Health Education

Weight-inclusive nutrition education in K-12 schools: deconstructing the weight-normative narrative

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Abstract

Purpose – This viewpoint explores the potential that weight-inclusive nutrition (WIN) education has to mitigate anti-fat bias, weight-based bullying, and disordered eating among young people. It argues for a shift in how nutrition is taught in K–12 school settings—moving away from weight-centric approaches toward a more inclusive and holistic understanding of food, bodies, and health.

Design/methodology/approach – Drawing on the principles of the social ecological model (SEM), this article offers a conceptual discussion on the application of WIN education within schools. The authors critically examine existing paradigms, identify key tension points in current practices, and interpret how a more holistic approach can be operationalized in educational contexts.

Findings – The paper highlights that while weight-inclusive approaches show promise in fostering healthier attitudes and behaviors among students, their implementation can be complex due to entrenched weight-normative beliefs in schools. It emphasizes the need for systemic support and critical reflection among educators and stakeholders to effectively adopt these principles.

Originality/value – This viewpoint contributes a novel interpretation of WIN education by situating it within the SEM and applying it to school settings. It underscores the importance of rethinking traditional narratives around weight and health in education policy and practice, offering insights that may inform future research, curriculum development, and advocacy efforts.

Keywords Weight-normative, Weight-inclusive, Nutrition education, School wellness policy

Paper type Viewpoint

Introduction and background

For the last several decades, a weight-normative approach to nutrition and health has been the dominant view in research, medicine, public health, education, and popular culture in America (O'hara and Taylor, 2018; Gotovac *et al.*, 2020; Hunger *et al.*, 2020). The weight-normative approach to health posits that weight is a risk factor for many disease states, everyone can achieve a "normal" weight, and weight is an important indicator of health (Tylka *et al.*, 2014). However, there is growing evidence that weight, as defined by body mass index (BMI), may not be directly related to morbidity and mortality, and that sustained weight loss is not possible for most people (Bacon and Aphramor, 2011; Tylka *et al.*, 2014; O'hara and Taylor, 2018; Hunger *et al.*, 2020; Gaesser and Angadi, 2021; Levinson *et al.*, 2024; Weeldreyer *et al.*, 2025). By encouraging achievement of a weight within the "normal" range for height, weight-normative thinking sets up a hierarchy of body types where those who are not in a body defined as thin or ideal by societal and cultural norms may experience anti-fat bias. Anti-fat bias is frequently associated with the development of disordered eating behaviors (Puhl and Suh, 2015; Hunger *et al.*, 2020). Weight-based victimization and stigma at school, perpetuated by peers and school adults, is another consequence of anti-fat bias with studies suggesting that weight-based bullying and victimization is the most common form of school-based bullying (Puhl and Lessard, 2020). Weight-based bullying is also associated with lower self-esteem, negative body image, depression, social isolation, suicidal ideation, absenteeism, and poorer school performance (Puhl *et al.*, 2016; Lydecker *et al.*, 2023). Weight-normative thinking endorses a dichotomous view of food where some foods are deemed "good" e.g. fruits and vegetables, and others "bad" e.g.

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processed foods and desserts. This dichotomization is often based on the food's perceived contribution to weight gain or loss, and can lead to restrictive eating, disordered eating behaviors, or even orthorexia (Cena *et al.*, 2019; Harrison, 2019). Interventions, education, and programing that focus specifically on weight may also heighten awareness within young people about the size of their bodies and dieting behaviors (Dixey, 1996; O'Dea, 2005).

