

# Teen mentors inspire healthier choices in younger children

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An obesity intervention taught by teen mentors in Appalachian elementary schools resulted in weight loss, lower blood pressure and healthy lifestyle changes among the younger students learning the curriculum, according to a new study.

In contrast, children taught the same lessons by adults in a traditional classroom saw no changes in their health outcomes.

The results of the eight-week clinical trial conducted by Ohio State University researchers suggest that school systems could consider using teen [mentors](#) to instruct younger children in select health-related programs.

In the study, all instructors taught lessons from a program called "Just for Kids!" that was developed by the University of California, San Francisco. For one hour after school each week, teen mentors met one-on-one with students in a large gym setting while another group of students was taught in a classroom by school system employees, such as librarians or administrative staff.

When the program ended, only the teen-mentored group showed a greater increase in physical activity and marginal decreases in [body mass index](#) and diastolic blood pressure. Kids led by teens also showed slight increases in nutrition knowledge and plans to change their behavior. Children taught by adults showed no improved [health outcomes](#).

Though the study was conducted in Appalachian Ohio, where research suggests people prefer an informal way of receiving information, teen mentors have the potential to help influence [health behaviors](#) of younger children in any school district, researchers say.

"Not only would this help schools deliver a curriculum, but this study supports the idea that this mentoring approach is a better way to impact younger kids, and it creates an infrastructure to improve health without it having to come from a classroom," said Laureen Smith, associate professor of nursing at Ohio State and lead author of the study. "I focused on diet and nutrition, but there's no reason this can't be used to address other health issues that a school identifies.

"In order for this to be successful, there has to be good training and good support to the teens. But the right teens with the right help and support can make a big difference."

The research is published online and will appear in a future print issue of the *Journal of School Nursing*.

In all, 160 schoolchildren in the third and fourth grades participated in the intervention, along with 32 teen mentors and five adult teachers. The study took place at three public schools in the same county, and teen mentors attended high schools affiliated with the participating elementary schools.

Each one-hour session with the curriculum included 45 minutes of structured activities and 15 minutes of noncompetitive physical activity. Weekly topics included keeping the body healthy, the importance of exercise, food groups, portion control, emotional eating, food cravings and building more activity into daily life.

Though "Just for Kids!" targets obesity, the researchers told the children

the program promoted being healthier and making healthy choices. Among the third- and fourth-graders, 29.7 percent were obese based on a body mass index (BMI) ranking above the 95th percentile for their age group. Another 18.9 percent were overweight, 51.4 percent were normal weight and 0.7 percent were underweight. The kids ranged in age from 8 to 11 years.

Smith collected baseline information on a number of measures and repeated assessments after the eight-week study. In addition to BMI and blood pressure readings, health measures included dietary behaviors, physical activity, attitudes about healthy eating and exercising, and intention to or having confidence in their ability to eat better and move more.

After the intervention, only the teen-mentored group showed a greater increase in physical activity and marginal decreases in BMI and diastolic blood pressure, the pressure in arteries as the heart fills with blood. Children mentored by teens also had a larger positive change in intention to eat healthfully than the adult teacher group and a marginal increase in nutritional knowledge.

Retention had an impact on student outcomes, Smith noted. The overall retention rate was 92 percent, and attending more sessions was associated with a greater increase in nutritional knowledge in both groups, and with an uptick in physical activity in kids mentored by teens.

"The findings reaffirmed what I suspected, that the teens impacted [physical activity](#) for the kids rather than their nutrition. That makes sense because most kids don't have a whole lot of control over what they eat. They rely on parents to provide food at home and otherwise rely on what the school provides," Smith said.

While individual teachers and mentors did not affect the kids' outcomes,

the school they attended did make a difference: Children's gains in intention and perceived support to eat better were highest in the school that had the most disadvantages based on such economic indicators as parental unemployment and student eligibility for free and reduced lunches.

The nature of the intervention – using members of the community to deliver information rather than having "outsiders" identify a problem and try to fix it – could make it attractive to "any school that's under-resourced, or any school, really," Smith said. And the results are not a knock on adult teachers.

"Younger kids look at older kids in their peer group as role models. Teens provide younger children perceived psychological safety and a social network," she said. "And this is helpful to adults. Using teen mentors removes some pressure on the staff and teachers of a school to reach students and have an impact on their health."

Smith is continuing the work to further analyze how teen mentors yield these results and to gauge the effects of mentoring on the teens themselves.

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Smith conducted the study with Christopher Holloman of Ohio State's College of Nursing.

Provided by The Ohio State University

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