“Would you like fries with that?” While such a decision ultimately resides on the individual, one cannot help but wonder to what extent is a person’s choice a true reflection of individual freedom or the product of capitalistic adversity? In this concise yet powerful book, Domine answers this question by uncovering facts readers will find both surprising and alarming. She exposes the many, often subtle ways large advertising industries undermine public health efforts by employing lobbying tactics and savvy marketing strategies. She reveals how corporations construct alternate identities or “front groups” to gain public favor while simultaneously obscuring corporations’ true intentions. For example, the Center for Consumer Freedom, a front group representing the alcohol, tobacco, and restaurant industries uses a technique called astroturfing (i.e. pretending to represent the public’s best interests) to advocate for the “freedom to buy what we want, eat what we want, drink what we want, and raise our children as we see fit” while at the same time directly opposing health campaigners trying to regulate unhealthy consumer products (p.66).

While we are inclined to believe individuals are ultimately responsible for their own decisions, Domine contends we must move beyond individual blame and begin to examine the larger institutional structures that dismantle individual faculties to practice healthy behaviors. Domine’s recognition of how social, political, economic, and global forces influence individual behavior and decision-making is certainly not new to the field of public health (or related disciplines) (Richard, Gauvin & Raine 2011), nor is it the focus of her book. Rather her
insights lay the groundwork for a volume that extends far beyond just problem identification.

With a deep understanding of how individual choices are profoundly influenced by inequitable social structures, Domine offers a groundbreaking, solution-focused approach for improving the health of our nation. She eloquently demonstrates how health education can be achieved through advanced media literacy. Recognizing teens as a population particularly vulnerable to the advertising industry, she provides her readers with a more comprehensive understanding of the contextual factors that shape teen health and delivers a pedagogical solution that encourages teens to both explore the media’s impact on their health choices and construct their own meanings of health through active creating and sharing of health media information.

Providing her readers with a more dialectical understanding of the digital world, Domine recognizes the proliferation of technology as both part of the problem and solution in achieving health literacy or the ability to adequately assess credible health information as a means to make informed health decisions (p.4). While there is no question that the plethora of digital outlets available to teens has contributed to sedentary lifestyles, Domine notes that up to 75% of teens go online to learn more about their health before or instead of consulting with a physician (p.5). Therefore, the potential to reach and engage teens through digital channels is unprecedented.

Moving away from traditional pedagogical methods where curriculums are “delivered” to youth, Domine calls for an approach that puts teens at the center of their learning. With teens spending more than 7 hours a day on various media technology platforms, she maintains that health literacy can only be fully achieved through media literacy (p.55). She also points out that media literacy goes far beyond just critical inquiry. Not only are teens taught how to deconstruct messages, they are also taught how to become producers of media content and civic agents.

However, Domine appropriately cautions her readers that simply telling teens what to do or how to think is ineffective. Much of what teens learn happens in informal settings rather than with formal curricula (Ito et al. 2010, 21). Therefore, engaging teens requires educators to foster open dialogues that encourage them to develop their own ideas, reactions to and critical assessments of health messages through Socratic questioning and guided discovery.

With schools functioning as the primary source of formal education for youth, Domine proposes a transdisciplinary approach to health literacy that goes beyond simply integrating media literacy methods into existing curriculum-based programs. Contrary to an integrative approach, a transdisciplinary approach transforms the way teens think about their health as both consumers and producers of health information. It is a culturally sensitive, inquiry-based method that deepens teens’ understanding of how their individual attitudes and behaviors are both influenced by and have the power to influence their family, peers, school, community, and broader social networks. Extending far beyond the classroom, the transdisciplinary approach is not a “quick fix” solution that can be achieved through a few new ideas or lesson plans. Rather, significant and sustainable time,
effort and reallocation of resources are needed. For example, teachers trained in media literacy require a year or more of classroom training in facilitating inquiry-based discussions that put teens at the center of their learning (p.68).

Meaningful and sustainable change also requires coordination and engagement on multiple fronts from increased family involvement to partnerships with community-based organizations. As Domine puts it, “the school itself is simply the institutional vehicle for a larger social and cultural shift that must take place” (p.97). While context changing interventions tend to have the largest public health impact, they are also the most difficult to implement as they typically require more political backing; that is, support from local and federal funders (Frieden 2010). Therefore, Healthy Teens, Healthy Schools is not just a book for educators; it is an invaluable and essential resource for parents, researchers, health professionals, community leaders and policymakers who share a vital role and interest in creating and sustaining health equity for teens and more broadly, the population at large.

In the first chapter, Domine provides her readers with an alarming statistical portrait of the United States’ waning state of public health. Despite best efforts to address our nation’s health, Domine illustrates how larger corporations undermine public health initiatives through multifaceted media campaign strategies and calculated policy shaping. In chapters two and three, she provides a backdrop of how technology has advanced over time, specifically within the context of youth culture, outlines key components of media literacy education and emphasizes the importance of transforming critical inquiry into action through multiple forms of media production. In chapters four through six, she highlights the successes and limitations of past local and federal efforts to improve adolescent health literacy, explains why schools have been slow to respond to a transdisciplinary media literacy approach, and ends by providing her readers with a preliminary roadmap for catalyzing the current education system.

I have a couple minor comments and critiques, which I raise primarily to serve as additional food for thought. First, Domine’s discussion of health literacy is mainly centered on issues pertaining to nutrition and physical activity. Diet and exercise are only two of many factors that contribute to individual health including but not limited to substance use, sexual activity and interpersonal violence. While Domine points out that her decision to focus on nutrition and physical activity was based out of necessity, she also acknowledges the need for more intricate discussions of other content areas. Future research is needed to better understand how a transdisciplinary media literacy approach can be applied to other health issues. Of critical importance will be investigating how to tailor media literacy strategies to accommodate different content areas and their unique sets of challenges. For example, teens may be willing to create and share messages about healthy eating as part of a nutritional lesson plan but less apt to distribute messages about abstaining from underage drinking and substance use as part of a substance prevention curriculum since those types of behaviors are typically regarded as “cool” (Moreno et al. 2009). Consequently, the ways individual and social factors influence teens’ willingness (or lack thereof) to become civic agents and share health messages warrant significant attention.
A second area that deserves mention is examining the extent that social norms created and maintained by teens on their social networking sites (SNS’s) may also influence their attitudes and behaviors. While Domine provides her readers with a comprehensive understanding of mass media’s effect on teen health, there is little mention of how online peer norms might also impact their health decisions. For example, there is some evidence that online displays of risky or problematic behaviors like bullying and sexual risk-taking may normalize and influence similar behaviors offline (Cookingham and Ryan 2015). While the extent to which online norms influence offline behavior is unclear, the correlation between online and offline behavior must be factored into media literacy strategies. Overall, additional studies are needed to more fully understand the potential challenges and complexities of implementing health media literacy programs and to identify effective solutions. Nevertheless, I commend Domine for her culturally competent, innovative, and comprehensive pedagogical approach towards achieving health equity.

Domine packs an unprecedented amount of information into a small volume. Readers will enjoy her clarity, succinctness and variety of examples. Her book inspires critical thinking, creativity, activism and social justice and will prove useful for anyone interested in achieving health equity “one student and one school at a time,” (p.10).

References

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