



District of Columbia  
Office of the State Superintendent of Education

# NUTRITION EDUCATION PLAN

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Suggested citation: Martinez, C. A. & Doe, K. (2018). *Office of the State Superintendent of Education's Nutrition Education Plan*. Washington, DC.

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It is a well-known fact that healthier students are better learners (Basch, 2010) and that adequate nutrition is a fundamental component of health. Due to the complexity behind food choices and diet-related behaviors (Shepherd, 1999), nutrition education must extend beyond simply providing knowledge and skills. Instead, nutrition education must be comprehensive and address as many influential factors as possible.

Influential Factor	Example
Biological	Hunger, taste preferences
Economic	Cost
Physical	Education, skills
Social	Friends, family, food availability
Psychological	Mood
Personal	Beliefs, attitudes, knowledge

Table 1. Social Determinants of Food Choice. Shepherd, R. (1999). Social determinants of food choice. *Proceedings of the Nutrition Society*, 58(4),807-812. doi:10.1017/S0029665199001093



Nutrition education can be defined as:

**Any combination of educational strategies designed to facilitate voluntary adoption of food choices and other food- and nutrition related behaviors conducive to health and well-being... (Contento, 2007).**



This definition emphasizes the importance of a comprehensive approach that focuses on behavior change as the end goal. The Office of the State Superintendent of Education (OSSE) will use this definition when referring to nutrition education. Stakeholders and partners are also encouraged to use this definition. We hope that consistent use of this definition will lead to more aligned nutrition programming for District of Columbia students.

The definition is in line with Centers for Disease Control and Prevention’s (CDC) definition of health education – “education that consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions (CDC, 2015)” – a component within the Whole School, Whole Community, Whole Child model (WSCC) (CDC, 2015). Designed by the CDC, this model depicts the various components that affect a child’s wellbeing and the importance of government agencies, community organizations, schools, and other community members working together in order to have the most positive impact on the health outcomes of students. To ensure the items in the Nutrition Education Plan not only meet the definition of nutrition education but focus on all necessary components, the plan’s goals have been aligned to the WSCC model.



Figure 1: Whole School, Whole Community, Whole Child Model. Centers for Disease Control and Prevention. (2014). Retrieved from <http://bit.ly/2LsIYIS>

#### IMPORTANCE

Nutrition education is important because it can nurture students’ healthy eating habits, thereby improving their health outcomes. Quality nutrition education can contribute to students maintaining a healthy weight and lowering their chances of developing weight-related chronic diseases. Well-designed nutrition education can help youth select and consume healthy foods through enhanced awareness, skills, and motivation (USDA, 2010).

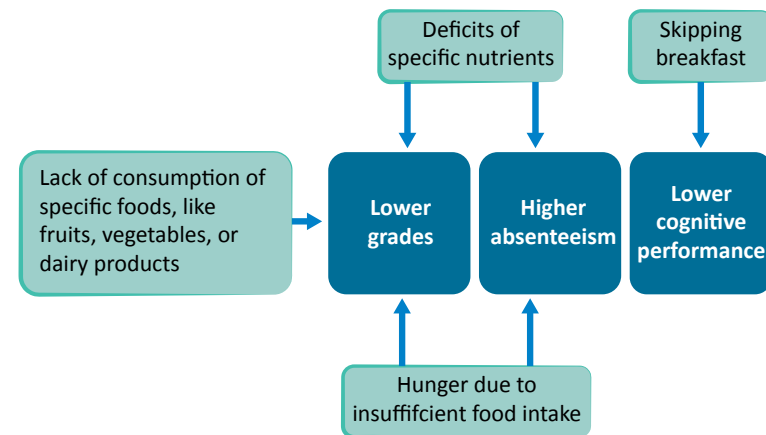


Figure 2. Health and Academic Achievement. Summary of the research on the effects of dietary behaviors of youth and academic performance. Centers for Disease Control and Prevention (CDC). (2014). *Health and Academic Achievement*. Adapted from <http://bit.ly/2FpoTPI>

Beyond students' health, nutrition education may also improve their academic outcomes by enhancing acceptance and consumption of healthier foods (Figure 1), and possibly improving their outcomes in the workforce, leading to better-quality lifestyles (Figure 2).

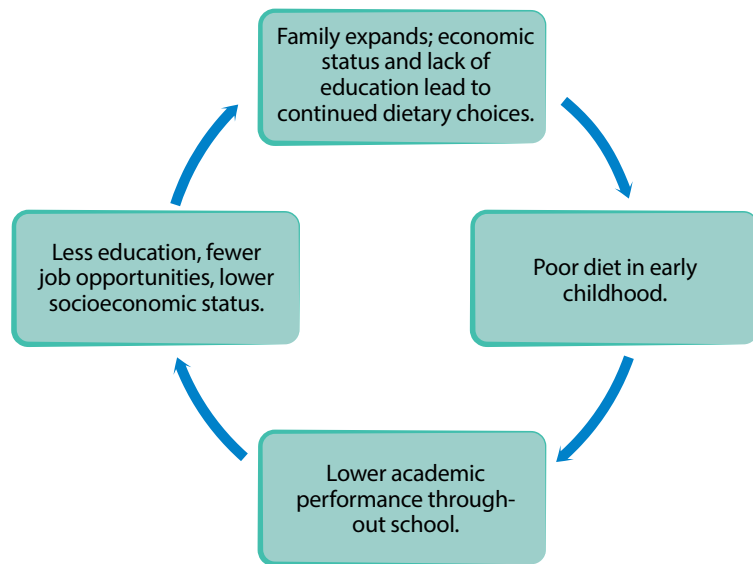


Figure 3. Possible cycle between poor diet in early childhood and socioeconomic status in adulthood. Making the grade in today's schools. Today's Dietitian, 16(64).

## Where we are in the District

The District of Columbia is a leader in promoting health and wellness amongst its students. Since 2010, many new programs have been established as a result of the [Healthy Schools Act of 2010](#). Additionally, the District is fortunate to have various District agencies, including the DC Department of Health (DOH), with whom OSSE works in the implementation of the CDC's State Public Actions-1305 grant, local universities, and community based organizations (CBOs) offering nutrition education programming. Although much progress has been made in our efforts around health education and services, there is still a need to further enhance student knowledge and skill development.

## Health Education

In the District, schools are required to provide at least 75 minutes per week of health education to Kindergarten through grade 8 students under the Healthy Schools Act. Health education includes nutrition, as well as health topics like mental and emotional health, safety skills, human body and personal health, disease prevention, and alcohol, tobacco, and other drugs. All health education should be aligned to the [DC Health](#)

[Education Standards](#), which are organized by strands that align with the [National Health Education Standards](#), second edition. The standards articulate not only the concepts students should know, but also the skills they should be able to demonstrate to adopt or maintain healthy behaviors (SHAPE, 2017).

In the 2016 Healthy Schools Act School Health Profiles, schools reported providing an average of 42 minutes of health education per week to K-grade 5 students and 57 minutes to grades 6-8 students. Although improvement for the District as a whole has been noted, health education programs across DC schools continue to vary, with schools reporting a wide range of programming, instruction times, and curricula selection. To measure student knowledge as it pertains to the DC Health Education Standards and [DC Physical Education Standards](#), a yearly [Health and Physical Education Assessment](#) is administered to District students in grades 5, 8, and high school (during the year that a health class is taken). In the 2016 assessment, scores for the nutrition category of the assessment were 64, 66, and 60 percent, respectively.

## Nutrition Environment and Services

Among others, the Healthy Schools Act mandates that local nutritional standards for school meals, healthy vending, fundraising, marketing, and prize requirements be established in public schools, and that these participate in federal meal programs when possible. It promotes the inclusion of local foods into school meals and the establishment of a farm to school program and a school garden program. As a result, OSSE offers Farm to School grants and hosts a yearly citywide event called [Strawberries and Salad Greens Day](#) in which public schools serve local strawberries and salad greens and promote the importance of local foods. As of 2016, 128 campuses in the District had active school gardens (District of Columbia Healthy Schools Act of 2010 2016 Reports, 2016). To support the staffing of school gardens, OSSE administers a School Gardens grant program. Beyond the National School Lunch and National School Breakfast programs, District schools participate in the USDA's Fresh Fruit and Vegetable Program (FFVP), Afterschool Snack Program, and At-Risk Supper Program. In the 2017-18 school year 79 percent of eligible schools are participating in FFVP. The District also participates in the Free Summer Meals Program and the Child and Adult Care Food Program (CACFP), for which child care centers can apply.

## Family Engagement

A variety of CBOs offer programming that involves parents, such as student-parent cooking classes and grocery store tours. Some schools offer events such as family dinners, where student families have the opportunity to engage with the students through an evening where they dine together. Additionally, federally funded programs like the [Expanded Food and Nutrition Education Program](#) (EFNEP) and the DOH [Supplemental Nutrition Assistance Program Education](#) (SNAP-Ed) take place throughout the district to assist lower income audiences in enhancing knowledge and skills that will equip them to adopt healthier eating behaviors.



### Community Involvement; Physical Education & Physical Activity

The DC community is highly involved and committed to improving food access and nutrition education in the District. Food deserts – areas with limited access to affordable and nutritious food, particularly an area of mostly lower-income neighborhoods and communities (Food, Conservation, and Energy Act of 2008) – make up about 11 percent of the District’s total area, and are concentrated in specific neighborhoods primarily in Ward 8 and secondarily Ward 7 (DC Policy Center, 2017). It is important to provide these residents with nutrition education that teaches them to purchase longer lasting foods with a high nutritional value and a low cost due to the unavailability of full service grocery stores in the area. Because these residents often rely on small corner or convenience stores, initiatives like the [Healthy Corner Store Program](#) have been created to analyze ways that small retailers can improve customer access to healthy foods, and to expand corner grocery stores’ capacity to sell healthy foods and increase their profits from such.

District-wide, more than one out of six high school students and one out of ten middle school students reported going hungry during the prior 30 days when surveyed by the [Youth Risk Behavior Survey](#) in 2015. To increase food access, programs such as Arcadia’s Mobile Market, the Supplemental Nutrition Assistance Program, Martha’s Table’s

Joyful Markets, and the Capital Area Food Bank have been established. In addition to community programs, some schools throughout the District have implemented their own food banks and food pantries to further aid students and their families. Beyond focusing on food access, District CBOs offer a wide variety of programming focused on enhancing both nutrition knowledge and skills through cooking classes, grocery store tours, and gardening, among others. The District also hosts [FoodCorps](#) members whose roles revolve around hosting activities that connect students to healthy food in school. OSSE serves as the state partner organization for FoodCorps in DC.

Additional events that involve the community include [Growing Healthy Schools Month](#) and the aforementioned Strawberries and Salad Greens Day. Both of these provide community members with an opportunity to engage with schools by volunteering in activities around nutrition and other health related topics.

OSSE has made efforts to enhance the collaboration between nutrition education and physical education and activity. During the 2017-18 school year, OSSE will convene its first Physical Education Leadership Cadre. Consisting of physical education teachers from the District who serve K-12 students, the group will serve as a professional learning community for all physical educators. Nutrition education will be incorporated throughout the cadre trainings as a key component of health. Additionally, as mentioned earlier, DOH and OSSE collaborate on the objectives set by the [CDC’s State Public Health Actions-1305 Grant](#), which focuses on promoting healthy environments and reducing chronic diseases such as diabetes, heart disease, and stroke. Work in this grant supports both the Healthy Schools Act’s goal to reduce childhood obesity and [DC Healthy People 2020’s](#) goal of reducing chronic disease through the consumption of healthful diets and daily physical activity.

### Physical Environment; Health Services; Counseling, Psychological, and Social Services; Social and Emotional Climate

District agencies are continuously working with schools to assist them in providing a better physical environment, social and emotional climate, and health and counseling, psychological, and social services. The Healthy Schools Act reinforces that each local education agency (LEA), as mandated by federal law, must develop, adopt, and update a comprehensive local wellness policy through collaboration with students’ parents/guardians, food service providers, and community organizations. Additionally, the Act requires that schools promote healthy eating to students, faculty, staff, and parents, provide students with at least 30 minutes to each lunch, and make cold, filtered water available free to students when meals are served. In 2016, 88 percent of participating schools reported having cold, filtered water available for students during meal times (Healthy Schools Act School Health Profiles, 2016).

In 2016 the District passed the [Access to Emergency Epinephrine in Schools Amendment Act of 2015](#). This Act authorizes public schools to possess and administer undesignated epinephrine auto-injectors and for OSSE to train school staff to administer injections to students. OSSE training includes food allergy prevention and management. Other health services include the screening, testing, treatment, and prevention of nutrition-related chronic diseases like diabetes and obesity. In 2016, 20

percent of participating District schools reported providing screening, testing, and/or treatment for chronic diseases like diabetes, obesity, and asthma, while 43 percent reported offering prevention materials and resources for these (Healthy Schools Act School Health Profiles, 2016).

Many District schools also employ clinical staff at the school, including Licensed Independent Clinical Social Workers (65 percent of schools in 2016), Licensed Professional Counselors (39 percent of schools in 2016), psychologists (77 percent of schools in 2016) and psychiatrists (5 percent of schools in 2016) (Healthy Schools Act School Health Profiles, 2016). Clinical staff is important to assist with mental health issues, which can include eating disorders and bullying related to food consumption.

### Overview of the Nutrition Education Plan

The Nutrition Education Plan is a guide that will be used by OSSE when developing nutrition education related programming for schools and providing technical assistance. Goals and objectives of the plan will be used to set requirements included in nutrition-related OSSE programs such as the Nutrition Education and Physical Activity Grant. CBOs, District agencies, schools, universities, and others interested in enhancing the quality and quantity of nutrition education delivered to District students are strongly encouraged to be part of the plan by fulfilling and/or participating in the actions outlined within the plan.

The “Top Tips” page at the beginning of each audience’s section highlights the main actions an individual or organization can take to contribute towards the goals of the plan. Each tip page can also be found as a one-pager on the OSSE website. To learn more about other uses for the plan, refer to the How to Navigate the Plan section next.

### HOW TO NAVIGATE THE PLAN

We encourage you to take time to read through the whole document to learn about the plan’s holistic approach. If you are unable to do so, check out the tips below to get the most out of this document.

Do you want to...	Check out...
Learn about the overarching goals of the Nutrition Education Plan?	The goals and objectives on page 6.
Know how you can contribute to making the goals of the plan a reality?	The section for your audience. The plan has been broken down into: <ul style="list-style-type: none"> <li>- Early Child Care Education Centers, page 8</li> <li>- School administrative staff, page 10</li> <li>- School educators, page 10</li> <li>- School foodservice staff, page 12</li> <li>- Student families, page 14</li> <li>- Entities working in nutrition education, page 16</li> </ul>
Become familiar with OSSE’s nutrition education resources?	The OSSE Resources section on page 24.
Read about nutrition education best practices?	The Best Practices section on page 22.
Have a quick list of items you can work on?	The “Top Items Checklists” at the start of each audience’s section.
Receive support around using the plan	Contact the Healthy Schools and Wellness Programs team at <a href="mailto:OSSE.Hydt@dc.gov">OSSE.Hydt@dc.gov</a> .

## GOALS AND OBJECTIVES

**Overarching Goal:** The District’s Nutrition Education Plan aims to enhance students’ acceptance and consumption of healthy food items and students’ knowledge on nutrition concepts and their life application.

Independent Goals:	Objectives:
<p>1. Students receive age-appropriate, evidence-based nutrition education that promotes positive dietary behavior changes. <i>(WSCC Component: Health Education)</i></p>	<p>1a. The Nutrition Education Standards (Category 5 of the <a href="#">DC Health Education Standards</a>) are utilized and implemented by DC public and public charter schools, District agencies and CBOs working in nutrition education.</p> <p>1b. An evidence-based nutrition education definition that is appropriate for DC’s schools and population is adopted and implemented in early childhood education (ECEs), DC public and public charter schools, District agencies and CBOs working in nutrition education.</p> <p>1c. The amount of nutrition education aligned to the <a href="#">DC Health Education Standards</a> and nutrition education definition that is delivered to District students is enhanced to work towards creating behavior change.</p>
<p>2. Schools implement policies and practices to create a nutrition environment that supports students in making healthy choices. <i>(WSCC Component: Nutrition Environment and Services)</i></p>	<p>2a. DC public schools, public charter schools, and ECEs implement <a href="#">Smarter Lunchrooms</a> and/or <a href="#">Smarter Mealtimes</a> practices that enhance student consumption of healthy foods provided through the federal child nutrition programs and decrease plate waste.</p> <p>2b. DC public and public charter schools implement nutrition education and nutrition promotion as active components of their local wellness policy (LWP).</p>
<p>3. Partnerships between community groups, organizations, and local businesses and the Office of the State Superintendent of Education, relevant District agencies, and/or schools are created to share resources, and support student learning, development, and health-related activities. <i>(WSCC Components: Community Involvement; Physical Education and Physical Activity)</i></p>	<p>3a. Committees working towards common goals in nutrition education in the DC area are notified of the Nutrition Education Plan to create awareness, enhance collaboration, and decrease the duplication of efforts.</p> <p>3b. LEAs are aware of the opportunities available to participate in the Nutrition Education Plan.</p> <p>3c. Formal partnerships (with implementation and sustainability plans) between OSSE and stakeholders that support the objectives of the Nutrition Education Plan are created.</p>
<p>4. Parents/guardians are engaged and actively support student learning around nutrition, their development as it relates to the consumption of proper nutrition, and their overall health. <i>(WSCC Component: Parent Engagement)</i></p>	<p>4a. Reach of nutrition education programming available to students and their parents/guardians is increased.</p> <p>4b. DC public and public charter schools have at least one source of age- and demographic-appropriate nutrition guidance available to them that can be shared with students’ parent/guardians.</p>
<p>5. Schools foster physically and mentally healthy employees fit to support students’ nutritional needs, overall health and academic success. <i>(WSCC Components: Employee Wellness)</i></p>	<p>5a. School employees participate in a School Wellness Champion competition led by OSSE.</p> <p>5b. LEAs incorporate Staff Wellness as an active component of their LWP.</p> <p>5c. Opportunities for school staff to receive training on their personal health and wellness are created.</p>
<p>6. Schools offer a healthy, safe, and supportive social and emotional climate and physical environment, and have the necessary health, counseling, psychological, and social services to support students’ development, health, and learning. (i.e. bullying (related to food consumption); eating disorders; clean drinking water; allergy management; chronic disease management) <i>(WSCC Components: Social and Emotional Climate; Physical Environment; Health Services; Counseling, Psychological, and Social Services)</i></p>	<p>6a. DC public and public charter schools know where to access guidance and resources on safe food handling practices, eating disorders, bullying prevention (as it relates to bullying around food consumption), and school management of chronic diseases like diabetes, high blood pressure.</p>



The plan's goals and objectives have been broken down into actionable items by audience (pages 8-17).

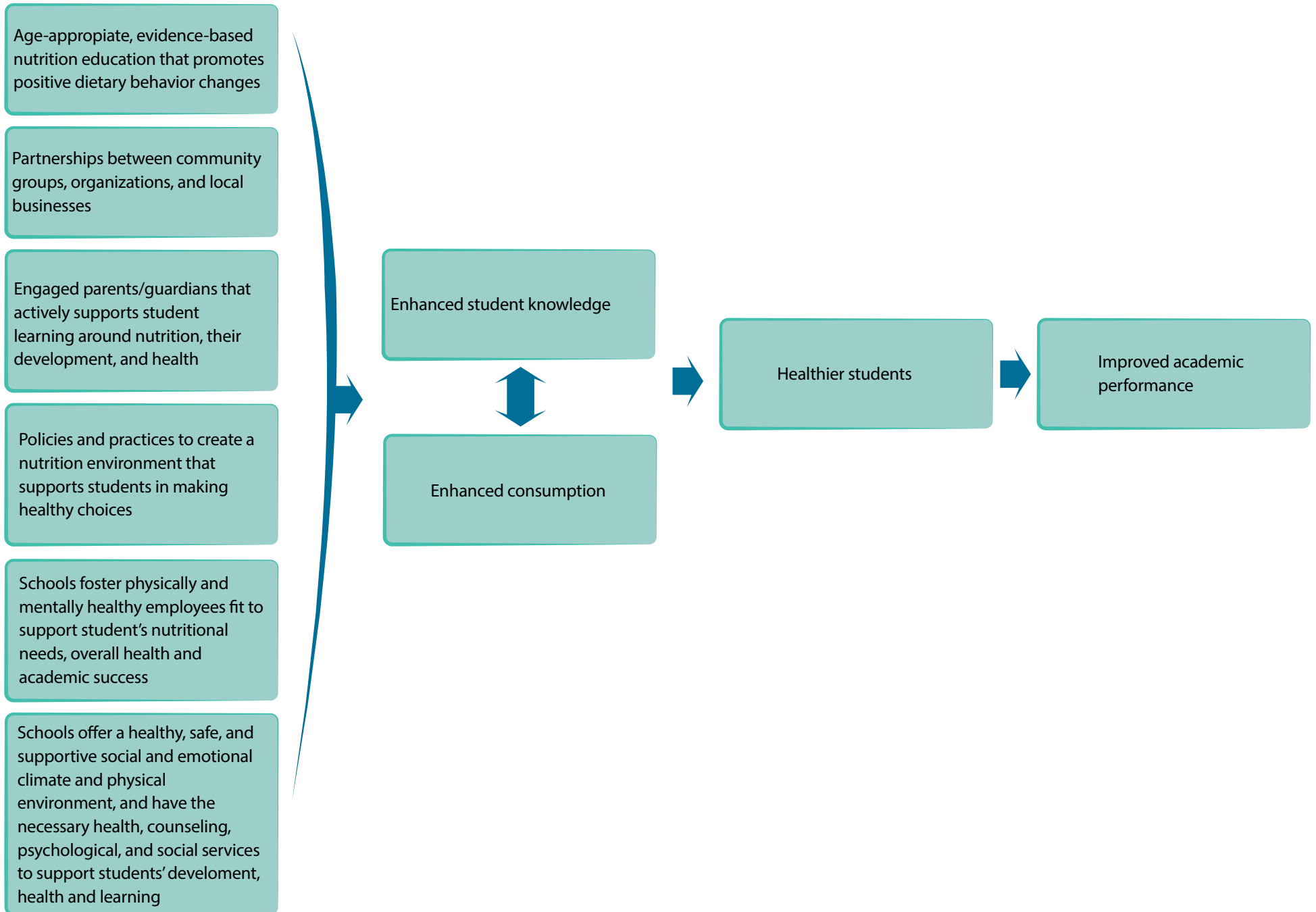


Figure 4: Nutrition Education Plan's Overarching Goal. Description of how independent goals contribute towards students' general health and academic achievement.



## EARLY CHILD CARE EDUCATION CENTERS

### Top Tips for Early Child Care Education Centers

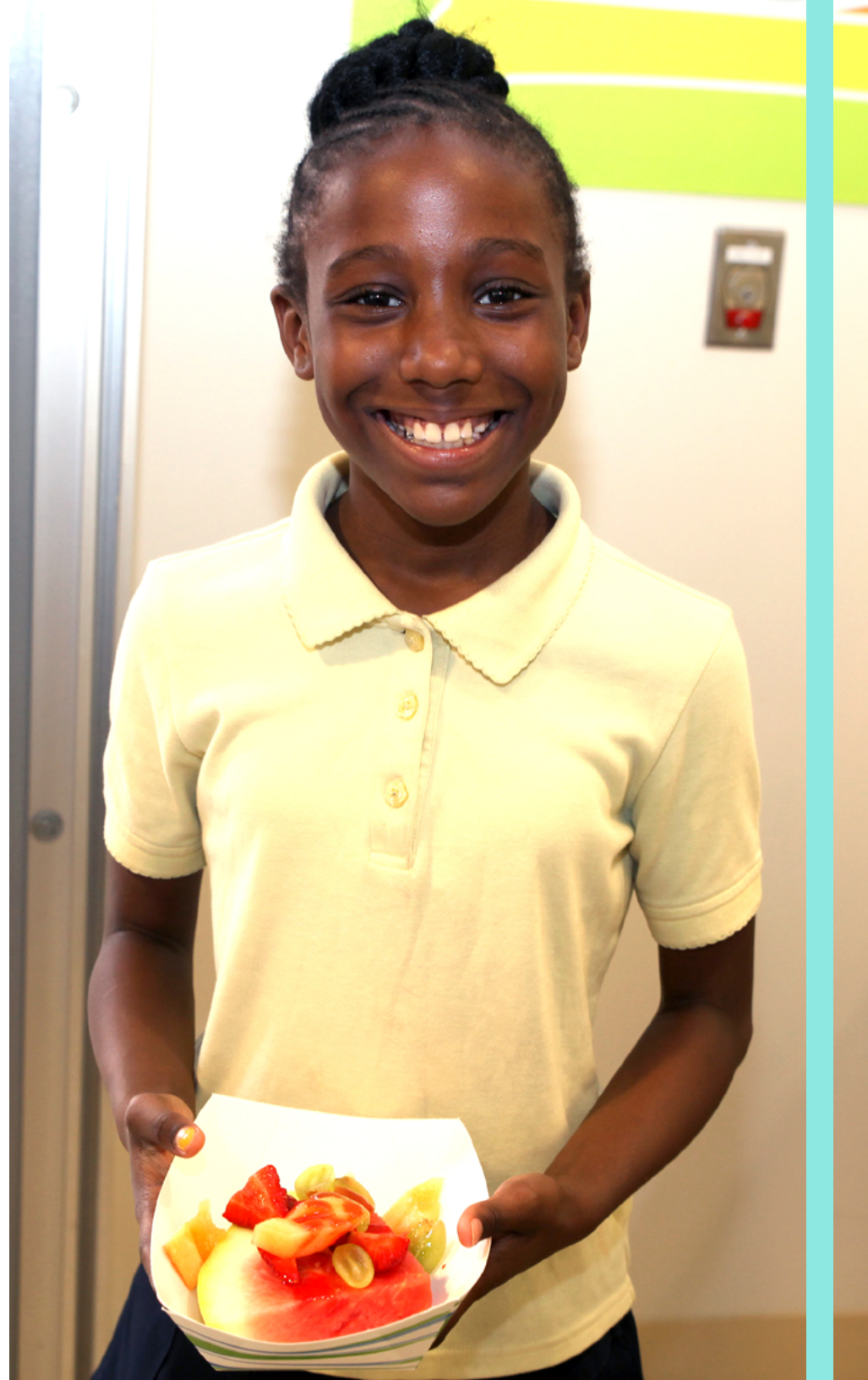
1	<b>Use the DC Early Learning Standards.</b> <a href="http://bit.ly/2p3ztre">http://bit.ly/2p3ztre</a> Set your students up for success by instilling a strong educational foundation using these standards.	<input type="checkbox"/>
2	<b>Join the Healthy Tots Wellness Guidelines Challenge.</b> <a href="http://bit.ly/2BhHb2C">http://bit.ly/2BhHb2C</a> Participate in exciting challenges that will engage staff, providers, students and families.	<input type="checkbox"/>
3	<b>Complete the Smarter Mealtimes Scorecard.</b> <a href="http://bit.ly/2kVaUaE">http://bit.ly/2kVaUaE</a> The scorecard contains strategies that help create an environment that encourages healthy eating in child care centers.	<input type="checkbox"/>
4	<b>Participate in the Child and Adult Care Food Program.</b> <a href="http://bit.ly/2kfmbnA">http://bit.ly/2kfmbnA</a> Participating child care centers can be reimbursed for meals that meet the program guidelines.	<input type="checkbox"/>
5	<b>Attend nutrition-based professional development.</b> Visit the Early Learning Course Catalog ( <a href="http://bit.ly/2E55YJj">http://bit.ly/2E55YJj</a> ) or the Health and Wellness Menu for Professional Development, Health Services, and Technical Assistance to find available offerings ( <a href="http://bit.ly/2lnx71w">http://bit.ly/2lnx71w</a> ).	<input type="checkbox"/>

Please refer to page 9 of the Nutrition Education Plan for additional information on the tips above, plus more on getting involved as Early Child Care Education Centers

## GETTING INVOLVED AS AN EARLY CHILD CARE EDUCATION CENTER

Healthy eating starts from a very early age. Early childhood education (ECE) centers are necessary to create a strong foundation.

- **Implement the [DC Early Learning Standards](#).** Set your students up for success by instilling a strong educational foundation.
- **Participate in the [Healthy Tots Wellness Guidelines Challenge](#).** Provide effective nutrition and healthy eating education, partner with families to promote wellness, and more.
- **Promote healthy eating.**
  - Incorporate practices from [Smarter Mealtimes](#) for an environment that encourages healthy eating in ECEs.
  - Get students excited about fruits and vegetables through a [Farm Field Trip](#).
  - Expose children to the same new fruit or vegetable a minimum of 8 times to 10 times repeatedly, over consecutive days or every other day (Maier, A., Chabanet, C., Schaal, B., Issanchou, S., & Leathwood, P.(2007); Sullivan, S. A. & Birch, L. L. (1994)).
- **Serve healthy meals.** Participating child care centers can be reimbursed for meals that meet the [Child and Adult Care Food Program's \(CACFP\)](#) guidelines. [Training webinar series, training tools](#) and meal pattern [guidance](#) are available to learn about the updated CACFP Meal Patterns.
- **Encourage staff to attend nutrition-based professional development opportunities.**
  - Visit the [Early Learning Course Catalog](#) for monthly professional development opportunities on nutrition and the CACFP.
  - Additional [opportunities](#) are available through the DC Promoting Lifelong Activity in Youth (DC PLAY).
- **Promote nutrition best practices for staff and children.** Utilize the DC PLAY Program's Local Wellness Policy Template to write a nutrition policy for your facility.





## LEA OR SCHOOL STAFF

### Top Tips for Administrative Staff

1	<b>Partner with organizations that have been awarded the Nutrition Education and Physical Activity Grant.</b> <a href="http://bit.ly/2BQLOBm">http://bit.ly/2BQLOBm</a> Build the capacity of your school to provide quality nutrition education and physical activity programming and services.	<input type="checkbox"/>
2	<b>Complete the Smarter Lunchrooms Scorecard annually.</b> <a href="http://bit.ly/2ldwlij">http://bit.ly/2ldwlij</a> Increase meal program participation, improve consumption of healthy foods, and reduce food waste by implementing the simple, no-cost or low-cost strategies in the Scorecard.	<input type="checkbox"/>
3	<b>Have an active Local Wellness Council/Committee.</b> Use the School Wellness Committee Toolkit ( <a href="http://bit.ly/1zMLT0n">http://bit.ly/1zMLT0n</a> ) as a guide to get started.	<input type="checkbox"/>
4	<b>Provide adequate health services.</b> Apply for a school nurse through the DC Department of Health's School Health Nursing Program ( <a href="http://bit.ly/2lmn5h5">http://bit.ly/2lmn5h5</a> ).	<input type="checkbox"/>
5	<b>Implement the CDC's Parent Engagement Framework.</b> <a href="http://bit.ly/2BSf6PG">http://bit.ly/2BSf6PG</a> Work together with students' families to support and improve their learning, development, and health.	<input type="checkbox"/>

### Top Tips for Educators

1	<b>Implement a nutrition curriculum that is aligned to the DC Health Education Standards and vetted through the Health Education Curriculum Analysis Tool (HECAT).</b> Use the Nutrition Curriculum Review Guidance Document ( <a href="http://bit.ly/2E7uUQo">http://bit.ly/2E7uUQo</a> ) to search for reviewed curricula.	<input type="checkbox"/>
2	<b>Participate in District-wide nutrition education activities yearly.</b> Visit page 11 for information on events and activities. Contact <a href="mailto:OSSE.Hydt@dc.gov">OSSE.Hydt@dc.gov</a> to get involved.	<input type="checkbox"/>
3	<b>Incorporate OSSE resources in your lessons.</b> Information on free OSSE resources can be found on page 24.	<input type="checkbox"/>
4	<b>Promote school staff wellness.</b> Drink water in between meals, consume healthy meals and snacks, and promote physical activity throughout the school day to set the example.	<input type="checkbox"/>
5	<b>Participate in nutrition and health education professional development.</b> Search professional development opportunities and technical assistance available through OSSE using the Health and Wellness Menu for Professional Development, Health Services, and Technical Assistance ( <a href="http://bit.ly/2lrx71w">http://bit.ly/2lrx71w</a> ).	<input type="checkbox"/>

## GETTING INVOLVED AS AN LEA OR SCHOOL STAFF

We encourage all LEAs and their schools to become familiar with the components of the Nutrition Education Plan and participate by completing the actions identified within this section.

Please note, all schools are required to participate in the Healthy Schools Act School Health Profiles and the Health and Physical Education Assessment (Grades 5, 8, and high school health). Middle and high schools are also strongly encouraged to participate in the CDC School Health Profiles and Youth Risk Behavior Survey. It is also recommended that each school complete the [School Health Index](#) before determining which actions within this plan are appropriate.

### ADMINISTRATIVE STAFF AND EDUCATORS

As an administrative staff or educator, you can contribute towards the goals outlined in the Nutrition Education Plan.

1. Work towards quality **nutrition education** by:
  - Making sure the curricula and lessons implemented align to the DC Health Education Standards (K-12) and are vetted through the Health Education Curriculum Analysis Tool (HECAT) to ensure students are acquiring the necessary concepts. You can:
    - Adopt a Nutrition Education Curriculum found in the [Nutrition Curriculum Review Guidance Document](#). To schedule a visit to the Curricula and Resource Library to view the curriculum in-person, place a request through the [Technical Assistance Request Form](#).
    - Utilize OSSE's [Curricula Review Team](#) to review your curriculum of interest using the HECAT.
    - Attend a [HECAT training](#) held by OSSE to review the curriculum yourself.
    - Inquire about opportunities to obtain a health education curriculum through OSSE by emailing [OSSE.Hydt@dc.gov](mailto:OSSE.Hydt@dc.gov).
  - Ensuring the education provided is in line with the definition of nutrition education (p. 22), including various activities beyond the classroom such as:
    - Growing Healthy Schools Month/Farm to School Month/National School Lunch Week (October)
    - National Nutrition Month/National School Breakfast Week (March)
    - Strawberries and Salad Greens Day (May/June)
    - Farm Field Trips
    - School Gardens
    - Fresh Fruit and Vegetable Program (K-5)
  - Reinforcing nutrition concepts constantly through visual aids like posters and/or flyers.
  - Utilizing OSSE resources outlined on page 24.
2. Work towards a healthy **nutrition environment** by:
  - Implementing all items in the [OSSE Local Wellness Policy Template](#).
  - Practicing safe food handling. Learn how to do so [here](#).
  - Attending a [training on Smarter Lunchrooms](#) to learn how to implement 10 or more evidence-based healthy food promotion techniques.
  - Establishing a climate that does not stigmatize healthy eating and encourages a healthy body image (CDC, 2017).
3. Promote **employee wellness** by:
  - Setting the example for your colleagues and students by drinking water in between meals, consuming healthy meals and snacks, and promoting physical activity throughout the school day.
4. Ensure adequate **health services** for students by:
  - Ensuring students with diet related chronic diseases, like diabetes, have adequate care. Schools can apply for a school nurse through the [School Health Nursing Program](#).
  - Making sure students with eating disorders have access to psychological or social services. To search for services, click [here](#).
  - Incorporating guidelines set by OSSE's [Allergy Management Program](#).
5. Encourage **family engagement** by:
  - Sharing guidance about how to implement Nutrition portion of the [DC Health Education Standards \(K-12\)](#).
  - Inviting families to view the Healthy Schools Act School Health Profiles through communications or the main office.
  - Implementing the CDC's [Parent Engagement Framework](#).
6. Maximize **community involvement** by:
  - Partnering with a CBO that has been awarded the Nutrition Education and Physical Activity grant to help building capacity around the delivery of nutrition education and physical activity.
  - Partnering with CBOs that have aligned their programming to the DC Health Education Standards (K-12).
  - Partnering with organizations that offer family programming to engage and educate students' families.

**Search professional development opportunities and technical assistance available through OSSE using the [Health and Wellness Menu for Professional Development, Health Services, and Technical Assistance](#). Technical assistance on the implementation of any of the areas outlined in this document can be requested through the [Technical Assistance Request Form](#).**



## FOODSERVICE STAFF

### Top Tips for Foodservice Staff

1	<b>Excite students about the fruits and vegetables in the service line.</b> You can say: <ul style="list-style-type: none"><li>• Have you tried the delicious [broccoli]?</li><li>• Remember that [carrots] are good for your [eyes]!</li></ul>	<input type="checkbox"/>
2	<b>Participate in your school's Local Wellness Council/Committee.</b> You can provide important ideas to help students be healthier.	<input type="checkbox"/>
3	<b>Smile and greet students in the service line.</b> Both you and the students will feel happier!	<input type="checkbox"/>
4	<b>Be a role model – eat fruits and vegetables daily!</b> Eating fruits and vegetables will also help you be healthier!	<input type="checkbox"/>
5	<b>Participate in professional development.</b> Visit page 24 for information on additional resources.	<input type="checkbox"/>

### Resources Available to This Audience

- [Institute of Child Nutrition](#)
- [USDA Child Nutrition Programs](#)
- [Smarter Lunchrooms](#)
- [School Nutrition Association](#)

Please refer to page 13 of the Nutrition Education Plan for additional information on the tips above, plus more on getting involved as food service staff.



As a member of the food service staff team, you play an important role on students' perceptions of school meals. The suggestions outlined here will help you contribute towards the goals outlined in the Nutrition Education Plan.

1. Work towards quality **nutrition education** by:

- Telling students about the benefits of school meals or specific items in the menu.
- Participating in taste tests.
- Getting your students excited about the salad greens and strawberries served during Strawberries and Salad Greens Day (May/June).
- Incorporating the school garden into your school food program.

2. Work towards a healthy **nutrition environment** by:

- Practicing safe food handling. Learn how to do so [here](#). ★
- Promoting a climate that does not stigmatize healthy eating and encourages a healthy body image (CDC, 2017).
- Implementing the [Smarter Lunchrooms](#) initiative by:
  - Assisting with completing the scorecard.
  - Choosing 2-3 strategies (Cornell University, 2017) to implement a year. Start by:
    1. Smiling and greeting students in the service line and during meal service.
    2. Politely prompting students who do not have a full reimbursable meal to select a fruit or vegetable.
    3. Keeping cleaning supplies or broken/unused equipment in a place where it is not visible during meal service.

Smarter Lunchrooms [training](#) is available! ★

3. Promote **employee wellness** by:

- Setting the example for your colleagues and students by drinking water in between meals, consuming healthy meals and snacks, and promoting physical activity throughout the school day.

4. Ensure adequate **health services** for students by:

- Effectively preventing and managing food allergies. Training is available. ★

5. Encourage **family engagement** by:

- Ensuring a monthly menu is posted in the main office, on the school website, and provided to students, families, teachers, and administrators (Cornell University, 2017).

6. Maximize **community involvement** by:

- Working collaboratively with food service vendors to optimize the selection, quality, and appeal of the school meals.

Search professional development opportunities and technical assistance available through OSSE using the [Health and Wellness Menu for Professional Development, Health Services, and Technical Assistance](#). Technical assistance on the implementation of any of the areas outlined in this document can be requested through the [Technical Assistance Request Form](#).

★ Identifies items that count towards required professional development hours.



## FAMILY MEMBER

### Top Tips for Students' Families

1	<b>Become informed about your child's school through their School Health Profile.</b> <a href="http://bit.ly/2zJ0RuG">http://bit.ly/2zJ0RuG</a> School Health Profiles are available online and in the main office for each public school and public charter school.	<input type="checkbox"/>
2	<b>Get familiar with the DC Health Education Standards (K-12).</b> <a href="http://bit.ly/2pQ2lhH">http://bit.ly/2pQ2lhH</a> <i>After becoming familiar with the standards, have your child practice them at home.</i>	<input type="checkbox"/>
3	<b>Participate in the school's Local Wellness Council/Committee.</b> <i>Use the School Wellness Committee Toolkit (<a href="http://bit.ly/1zMLT0n">http://bit.ly/1zMLT0n</a>) as a guide to get started.</i>	<input type="checkbox"/>
4	<b>Be a role model – eat fruits and vegetables daily!</b> Eating fruits and vegetables will also help you be healthier!	<input type="checkbox"/>
5	<b>Have family meals weekly.</b> Use this time to talk to your child about various topics and try to improve their eating habits.	<input type="checkbox"/>
6	<b>Volunteer for annual coordinated District-wide activities.</b> <i>Visit page 15 for information on events and activities. Contact <a href="mailto:OSSE.Hydt@dc.gov">OSSE.Hydt@dc.gov</a> to get involved.</i>	<input type="checkbox"/>

Please refer to page 15 of the Nutrition Education Plan for additional information on the tips above, plus more on getting involved as a family member.



## GETTING INVOLVED AS A FAMILY MEMBER

As a student parent/guardian, you have an important role in your child's health and academic development. Use this list to find ways to get involved to enhance student nutrition knowledge; and acceptance and consumption of healthy food items.

### AT HOME

- **Have family meals.** Use this time to talk to your child about various topics and try to improve their eating habits (Paredes, A. & Shelnutt, K., 2010).
- **Reinforce the [DC Health Education Standards \(K-12\)](#).** Teach them how to pack a healthy snack, create a balanced meal, or set a nutrition-related goal.
- **Read books.** Use OSSE's [Healthy Schools \(K – 5\)](#) and [Health and Physical Education \(K – 12\) Booklists](#) to introduce health topics.
- **Take a cooking class.** An interactive map to search for classes for you and your child can be found [here](#).
- **Become informed.**
  - Review the school's [Healthy Schools Act School Health Profile](#) to learn about what the school offers.
  - Review the [Youth Risk Behavior Survey Report](#) to learn about student behaviors.
- **Bring in healthy items for celebrations.** Teach kids that healthier items like fruits can be a great way to celebrate, too!
- **Be a role model.** Modeling healthy behaviors for your child is important.
- **Garden.** Join a [community garden](#) or [start a garden](#) at home.

### WITH THE SCHOOL

Review the [CDC's Ideas for Parents on Nutrition](#) to get more ideas on how to become informed about a particular health topic so that you can take action.

- **Encourage your child's school to:**
- Deliver nutrition education that is:
  - Aligned to the DC Health Education Standards (K-12)
  - Aligned to the nutrition education definition (page 2).
  - Evaluated through the Health Education Curriculum Analysis Tool (HECAT).
- Complete the Healthy Schools Act School Health Profile, CDC School Health Profile, School Health Index, and Health and Physical Education Assessment.
- Partner with a CBO to enhance nutrition education offerings in the school.
- Implement all items in the OSSE Local Wellness Policy Template through the school's Local Wellness Committee.

- Complete the [Smarter Lunchrooms Scorecard](#).
- Participate in coordinated District-wide activities, including:
  - Growing Healthy Schools Month/Farm to School Month/National School Lunch Week (October)
  - National Nutrition Month/National School Breakfast Week (March)
  - Strawberries and Salad Greens Day (May/June)
- Partner with organizations to participate in OSSE programming, including:
  - Farm to School
  - School Gardens
  - Nutrition Education and Physical Activity
- Ensure professional development for teachers and foodservice staff.

To share your experience with delivering nutrition education at home, utilizing OSSE resources, or helping your student make healthier choices, please email OSSE at [OSSE.Hydt@dc.gov](mailto:OSSE.Hydt@dc.gov).



## WORKING IN NUTRITION EDUCATION IN THE DISTRICT

### Top Tips for Those Working in Nutrition Education in the District

1	<b>Pursue a formal partnership with OSSE.</b> <a href="http://bit.ly/2lfFwoi">http://bit.ly/2lfFwoi</a> This is an opportunity to help each other reach our common goals.	<input type="checkbox"/>
2	<b>Align your programming to the DC educational standards.</b> Aligning your programming to the DC Health Education Standards (K-12) ( <a href="http://bit.ly/2pQ2lhH">http://bit.ly/2pQ2lhH</a> ) and/or DC Early Learning Standards ( <a href="http://bit.ly/2p3ztre">http://bit.ly/2p3ztre</a> ), Next Generation Science Standards (K-12) ( <a href="http://nextgenscience.org/">nextgenscience.org/</a> ), and Common Core State Standards (K-12) ( <a href="http://corestandards.org/">corestandards.org/</a> ) will ensure necessary topics for students are covered.	<input type="checkbox"/>
3	<b>Deliver nutrition education during annual District-wide events.</b> Visit page 17 for information on events and activities. Contact <a href="mailto:OSSE.Hydt@dc.gov">OSSE.Hydt@dc.gov</a> to get involved.	<input type="checkbox"/>
4	<b>Use existing data to tailor programming to meet students' needs.</b> Visit the OSSE website ( <a href="http://bit.ly/2Ch5Bx7">http://bit.ly/2Ch5Bx7</a> ) for existing reports or complete a Data Request Form ( <a href="http://bit.ly/2Cj38ju">http://bit.ly/2Cj38ju</a> ) to request specific data.	<input type="checkbox"/>
5	<b>Implement nutrition education best practices.</b> Visit page 22 for a review on best practices.	<input type="checkbox"/>
6	<b>Engage students' families.</b> Offer at least one opportunity for students and their families.	<input type="checkbox"/>
7	<b>Use OSSE resources.</b> Visit page 24 for information on free OSSE resources.	<input type="checkbox"/>
8	<b>Participate in professional development.</b> Visit the Health and Wellness Menu of Professional Developments, Services, and Technical Assistance ( <a href="http://bit.ly/2GQ9C9W">http://bit.ly/2GQ9C9W</a> ) for various opportunities offered through OSSE.	<input type="checkbox"/>

Please refer to page 16 of the Nutrition Education Plan for additional information on the tips above, plus more on getting involved in nutrition education

## GETTING INVOLVED WHEN WORKING IN NUTRITION EDUCATION

Schools require input, resources and collaboration from the community in order to support their students (WSCC, 2015). If you work in nutrition education, we encourage you to take part in the Nutrition Education Plan in order to help each other reach our common goals. Furthermore, we encourage you to pursue a [formal partnership](#) with OSSE.

### 1. Work towards quality **nutrition education** by:

- Ensuring District educators are aware of the [DC Health Education Standards \(K-12\)](#), their importance, and how to find them and use them.
- Aligning your programming to the [DC Health Education Standards \(K-12\)](#) and/ or [DC Early Learning Standards](#), [Next Generation Science Standards \(K-12\)](#), and [Common Core State Standards \(K-12\)](#).
- Ensuring your nutrition education curriculum, if applicable, is reviewed using the [Health Education Curriculum Analysis Tool](#) (HECAT) (pre-K-12).
- Utilizing applicable OSSE materials with your program recipients (page 24) (pre-K-12).
- Delivering nutrition education in schools during (K-12):
  - Growing Healthy Schools Month/Farm to School Month/National School Lunch Week (October)
  - National Nutrition Month/National School Breakfast Week (March)
  - Strawberries and Salad Greens Day (May/June)
- Ensuring your programming is aligned to the definition of nutrition education (page 2).
- Utilizing OSSE data (Youth Risk Behavior Survey (grades 6-12), Health and Physical Education Assessment (grades 5, 8, high school), Healthy Schools Act School Health Profiles (K-12)) to tailor programming to ensure it meets student needs. Visit the OSSE website for existing reports or complete a Data Request Form to request specific data.
- Implementing best practices (Page 22) and evidence informed approaches.
- Evaluating your program to optimize results. For evaluation resources, see the section on Community Involvement in page 25.

### 2. Work towards a healthy **nutrition environment** by:

- Communicating with schools adequately about implementing [Smart Snacks](#) and [Smarter Lunchrooms](#), and providing hands-on support as needed.
- Promoting a cafeteria environment free of bullying.
- Implementation safe food handling practices in your programming.

### 3. Promote **employee wellness** by:

- Encouraging school employees to set the example for colleagues and students by drinking water in between meals, consuming healthy meals and snacks, and promoting physical activity throughout the school day.



### 4. Ensure adequate **health services** for students by:

- Utilizing OSSE's Allergy Management Program to become familiar with services and resources available around effective and safe food allergy prevention and management strategies.
- Promoting services around eating disorders and school management of chronic diseases like diabetes and high blood pressure. To search for services, click [here](#).

### 5. Encourage **family engagement** by:

- Offering programming for students and their families that instills the importance of nutrition and facilitates skill development.

### 6. Demonstrate **community involvement** by:

- Applying for a formal partnership with OSSE. The Healthy Schools and Wellness Programs' Formal Partnership Application can be completed [here](#).
- Sharing OSSE resources with LEAs/schools and other community members.
- Promoting the communication and collaboration across committees working in nutrition education.
- Communicating with others about the Nutrition Education Plan and adequately directing them to the OSSE website where the plan can be accessed.

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## REFERENCES

- Asada, Y., Schwartz, M., Read, M., & Chriqui, J. (2016). Another partner in the classroom: The role of nutrition education in the implementation of school policies [Abstract]. *Journal of Nutrition Education and Behavior*, 48(7s), S14.
- Baker, S., Auld, G., MacKinnon, C., Ammerman, A., Hanula, G., Lohse, B., Wardlaw, M. (2014). *Best Practices in Nutrition Education for Low Income Audiences*. Retrieved from <http://bit.ly/2lLr94N>
- Basch, C. E. (2010). *Healthier students are better learners: A missing link in school reforms to close the achievement gap*. Equity matters: Research review No.6. New York, NY: The Campaign for Educational Equity.
- Carroll, C. (2014). *Making the grade in today's schools*. Today's Dietitian, 16(64).
- Centers for Disease Control and Prevention (CDC). (2015). *Components of the Whole School, Whole Community, Whole Child (WSCC)*. Retrieved from <http://bit.ly/2lIz3eA>
- Centers for Disease Control and Prevention (CDC). (1996). *Guidelines for School Health Programs to Promote Lifelong Healthy Eating*. Retrieved from <http://bit.ly/2LrppiW>
- Centers for Disease Control and Prevention (CDC). (2015). *Health Education Curriculum Analysis Tool (HECAT)*. Retrieved from <http://bit.ly/2lMElRC>
- