chosen using hashtags such as #beauty(ful), #fit, #active, #health(y)—from Instagram, YouTube, or TikTok reels. Using the "Content Analysis of Bodies in Media" worksheet (see Figure 1), students can collaboratively count and categorize the bodies portrayed, identifying representations based on how bodies are framed, such as empowered or objectified, privileged or marginalized, active or passive, celebrated or stigmatized, and normative or marginalized. Because students initially do not have to speak about themselves and their bodies, this collaborative and community-building activity can allow them to comfortably engage in discussions about sensitive topics, such as the impact and stigmatization of portrayals of bodies. Encouraging students to warm up to the topic by collaborating to question mainstream portrayals of bodies can help expose them to how dominant, thin, White, and normative ideals are continually reproduced. Educators can then support students, particularly in critically seeking alternative imagery, intentionally centering representations that disrupt these limiting body narratives. For instance, educators can introduce students to inclusive social media accounts like "The Body Is Not an Apology" and similar online spaces that celebrate diverse body types. Sharing specific examples of inclusive content like this can help students navigate past barriers when looking for images beyond typical white, thin, and able-bodied standards. This type of collective and activist-oriented experience sets a foundation of empathy, collaborative discussion, and mutual understanding, creating a space for all bodies, particularly those impacted by restrictive societal health messages (Lamb et al., 2018; Rich et al., 2020; Shuilleabhain et al., 2021).

Facilitate Reflections

When designing materials for CHE, health educators should incorporate inquiry and reflective practices throughout the learning process. Specifically, reflecting on experiences and learning through journaling can be a powerful tool that helps students pause and (re) evaluate the impact of health and body-related messages. Reflections also allow students the time and space to validate, criticize, accept, and/or reject information that shapes and limits their quality of life. For instance, Tovar's (2020) book prompts readers to pause and reflect upon the discourses that shape their body perceptions, such as weight-centric biomedical research and body messages transmitted by family, peers, media, and society. Tovar (2020) suggests using guided and inquiry-based learning, posing thought-provoking journaling questions, such as: "Describe your dream outfit, from head to toe […]"; "What do you like about this look?"; "Do you already have some of these items?"; and "Who or what stops you from wearing it?". Journaling provides rich opportunities for students to reflect on, challenge, and transform dominant cultural narratives they receive from society about health and the body, such as weight-centrism. For instance, O'Hara et al. (2021) provide another example of an effective reflective exercise, in which participants were encouraged to shatter the fear associated with the scale by replacing the weight-based numbers with positive affirmation words in the symbolic "Yay! Scale" (e.g., "balanced", "thriving"). Through this reflective exercise, students were invited to explore a kinder and more critical way of thinking about their bodies, other than through a weight-centric approach. Reflective practices also encourage students to develop care-filled and meaningful relationships with their bodies and empower them to seek long-lasting solutions to support their personal and collective health.

Explore the Use of Social Media and Digital Platforms

Exploring content and pedagogical strategies that are contemporary and culturally relevant to students' lives is a vital component of CHE. In particular, incorporating social media is essential to ensure the curriculum is culturally relevant and helps students make informed and meaningful decisions for personal and collective health. This approach is important because scholars and educators believe that social media exposure largely contributes to self-body regulation and body dissatisfaction (Minadeo & Pope, 2022; Shuilleabhain et al., 2021). For instance, Minadeo and Pope (2022) explored TikTok and found that 97% of its health messaging comes from non-experts and promotes a weight-normative perspective that glorifies weight loss. In today's immersive digital age, CHE curricula must include social media to be contemporary and culturally relevant to adolescents. Relatedly, using digitized learning resources may be more culturally relevant to the lives of young people these days.

When facilitating CHE, educators should aim to empower students to create their own perspectives that are relevant to them and their culture as experienced in daily life. They should consider including probing questions such as "Who created the content?"; "Why and how does it impact my perception of my body?"; and "How can I challenge and/or transform the social media messages that negatively impact my personal and collective health?". Enabling students to identify, examine, and respond to social media messages can help them build more meaningful relationships with their bodies and support their personal and collective health and well-being.