Nutrition education in schools is mandated in many U.S. states, and as part of the National School Lunch Program, every school must have a wellness policy that addresses nutrition (CDCa, 2024). Programs and policies frequently approach nutrition through a weight-normative lens within the curriculum and programming offered, as well as the outcome measures used to quantify success (Coffield *et al.*, 2011; Hayes *et al.*, 2018). Many programs include activities that emphasize achieving or maintaining a "normal" body weight and promote food dichotomies where some foods are encouraged, and others are discouraged (Pinhas *et al.*, 2013) leading to educational content and resources that are weight-normative. In a meta-analysis of nutrition education programs in elementary schools, Cotton *et al.* (2020), found that the topics covered in the 34 studies reviewed were energy intake, sugar consumption, fruit and vegetable consumption, and general nutritional knowledge. Teaching about energy intake and sugar consumption from a neutral approach is unlikely when the dominant narrative around these topics continues to be obesity prevention.

Frequently, nutrition education interventions are evaluated for effectiveness by measuring changes in body weight (Roseman *et al.*, 2020). The framing for the 2010 Healthy Hunger Free Kids Act (Healthy Hunger Free Kids Act, 2010) that established the school wellness policy requirement justifies the nutrition requirements in terms of the rates of childhood "overweight/obesity," establishing the guidelines to be weight-normative. The justification for many nutrition education interventions is similarly focused on weight rather than the development of a healthy relationship with food (Pinhas *et al.*, 2013; Chen and Couturier, 2019). Rarely do nutrition education interventions mention the potential unintended consequences of disordered eating behaviors, body image issues, or anti-fat bias, and frequently include food tracking activities and BMI measurements (Chen and Couturier, 2019) both of which can be detrimental for students (Dixey, 1996; Cotton *et al.*, 2020). To highlight this point, two recent studies showed that 14% of individuals in treatment for anorexia nervosa identified nutrition and health education received at school as the trigger for their eating disorder (ED) (Chen and Couturier, 2019; Lin *et al.*, 2023).

Furthermore, wellness policies often contain nutrient standards for snacks sold in schools either at lunch, at fundraisers, or provided for class parties (Coffield *et al.*, 2011). Restricting what types of foods are available to students may seem like a health promoting action, but in reality, may encourage a restrictive mindset around food for students, and may have the unintended effect of making restricted foods seem more appealing (Jansen *et al.*, 2008; Polivy and Herman, 2017). The focus on overweight and obesity may serve as a barrier to learning about nutrition in a way that could foster a more peaceful relationship with food, bolster body image, reduce anti-fat bias, combat the development of disordered eating, and support long-term physical and mental health. As it becomes clearer that current methods on reducing "childhood obesity" over the last twenty years has not led to successful weight loss or better health (Spiga *et al.*, 2024a, b), it is important to consider how nutrition education is designed and implemented in schools, and whether it may be time for a new approach.

Discussion

In contrast to the weight-normative approach, a weight-inclusive approach to nutrition and health contends that weight should not be used as the primary indicator of one's health, people of all sizes can experience health, and it is not possible for everyone to reach a socially constructed "normal" weight (Tylka *et al.*, 2014). In this approach, health and/or nutrition interventions are designed to empower individuals to recognize that weight and health are often impacted by factors outside of individual control, e.g. access to, and availability of education and health care, economic stability, where one lives, and the built environment.

Health behaviors such as rejecting diet culture, eating a wide variety of food, listening to one's hunger/satiety cues, respecting one's body, and moving one's body in a way that feels good are encouraged (Bacon and Aphramor, 2011). Policies and programming that combat anti-fat bias and inequalities in access to care are promoted (Association for Size, Diversity and Health, 2024). A number of studies conducted in adults have shown that weight-inclusive approaches (such as intuitive eating and Health at Every Size®) may positively impact both physical and mental health outcomes such as blood pressure, cardiovascular disease risk, depression, disordered eating, and overall happiness even when they do not emphasize or result in weight loss (Bruce and Ricciardelli, 2016; Mensinger *et al.*, 2016; Babbott *et al.*, 2023; Hayashi *et al.*, 2023). Unlike weight-normative approaches which may contribute to the development of disordered eating in young people, weight-inclusive approaches may actually do the opposite by preventing the development of disordered eating and eating disorders (Hazzard *et al.*, 2021).

To date, little research has explored how to implement weight-inclusive nutrition (WIN) education practices within school environments. One tangential study by Healy *et al.* (2015) examined the effects of an intuitive eating program on the eating attitudes of U.S. high school students. Although several curricula aim to improve body image in young people—such as *Happy Being Me*, *Confident Me*, *The Body Project*, and *Free to Be* (Yager, 2024)—they do not explicitly address nutrition education, despite the fundamental role of food and nutrition in shaping body perception. Growing recognition of the need for more holistic nutrition curricula has led to the development of new educational approaches, including *BE REAL™ USA's Let's Eat* curriculum (BE REAL™ USA, 2026) for middle and high school students. At the same time, there is increasing awareness that, while nutrition-related health outcomes manifest at the individual level, students exist within institutions, communities, and systems that influence their nutritional decision making (Hinchey *et al.*, 2025a). For this reason, it is important to situate WIN pedagogy within a larger framework that critically analyzes the multiple layers of influence on individual behavior. One such framework is the social ecological model (SEM). Consisting of five concentric spheres, each sphere represents a layer of influence on the individual from the distant to the local environment (Suarez-Balcazar *et al.*, 2007). The SEM offers an organizing framework defining how weight-inclusivity can be effectively applied within school environments to influence individual behavior (Hinchey *et al.*, 2025a). Recognizing how and where weight-inclusive principles and practices can be applied to reduce the negative consequences of current paradigms around food, bodies, and health in a school environment from classrooms to cafeterias to administrative spaces are outlined below and highlighted in Table 1.

Applications of WIN: school curricula

Curricular integration of weight-inclusive principles across subject areas and grade levels can be an important touchpoint to redefine how nutrition and bodies are regarded in schools. Institutional level influences such as the practices and policies that a school engages in (use of an evidence-based curriculum, available professional development/resources, and health education standards) are key to shifting the weight-normative narrative (Hinchey *et al.*, 2025a). The National Health Education Standards (NHES) (SHAPE America, 2024) provide a framework for educators to integrate skills-based learning using performance indicators that focus on overall health and well-being. States throughout America may choose to adopt the NHES for their health curriculums, and in many school districts individual teachers decide how to cover the standards and what topic areas will be incorporated. One benefit of using these standards is that they offer an existing structure for educators to adopt weight-inclusive principles into the curriculum, regardless of subject area. An example of this approach being applied to, and beyond nutrition is standard 8, "advocate to promote health and well-being of self and others" (SHAPE America, 2024). This standard could be applied to a nutrition lesson where students explore how cultural norms around food, bodies, and health influence health

Table 1. Strategies for reimagining a weight-inclusive school environment

School setting	Current weight-normative practice	Weight-inclusive reimagining	Evidence
Curriculum (health)	Class demonstration that shows how much sugar is in various popular foods and how eating high sugar foods makes you unhealthy	Examine the nutrient content of a variety of foods and discuss what food gives us, gives our bodies, and how it makes us feel. Discuss how eating looks different to everyone depending on multiple factors such as personal preference, food safety, culture, and socioeconomic status. Think about situations where high sugar foods might make one's body feel good, and situations where they might not. Emphasize food is just food	Approaches that dichotomize food as "good" or "bad," "healthy" or "unhealthy" place moral value on food that can lead to shame in students as well as disordered eating behavior (Harrison, 2019; Dixey, 1996; Faw *et al.*, 2021) Films that aggressively categorize food can be triggering for students (Ray and Eddy, 2017)
	Tracking calorie intake; writing a plan to meet a caloric "target"	Explore hunger and fullness cues, intuitive eating, discuss how each person needs different foods to fuel themselves appropriately	
	Viewing documentaries such as *Super Size Me* and *That Sugar Film*	Utilize documentaries and multi-media approaches to examine the influence of diet culture and weight stigma in America	
Curriculum (general)	Math problems that have students calculate their BMI	Math problems that calculate the macronutrient content of different foods	Categorizing one's weight or BMI may lead to shame and weight gain over time and does not lead to the adoption of health behaviors (Hahn *et al.*, 2018)
	Social studies unit on the rise of "obesity" in America	Social studies unit on advocacy that explores the problematic history of BMI and how the Social Determinants of Health have greater overall influence on individual health and well-being	
School Wellness Policies	Policies that state: ". . . food provided but not sold should be limited to those foods that improve the diet and health of students, help mitigate childhood obesity, and model healthy choices"	Policies that state: ". . . food provided but not sold can include a wide variety of foods that support students' mental, physical, and emotional health"	Restricting "attractive" snacks increases the desirability and intake of these snacks (Jansen *et al.*, 2008) BMI reports sent home to parents have no impact on childhood obesity and may decrease student weight satisfaction (Madsen *et al.*, 2021)
	Federal school meal programs that dictate specific food availability/choice and emphasize "anti-obesity" programming	Federal school meal programs that provide a wide variety of foods, teach students how to approach food from a non-restrictive mindset, and emphasize building healthy relationships with food *and* body	
	Requirements for schools to measure BMI of students and send home BMI report cards	Mandates for weight-inclusive approaches including wellness policies and health curriculum	

(*continued*)

Table 1. Continued

School setting	Current weight-normative practice	Weight-inclusive reimagining	Evidence
Physical Education and School Sport	Advising students to eat or not eat certain foods	Help students understand the basics of sports nutrition; the importance of adequate fueling for performance, and how nutrient content and timing of meals can impact performance	Critical comments from teachers or coaches about athletes' body weight and shape have been associated with body dissatisfaction and disordered eating, particularly for female athletes (Scott *et al.*, 2022; Voelker *et al.*, 2024)
	Setting expectations, rules, or norms for food consumed during team meals or snacks	Co-creating norms around pre-game meals and post-game snacks with players, parents, and educators to align with nutritional needs and inclusive options	
	Commenting on students' body size in relation to their performance or their peers	Discussing student performance and need for skill building without mentioning body size	
Eating Disorder Prevention	Eating disorder prevention efforts that don't acknowledge that disordered eating can occur for students in all body sizes	Eating disorder prevention efforts that include students in all body sizes as well as other identities, i.e. race, gender, sexual orientation	Individuals in larger bodies are more likely to experience disordered eating than their thinner peers, but half as likely to be diagnosed with an eating disorder (Nagata *et al.*, 2018)
	Lack of support for eating disorder prevention and anti-fat bias efforts; support for "anti-obesity" programming	Provide professional development and resources for eating disorder awareness, treatment, and prevention across school stakeholders	

Source(s): Authors' own work

behaviors and outcomes at the systems, institutional, community, interpersonal, and individual levels of the SEM. Students would then demonstrate strategies that advocate for their own health and well-being and for others in their community. It could also be applied in a language arts lesson where students identify weight-normative themes within text and use advocacy to create an action plan for a character within that text. Regardless of the subject area, incorporating weight-inclusive principles provides an opportunity for educators to revisit the purpose and content of nutrition education across curricula.

Applications of WIN: school wellness policies

Schools play a critical role in supporting the health and well-being of young people and provide opportunities to reinforce behaviors through sustained interaction and policy implementation (CDCb, 2024). At the institutional level, school-level policy intervention is twofold: one, it demonstrates a school's commitment to learning; and two, it ensures that all students are exposed to health promoting programs/interventions (Felton *et al.*, 2005). To effectively change the narrative around how students are educated about food, bodies, and health will require shifting the focus of current nutrition education policy at the local, state, and federal levels. Policy that reflects weight-inclusive goals and guidelines will require modification in how language is used, and outcomes are measured. Words such as "overweight" and "obese" that are used colloquially in conversation and found in school wellness policies can be harmful and stigmatizing towards students (Puhl *et al.*, 2011). While there is not yet a consensus on preferred terminology, neutral descriptors such as "in a larger body" or "higher body weight" are considered more appropriate (Puhl, 2020; Robbins *et al.*, 2025). At the institutional and community levels, policy language could shift to emphasize what foods *can* be consumed as opposed to what foods *cannot* be consumed during classroom

celebrations or other school events. Removing information from the cafeteria that encourages students to make the "healthy" choice (thereby implying that there is an "unhealthy" choice), or that emphasize the calorie content of meals are other examples of how to shift the weight-normative narrative within policy. Displaying visuals that demonstrate how "all foods can fit" in a healthy diet is one such way to achieve this. At the interpersonal and individual levels, program success could be measured by outcomes focused on students' relationships with food, rather than weight or BMI. Inclusive policies would also provide guidance on classroom design so that students in larger bodies have a safe space to sit, including desks without armrests, tables and chairs that can be freely moved, and seating that accommodates higher weight limits. Finally, support at the systems level—from school administrators, school districts, and state agencies—is paramount to implementing and sustaining policy changes that support weight-inclusive health education programs (Felton *et al.*, 2005; Hinchey *et al.*, 2025a).

Applications of WIN: physical education (PE) and school sport

In the United States, students may participate in physical activity through PE classes or competitive school-sports programs offered outside of class time. The benefits of participating in PE and school sports are well documented; improvements in academic ability, enhanced teamwork and problem-solving skills, better sleep, a greater sense of belonging, increased self-esteem, and improved physical and mental health (Foley Davelaar, 2021). Despite these benefits, data shows that 70% of children quit sports by the time they reach their teens, and that by age 14, girls will quit at twice the rate of boys (Foley Davelaar, 2021). The competitive nature of sport has been cited as one reason (Battaglia *et al.*, 2024), but perhaps of greater issue relative to this paper is that of the student-coach relationship, body image, and the underlying anti-fat bias that exists in physical education and school sports (Ashdown-Franks *et al.*, 2021; Thedinga *et al.*, 2021). Although issues related to physical activity, sport, and nutrition are nuanced—and operate across multiple levels of influence—WIN education must be integrated into school-based physical activity contexts if the goal is to develop healthy, confident, and emotionally connected young adults. Given that athletes have reported their primary sources of nutrition information as being media, coaches, and athletic trainers (Klein *et al.*, 2021), school-based sport represents a key institutional setting in which interpersonal relationships can shape how nutrition knowledge is conveyed and interpreted. Coaches and PE teachers can help support students to understand the basics of sports nutrition, how the nutrient content and timing of meals can impact performance, and the importance of food for recovery, all without mentioning weight. Discussing sport performance and skill building without demonizing foods, body size or shape, is another step towards minimizing the likelihood that young people become obsessed with body image and the idea that certain body types, i.e. those that are thin, athletic or overly muscular are the only types that can participate in physical activity (Bonci *et al.*, 2008; Bratland-Sanda and Sundgot-Borgen, 2013). When given opportunities, and situated within a weight-inclusive environment, those in all body sizes can remain engaged in a variety of physical activities. Deconstructing the societal ideal of an "athletic body," particularly gendered ideals that privilege thinness, leanness, or muscularity, requires shifts at the community and broader systems levels and will allow more students to participate and feel accepted and valued in physical education and school sports.

Applications of WIN: eating disorder (ED) prevention

Data would suggest that the need for ED prevention is more important than ever. In one study, levels of body dissatisfaction tracked over a 15-year period from mid-adolescence through adulthood found that body dissatisfaction reached as high as 46% in girls and 26% in boys (Wang *et al.*, 2019). Research from Australia indicates that 33% of girls and 13% of boys aged 11–19 met the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria for an ED (Mitchison *et al.*, 2020). Global rates indicate that up to 17.9% of young women and 2.4%

of young men will have experienced a DSM-5 ED by early adulthood (Silen and Keski-Rahkonen, 2022). Perhaps most alarming, however, is data showing the incidence of eating disorders having doubled over a 10-year period among children aged 5–12 (Morris *et al.*, 2022). What makes ED prevention difficult in schools is that most efforts don't acknowledge that EDs can occur for students in all body sizes, there is a lack of support for anti-fat bias efforts, and most school adults are not adequately trained in ED identification or prevention. There is also the fear among educators that teaching directly about EDs could end up providing a "roadmap" for those wanting to lose weight (Yager, 2007; Hinchey *et al.*, 2025b), ultimately inducing more harm. Addressing ED prevention in school environments is multifaceted and complex. Utilizing weight-inclusive principles that focus on primary prevention techniques is one way to move forward. Promoting and practicing intuitive eating in school classrooms and cafeterias, encouraging enjoyable movement throughout the day, not focusing on weight as the only indicator of health, and acknowledging that students can achieve health at all sizes, are strategies that must be supported at all levels of the SEM if EDs are to be challenged.

Implications for research and practice

An important yet unanswered question remains—what is prohibiting schools from adopting WIN principles that have the potential to reduce harm and create a more supportive learning environment for all students? Understanding and recognizing perceived tension points that exist for educators when implementing weight-inclusive principles is key to moving forward. It is not uncommon to feel uncertainty on where to begin when attempting such a profound shift in thinking. The anxiety and fear that can accompany the acts of incorporating WIN principles into a system that is weight-normative by way of federal school meal programs, clinical care and obesity prevention, fitness testing, BMI screening, and curriculum design is genuine. It is understandable for educators to question the idea that if there is not a dogmatic approach to food, weight, and movement in schools, how can it be possible for young people to be healthy? We argue that it is possible by reframing the approach to *how* food, bodies, and health are discussed. Basic nutrition concepts and what nutrients do, or don't provide our bodies, can be examined independent of weight. Asking questions such as "how does this food make me feel?", "what can this food do for my body?", or "which foods are going to provide me with the nutrients that I need to grow and help my body be well?" are all examples of questioning that reframe the narrative. It is also not unreasonable for educators to question how to implement weight-inclusive ideas across age groups. Consideration must be given to the fact that schools are comprised of a wide spectrum of students ranging from kindergarten to high school. Weight-inclusive approaches for those in lower grades would look much different than for those in higher grades and must be tailored to meet age-specific needs, e.g. younger children might sort foods by color or identify their favorite foods and explain why, whereas high school students might talk about what diet culture is and how it affects them. While the authors are unaware of any known weight-inclusive materials tailored for use in primary schools in the U.S., ongoing research in Finland utilizing the Tasty School food education model for primary students demonstrates how more holistic programing can be effective with young children (Laitinen *et al.*, 2022a). The Tasty School model draws on multiple theoretical frameworks that incorporate weight-inclusive principles including Health at Every Size®, mindful eating, intuitive eating, eating competence, sensory-based learning and self-determination theory (Laitinen *et al.*, 2022b). While weight-inclusive resources such as *Let's Eat* are now available, gaps remain for high school-specific WIN materials. To address this, the authors are developing a WIN education curriculum to support teachers working with this age group. This limited amount of educational material provides an opportunity for future research in how to take weight-inclusive practices, primarily designed for adult learners, and tailor them to meet the needs of a younger generation. Implementation and outcome measures of schools who utilize weight-inclusive curriculum will need to be measured to assess

intended, and unintended consequences on students' nutrition knowledge and health outcomes.

Individual ambivalence while moving toward a weight-inclusive mindset is to be expected as messaging that equates being healthy with being thin, has been normalized for decades. It will require each of us to untangle our own—implicit and explicit—biases towards food, bodies, and health. Of critical importance to moving forward, is acknowledging that this fear and uncertainty of where to begin can also prevent the advancement of successful weight-inclusive research and practice within the profession of nutrition education and school health. Successfully moving forward with a weight-inclusive mindset in schools will require an acknowledgment of the abovementioned tension points. It will require cooperation, support, commitment, and equitable resourcing at all levels of the SEM to overcome and address weight-normative beliefs. There must be educators that believe there is a need for change, that the trauma they see every day in their students around food, bodies, and health is indicative of the need to do something different. There needs to be space for alternative frameworks in schools such as compassionate systems (Senge *et al.*, 2019), the whole school, whole community, whole child (WSCC) model (Lewallen *et al.*, 2015), and the comprehensive school health framework (Tingle *et al.*, 2023). These empirically supported frameworks, utilizing all members of the school community to help merge public health and education have the potential to help young people cope with the complexity of the systemic challenges associated with what, and how they eat. There must be buy-in from administrators and state agencies who want to do better and have the power to make that happen. Health educators alone cannot be responsible for these changes. There will be tough conversations around how to encourage those steeped in weight-normative thinking that there is an alternate, non-stigmatizing path towards health and that, at the beginning, there will be more questions than answers. In sum, WIN education practices and policies will require breaking down entrenched views between systems and layers of influence within the SEM to overcome weight-inclusive tension points and resistance.

It is important to reiterate that the goal of WIN education is not to ignore the specifics behind nutrition science; it is to reframe the way in which these specifics are taught. If the goal of WIN education in schools is to reduce body dissatisfaction and anti-fat bias while improving health, well-being and relationships with food, then recognizing various school-based touchpoints for applying WIN principles—along with the tension points they create—provides an avenue for future research. There is an opportunity here for schools to articulate clearer pedagogical goals for food education within wellness policies. For example, rather than focusing on restriction, schools can emphasize participation in shared food practices—such as communal meals or celebrations—that support relationship-building with food and assign positive value to eating as a social and meaningful practice. Building on this pedagogical framing it will also be necessary to determine what supports educators identify that they need to effectively implement a WIN education curriculum in their classrooms. Creating well-developed professional learning communities (PLCs) where educators can collaborate and rethink their practices around nutrition education is one way to achieve this. PLCs have been shown to positively impact both teaching practice and student achievement (Vescio *et al.*, 2008). Data collected from PLCs can guide future weight-inclusive professional development opportunities across the school environment. Furthermore, analyses will be needed to determine if a WIN education curriculum is effective in shifting student learning around food, bodies, and health while also continuing to meet health education standards and skills set by state agencies and national policies.

In conclusion, it is the author's viewpoint that there is sufficient evidence to suggest a need to redefine how young people are educated about food, bodies, and health in schools. However, it would be remiss to not acknowledge that the pervasive nature of weight-normative thinking and practice evident throughout the SEM will present challenges when moving towards weight-inclusive approaches. While we argue that a shift to weight-inclusive thinking and practice is necessary, we also acknowledge that it will not be easy. It will require persistence,

compassion, and a willingness to take a risk and embrace new approaches. Educators and school adults will need to critically examine their own internalized weight biases and weight-normative thinking to implement weight-inclusive teaching practices and activities so that implementation is authentic, and value-driven. Values-based implementation requires school-based educators to fundamentally align with the values of weight-inclusivity, which will take time and supported un-learning and rethinking (Parameswaran *et al.*, 2024). From our viewpoint, it is paramount to provide educators with appropriate evidence-based resources and adequate professional development so that the fear of shifting paradigms and having to confront the tension associated with speaking about food and nutrition independent of weight is minimized. Future research in this area is an opportunity to implement nutrition education that provides a more holistic, systems-level approach while simultaneously evaluating the complexity of how we think about food, bodies, and health in the school environment. Utilizing a weight-inclusive approach to nutrition education can challenge and empower young people to become more engaged with their own health and well-being. It also aligns with the goals of school wellness policies which aim to create environments that promote students' health, well-being, and ability to learn (CDCa, 2024).

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