In class activities, health educators should guide students through the use of social media to explore how body image is influenced by online messages. It is important to acknowledge that while social media enhances the relevancy and novelty of this lesson, clear boundaries should also be set for its use in class. The following sample guidelines can help students stay focused on activities and maintain respectful, thoughtful behaviors online.

National Health Education Standard 2: Analyze influences that affect the health and well-being of self and others.

Activity	Objective	Instructions
Icebreaker: Content Analysis of Bodies in Media	I can build collaboration and community to create a safe environment for the discussion of sensitive topics, such as influences that affect one's health and well-being.	Begin by introducing critical health education and its core goals. Introduce the icebreaker by explaining how students will collectively watch short media clips—using #beauti(ful), #fit, #active, #health(y) from Instagram, YouTube, or TikTok reels—selected by the teacher. Instruct students to: a. Pay attention to the bodies they see in the clips b. Track the bodies they see in terms of quantity (i.e., how many times do you see certain body types) and quality (i.e., how are these bodies portrayed/ what are they doing) using the worksheet below Then, as a group, ask students to reflect on what they experienced by prompting them using the discussion questions included below.

Content Analysis of Bodies in the Media (Worksheet)

	Number of times they appear (Quantity)	Take notes about how their bodies appear (Quality)
Women's bodies		
Men's bodies		
Gender non-conforming bodies		
White bodies		
Black/African american bodies		
Asian/Pacific islander bodies		
Hispanic/Latinx bodies		
Biracial or multiracial bodies (or racially ambiguous)		
Young bodies (children)		
Young adult bodies		
Adult bodies		
Older adult bodies		
Bodies without disabilities		
Bodies with disabilities		
Thin/Muscular bodies		
Fat bodies		

Group Discussion Questions to Engage in Meaningful and Respectful Reflection

- What body patterns did your group notice in the media shown by your teacher?
- What messages about the body did your group receive from the forms of media you watched in class? In other words, what does the media imply about bodies? For example, which bodies are considered good/popular/hero/healthy/beautiful bodies?
- How do the body messages vary by media form, if at all?
- What (else) did your group learn from performing this content analysis of the media?

Figure 1.
Content analysis of bodies in the media
Adapted from Jamieson, K. M., & Smith, M. M. (2016). Magazines as messengers activity. In *Fundamentals of sociology of sport and physical activity* (p. 97). Human Kinetics.

- Stay on task: Use social media only for class-related activities. Avoid unrelated browsing, commenting, or interacting with posts or people outside of the lesson's focus
- Privacy: Do not share any personal information or engage with strangers. Only search for content that is relevant to the body-image activity and avoid logging into personal accounts unless absolutely necessary.
- Respectful behavior: Be mindful of the content you encounter. If you come across anything that makes you uncomfortable or is inappropriate, do not engage and report it to the teacher immediately.

By setting expectations ahead of time, students can more effectively use social media as a tool to enhance their understanding of

Class Guidelines for Social Media Use
Family Form

□ **Parent Consent:**
My child, _____ and I,_____ understand that parent/guardian consent is required for students to participate in social media activities during class.

□ **Health-Related Concepts Focus:**
My child and I agree that technology privileges are only to be used for health-related concepts and topics as assigned by the teacher during the use of social media platforms.

□ **Use of iPads and Approved Platforms:**
My child will use only the school-provided iPads and the approved platforms (Instagram, Canva, etc.) for class activities. I understand that these tools will be used to explore health-related concepts, including how we learn about health and body care, as well as the influences that affect health and body image (such as family, peers, cultural background, and social media).

□ **No Unauthorized Websites:**
My child will not navigate to unauthorized or unrelated websites during class activities. They will stay focused on the class task.

□ **Respect and Responsibility:**
My child understands the importance of being respectful and responsible when using social media and avoiding personal information and inappropriate content.

□ **Use of Hashtags:**
My child will use only the assigned hashtags (e.g., #Healthy, #Beautiful, #Physical Activity, etc.) for health-related exploration and class discussions.

□ **Social Media Etiquette:**
My child will follow social media etiquette, including mindful and inclusive comments, appropriate language, and respecting others' opinions.

□ **Access to the Curriculum**
The teacher has explicitly offered a copy of the activities my child will engage in during their Critical Education Course.

Student Name:_____
Signature: _____

Parent/Guardian Name:_____
Signature: _____

To view the complete digitized version of the family and student forms, scan the QR code or go to drive.google.com/file/d/1ekszlEoPJczUVxwWu5io9jRED_lQSdXn/view

Figure 2.
Sample of class guidelines for social media use: Family Form

body image and its impact (see Figure 2 for a sample family form for social media use in class).

It is also important to note that not all students may have access to a phone or device, and alternative resources such as shared tablets, magazines, and printed materials can be provided to ensure all students can participate meaningfully in the activity (see Oliver & Lalik, 2004 for activities using magazines).

A Scaffolded Approach to CHE for Weight Inclusivity

As outlined in Part 1 of this two-part series, the following three phases were proposed as a scaffolded and practical approach to facilitating CHE for weight inclusivity. This approach is informed by previous research (e.g., O'Hara & Taylor, 2018; Rich et al., 2020) that emphasizes the role of students as active inquirers who critically examine the social discourses that shape their understanding of health, weight, and body. In particular, this approach is informed by Oliver and Lalik's (2004) activist model as they foster critical inquiry and an active response to the dominant cultural narratives students receive about health, weight, and their bodies. The three phases and aims are to:

1. Explore and Identify: Students will explore and identify cultural messages regarding health, weight, and the body.
2. Analyze and Evaluate: Students will critically analyze and evaluate the impact of the cultural messages regarding health and weight on the ways we perceive, feel, and care for our bodies.
3. Critique and Take Action: Students will critique, resist, disrupt, and/or transform the cultural messages regarding health, weight, and the body that shape as well as limit our health decision-making and life opportunities.

The following sections present examples of classroom activities health educators can adopt to facilitate each of the three phases.

Phase 1: Explore and Identify

The first phase of CHE can help students explore and identify cultural messages regarding health, weight, and the body. For this first phase, educators should pay special attention to creating an engaging environment because it is a cornerstone of all learning practices. An inviting and engaging class climate is particularly important for CHE because students are not passively receiving information, but also actively reflecting on society as well as their personal experiences and evaluating the benefits and limitations of the multiple cultural narratives they receive regarding health, weight, and the body. The objective of this phase is to help students identify what they know about health. Moreover, students are encouraged to start the critical inquiry process by examining how they know what they know about health.

Previous researchers adopted various pedagogical strategies to engage students to explore and identify the messages they were receiving regarding health, weight, and their bodies. For example, Rich et al. (2020) prompted students to draw a healthy girl and identify the characteristics that made the body in their drawing healthy as a way to facilitate exploration and engagement with the topic. Oliver and Lalik (2004) encouraged girls to explore images from teen magazines and identify and categorize portrayals of the ideal female body. Both studies reported that these activities were well-received by participants and helped students feel open and engaged to explore societal messages they received and internalized regarding health, weight, and their bodies. Using engaging approaches, a nurturing and safe space was cultivated for the participants to express their opinions and begin the learning process of CHE. Unlike traditional health education approaches, by engaging in activities that facilitate exploration and identification of cultural narratives, students were encouraged to formulate their own perspectives on how society reinforced weight stigma and contributed to body dissatisfaction.

Sample Activities for Phase 1

The first activity, *Out of This World*, asks students to imagine teaching an "extraterrestrial being" (i.e., someone who has no concept of what "health" is and looks like) about what it means to be healthy. This activity allows students to explore and identify their beliefs and taken-for-granted assumptions about health. Students can reflect on what they believe and value about health, and how their views have been shaped by culture, society, and personal experience. The second activity, *What Social Media Teaches Me*, is adapted from Oliver and Lalik's (2004) magazine activity but incorporates social media in place of magazines. This approach is used because social media is currently pervasive and culturally relevant to students and could make the activity more engaging and meaningful for students. Through this activity, students are encouraged to examine the influence social media has on their understanding of health, weight, and their bodies. See Figure 3 for a detailed description of each activity with the corresponding National HE Standard and performance indicators (SHAPE America, 2024). Questions that could be used for end-of-class discussion or journaling include:

1. What is health? What does it mean to have a healthy body? What are the messages I am receiving about health and the body?
2. "Document the times you feel good about your body. Document the times you feel bad about your body" (Oliver & Lalik, 2004, p. 174).

Phase 2: Analyze and Evaluate

The second phase of CHE can help students critically analyze and evaluate the impact of the cultural messages regarding health and weight. The objective of this phase is to analyze and evaluate the consequences of their health knowledge (i.e., their taken-for-granted assumptions). Students can do so by examining how the health messages they have received (and internalized) have shaped as well as limited how they think of health and the ways they perceive, feel, and care for their bodies. For this, students are encouraged to further the critical inquiry process they started in Phase 1 by asking: Who and what benefits, and who and what is harmed by particular ways of knowing and being? Moreover, students are invited to start identifying and/or imagining alternative ways of conceiving and pursuing health.

Phase 1 Activities: Identify and Explore		
National Health Education Standard 2: Analyze influences that affect the health and well-being of self and others.		
Activity	**Objective**	**Instructions**
Activity 1: *Out of This World*	I can identify health beliefs and how culture, society, and personal experiences have shaped those beliefs through inquiry-based practices. **Sample Performance Indicators for Grades 9-12:** 2.12.1: Evaluate the interrelationships and impacts of various influences and health behaviors on health and well-being.	1. Students will begin by imagining a group of extraterrestrial beings without an understanding of health land on Earth. 2. Students are instructed to take on the role of teacher and brainstorm how they would explain what it means to be healthy to their extraterrestrial friends. In small groups, students will prepare a brief presentation on "What is health?" for their extraterrestrial friend. 3. As they prepare their presentations, students will also answer the following reflective questions and are encouraged to incorporate their responses in their presentation: a. What does it mean to be healthy? b. What does health look like? c. How can one hurt, maintain, and improve health? d. Identify all the factors you can think of that influence one's health and quality of life. 4. Students will imagine that their classmates are their extraterrestrial friends and present their teaching presentation to the class. Students will also share their group's answers to the reflective questions above.
Activity 2: *What Social Media Teaches Me*	I can explore the messages I receive from social media regarding health, weight, and the body. **Sample Performance Indicators for Grades 9-12:** 2.12.3: Evaluate how individual, interpersonal, community, societal, and environmental influences and factors affect health equity.	1. Students will first receive instructions on social media usage in class (review the Class Guidelines for Social Medical Use). 2. Students will begin by exploring the images (i.e., posts) that come up on Instagram when they use hashtags such as #Healthy, #PhysicalActivity, and #Beautiful 3. Students will select 10 images (i.e., posts) that they believe are most reflective of each hashtag. 4. Students will identify the messages that are communicated through these images. In other words, what do these images convey about concepts such as health, beauty, and the body? 5. Students will compare and contrast their findings with a partner. 6. Students will share what they learned about the impact of these social media messages in a larger group (adapted from Oliver & Lalik, 2004. See Oliver & Lalik for instructions on how to conduct a similar activity using magazines)
To view a digitized version of these activities, scan the QR code or go to drive.google.com/file/d/1FRPYdxz8-Y9vP6wqSc16oc46_FWI2sc2/view.		

Figure 3.
Description of Phase 1 activities

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Oliver and Lalik's (2004) activist approach-based curriculum is an excellent example of how health educators can facilitate the critical inquiry process regarding health, physical activity, and the body. For example, during one activity, the researchers asked school girls to analyze the messages conveyed through the magazine images they selected by asking critical questions, such as: "Who benefits from this picture?"; "How do they benefit?"; and "Who, if anyone, is hurt from this picture and how are they hurt?" (Oliver & Lalik, 2004, p. 175). As a result, a group of students who examined weight-loss advertisements observed that the advertisements primarily benefited weight-loss companies, while they harmed young women by reinforcing the message that one must pursue thinness to be healthy, beautiful, and desirable (Oliver & Lalik, 2004). This exercise helped the girls become active inquisitors about how societal expectations of beauty often emphasize thinness and whiteness as more beautiful than diverse groups, creating little to no space for body diversity. The consequences of weight-centric approaches that are culturally dominant were brought to light when one of the students expressed her body concerns as a result of this activity by sharing, "I wish I didn't care about what people think of my body, but everywhere I look, it seems like only one type of body is shown" (Oliver & Lalik, 2004, p. 69). This process enabled students to examine the social and personal impacts that dominant cultural narratives regarding health have on the body. The students' responses underscore the need for educators to teach young people how to identify notions that may impact self-perception and harm their well-being.

Sample Activities for Phase 2

Through the first activity in this phase, *My Health Teachers*, students will examine how they know what they know about health. Students will be prompted to discuss how their own personal or cultural backgrounds informed their understanding of health and the body. In the second activity, *Media Messages: Take It or Leave It?*, students will be encouraged to examine the influence of media, family, peers, and cultural background on their body image and health. Moreover, students will evaluate the impact of their beliefs about health. See Figure 4 for a detailed description of each activity with corresponding National HE Standard, and performance indicators (SHAPE America, 2024). Questions that could be used for end-of-class discussion or journaling include:

1. How did I learn about what it means to be healthy and to have a healthy body? Who and what taught me about health?
2. What happens if I continue to adopt the messages I have received about health? Who and what benefits from conceiving health in this way? Who and what is harmed by conceiving health in this way?

Phase 2 Activities: Analyze and Evaluate		
National Health Education Standard 2: Analyze influences that affect health and well-being of self and others **National Health Education Standard 3**: Access valid and reliable sources to support health and well-being of self and others		
Activities	**Objective**	**Instructions**
Activity 3: *My Health Teachers*	I can analyze how individuals acquire knowledge about health by identifying the sources of health information and examining how their ideas are socially constructed using an inquiry-based process. **Sample Performance Indicators for Grades 9-12:** 2.12.1: Evaluate the interrelationships and impacts of various influences and health behaviors on health and well-being. 3.12.3: Evaluate the validity, reliability, and accessibility of health information, products, services, and other resources.	1. Students will answer the following questions: How did you learn what it means to be healthy? Who/what taught you about health? When/where did you learn about what it means to be healthy? 2. In small groups, students will be instructed to identify as many sources of information (e.g., my mom, a specific TV series, art class, my health teacher) as they can. 3. Students will write each source of information (i.e., health teacher) on an individual sticky note and post them on a table together. 4. Next, students will try to identify a common theme across the sticky notes and create categories by grouping the sticky notes. 5. Once they have completed categorizing the sticky notes into similar themes, students will create a *Health Teacher Gallery* by posting all of their sticky notes on the classroom wall (or a virtual whiteboard if using digital stickies). 6. Students will walk around the class's *Health Teacher Galleries* (i.e., gallery walk) and examine the class's sticky notes (i.e., health teachers). 7. Students will evaluate the categories of messages they received about health, weight, and the body from all their collective "health teachers" by reflecting on their social construction, validity, and reliability.
Activity 4: *Media Messages: Take It or Leave It?*	I can analyze and evaluate how external beliefs about health and the body influence individual and collective health beliefs and behaviors through reflection and discussion. **Sample Performance Indicators for Grades 9-12:** 2.12.1: Evaluate the interrelationships and impacts of various influences and health behaviors on health and well-being. 2.12.3: Evaluate how individual, interpersonal, community, societal, and environmental influences and factors affect health equity.	1. Using the social media images selected during Phase 1/Activity 2, students will divide the images into categories of "Common vs. Less Common Health Messages" and "Helpful vs. Hurtful Health Messages." In small groups, students will be instructed to identify as many sources of information (e.g., my mom, a specific TV series, art class, my health teacher) as they can. 2. After sorting their images, students will share their results with a partner. Students will take turns explaining why they placed which image into which categories. What makes an image helpful vs hurtful to health? 3. The pair will record a short podcast (using a phone or computer) discussing and analyzing how their personal and cultural perspectives influenced their categorization decisions. 4. Students will develop at least one question for their partner to respond to during the podcast (e.g., How do you think your upbringing or cultural background influenced the way you categorized certain images as helpful or hurtful?) 5. Students will listen to each other's podcast recordings. 6. During an in-class discussion, students will compare and contrast their experiences with each other before the teacher facilitates a class-wide discussion on how external sources such as media, family, peers, and cultural background shaped students' shared perspectives about health, weight and the body. 7. Students will use their journals to reflect on how the messages they discussed influence their body image, the way they care for their bodies, and the health and health of others (use sample journal prompts; adapted from Oliver & Lalik, 2004).
	To view a digitized version of these activities, scan the QR code or go to drive.google.com/file/d/1In0nx5Sj5-5lVIduPxGoQkCU4pM3cjFP/view.	

Figure 4.
Description of Phase 2 activities

Table 1.
Sample Journal Prompts: Take It or Leave It?

- How did the messages discussed in your podcast make you feel about your own ideas about health and the body?
- After listening to your classmates' podcasts, did you notice any differences in their experiences? What about similarities? How might your background have shaped your views compared to theirs?
- Did listening to others' podcasts change the way you think about health or your body? Explain why or why not.
- How did social media, family, friends, and/or culture influence how you view your health and your body? Please share an example, if possible.
- Which health and body-related messages do you think have the biggest impact on how you care for your body? Are those messages helpful or harmful to you and others? Explain.
- After reflecting on social media messaging about health and the body, what changes (if any) do you want to make to how you think about caring for your body?
- How might you help others in your life to better understand the influence of media and culture on your ideas about health and the body?

Additional journaling prompts are provided to further students' critical inquiry process (see Table 1).

Phase 3: Critique and Take Action

The final phase of CHE allows students to critique, resist, disrupt, and/or transform the cultural messages regarding health, weight, and the body. In particular, educators are encouraged to continue cultivating an inquiry-based approach that allows students to explore topics and solutions that are culturally relevant and personally meaningful (Oliver & Lalik, 2004). Through this final phase, educators can encourage students to answer the question: "So what and now what?". The objective of this phase is to explore alternative ways of knowing and being and help students decide how they want to pursue health and care for their bodies in meaningful and sustainable ways. Moreover, as students did in Phase 2, they are encouraged to continuously ask who and what benefits from—and are harmed by—alternative ways of knowing and being. Based on this continuous critical-inquiry process, students are encouraged to make intentional decisions about how they want to think about and pursue health and care for their bodies.

Oliver and Lalik's (2004) final inquiry project exemplifies how educators can help students to critique the status quo and take ownership and action regarding the health problems that negatively impact their lives. For example, through their final inquiry project, girls were instructed to identify a school or community event that was of interest to teens and was related to girls' bodies. Through the project, students examined how the event influenced girls' experiences with their bodies by researching as well as conducting interviews about the event with other students. The students chose to examine a wide array of topics such as "How do sports influence girls' self-esteem?", and "Why do beauty pageants emphasize appearance over character?" (Oliver & Lalik, 2004, pp. 177–178). Through interviews, reflections, and discussions, the girls investigated the cultural and social forces that shape their identity and self-image and identified potential solutions to solve the problems they encountered in their lives.

Sample Activities for Phase 3

Through the first activity, *Caring for Myself and Others*, students are empowered to determine how they want to respond to the messages they receive about health, weight, and the body. This activity fosters confidence and advocacy skills by helping students take a proactive stance on their personal concerns about health, weight, and/or the body. The final activity, *Advocacy Plan*, encourages students to translate their critical reflections into action steps and to display their health decision-making abilities and advocacy skills. See Figure 5 for a detailed description of each activity with corresponding National HE Standards and performance indicators (SHAPE America, 2024). Questions that could be used for end-of-class discussion or journaling include:

1. What are other ways of thinking about and pursuing health? How do I want to think and feel about health and bodies? What do these alternative ways of knowing and being allow me and others to do?
2. How do I want to pursue health moving forward? What steps will I take to better support and advocate for my personal, community, and society's health? What can I do to improve the quality of life for myself and others?

Conclusion

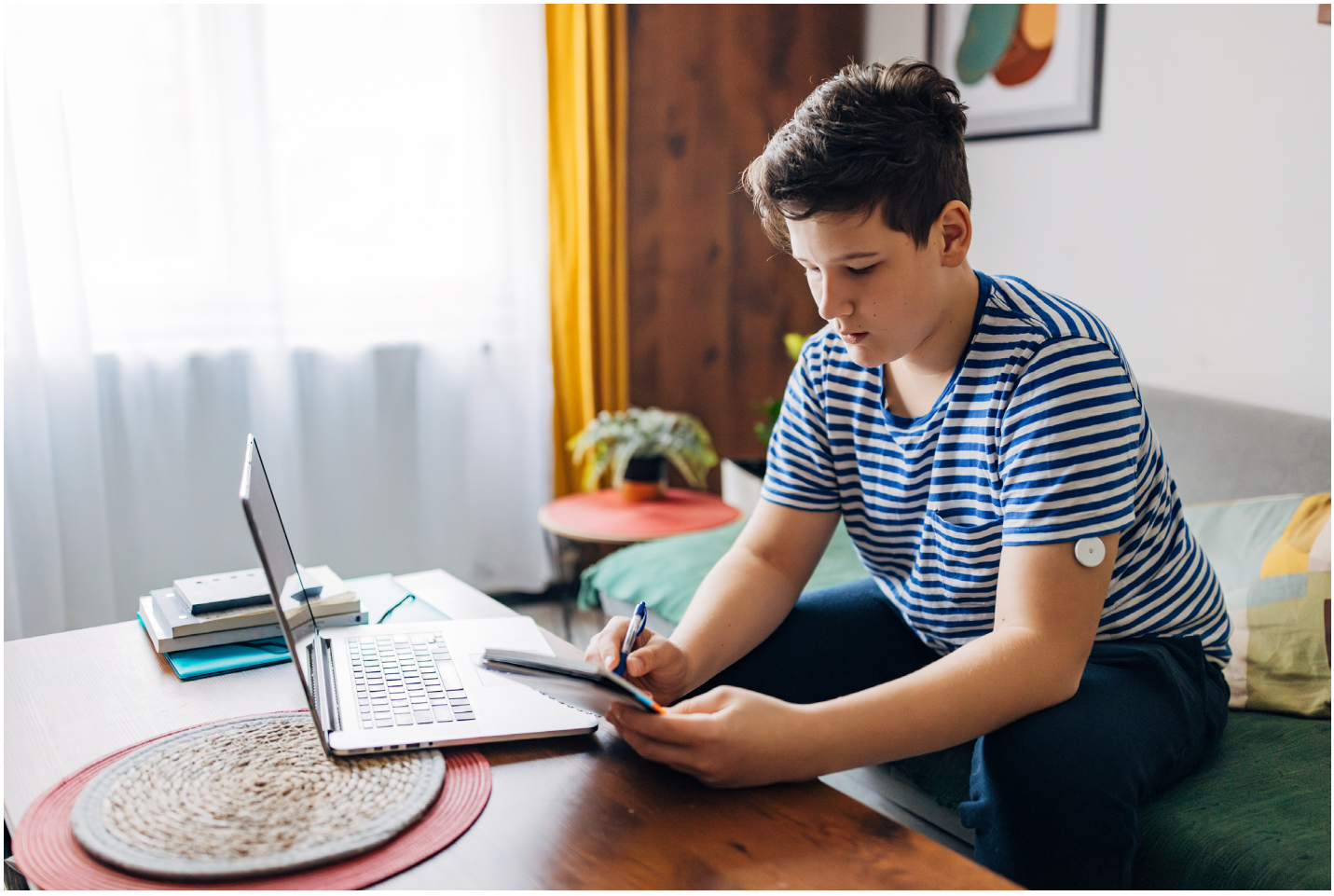
In summary, this CHE curriculum promotes a culturally sensitive approach through which adolescents can learn how to identify and evaluate practices that dictate how bodies should look and be cared for. Empowering adolescents to embrace their culture teaches them to cultivate communication skills to articulate their needs and decipher the best practices for health and well-being. This holistic approach to health promotes confidence and assertiveness in decision-making, self-care, and long-lasting solutions that adhere to each student's unique cultural and personal experiences. The scaffolded CHE curriculum for weight inclusivity and digital activities are included to support educators with resources to serve the unique needs of their communities. The authors hope this contribution inspires educators to implement CHE and continue to expand this field.

The inquiry-based, scaffolded approach to CHE outlined in this two-part article incorporates social media platforms like Instagram to create a dynamic and contemporary learning environment. Students are encouraged to actively explore societal messages about health and the healthy body, identify dominant cultural narratives regarding health, and critically analyze how these cultural health narratives support and/or harm personal and collective health. Through discussions about who is advantaged or disadvantaged by prevailing cultural narratives, students can examine and evaluate the impact of these messages. Each phase guides students

Phase 3 Activities: Critique and Take Action		
National Health Education Standard 5: Use a decision-making process to support health and well-being of self and others **National Health Education Standard 8:** Advocate to promote health and well-being of self and others.		
Activities	**Objective**	**Instructions**
Activity 5: ***Caring for Myself and Others***	I can create a personal collage to express how I want to respond to the health and body messages I encounter from various sources. **Sample Performance Indicators for Grades 9-12:** 5.12.2: Determine when and why health-related situations require the application of a thoughtful decision-making process. 5.12.3: Apply an individual, supported, or collaborative decision-making process to maintain or improve health and well-being.	1. Students will identify the health messages they categorized as hurtful during the *Media Messages: Take It or Leave It?* Activity. Alternatively, students can identify situations where students may need to advocate and/or take action for their personal and collective health needs. 2. In small groups, students will brainstorm ways to respond to these hurtful/unhelpful health messages. What can they do to take care of themselves and others from these hurtful/unhelpful health messages? 3. Students will use Canva (or a similar digital design platform) to create a digital collage titled, "Caring for Myself and Others". 4. In their digital collage, students will include images, words, phrases, and/or symbols of how they could respond to hurtful/unhelpful health messages with care. 5. Students will present their digital collages to the class and illustrate how they will care, protect, and advocate for the health needs of themselves and others (informed by the work of Oliver & Lalik, 2004).
Activity 6: ***Advocacy Plan***	I can develop a plan to advocate for actions that support both my personal health and the health of my community. Additionally, I will create strategies to promote social change that enhances my well-being and the well-being of others. **Sample Performance Indicators for Grades 9-12:** 8.12.2: Advocate for health issues either collectively or individually to promote health and well-being. 8.12.5: Demonstrate advocacy skills and strategies to promote health and well-being at interpersonal, community, societal, and environmental levels.	1. Students will examine problems and solutions to health-related problems they encounter in their everyday lives. 2. In small groups, students will brainstorm solutions to solve the problem(s). 3. Students will develop an action plan and outline the steps they can take to promote personal and social change to support personal and collective health. 4. Students will present their work to the class. The class will collectively discuss the potential impact of the class's various solutions.
To view a digitized version of these activities, scan the QR code or go to drive.google.com/file/d/1pGQeLmWJiMfZeIFqD9-SMS1-OfD2AJBC/view.		

Figure 5.

Description of Phase 3 activities



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through activities that build on one another, moving from exploration and identification, to analysis and evaluation, and critique and advocacy. By presenting reflective activities such as social media exploration and active collaboration, students are encouraged to identify their personal concerns related to health, examine societal norms, and find personalized solutions that align with their unique situations and cultural backgrounds.

Research strongly suggests that body shame, body dissatisfaction, and size discrimination result from internalizing dominant sociocultural body messages that reduce health and beauty to appearance. This ideology presents a prevalent threat to young people, especially young girls. This article identified the key CHE practices when teaching students about their bodies and how to care for them. Drawing from Oliver and Lalik (2004), O'Hara et al. (2021), Tovar (2020), and Rich et al. (2020), the authors identified content exploration, identification, critique, collaboration, and advocacy as core principles of CHE needed for developing an effective curriculum. Activities such as journaling and contemporary content exploration are suggested to promote CHE and help students interact and apply course content. Engagement and collaboration are recognized as key predictors of learning performance and critical thinking. These learning experiences can also help students build competence in their decision-making, particularly regarding health and their bodies. Fostering confidence and communication to promote self-advocacy is essential for CHE. The CHE curricula should be tailored to students' culture and personal experiences to dismantle unbeneficial societal norms that limit quality of life and to achieve long-lasting solutions.

Disclosure Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study. We have no conflict of interest to disclose.

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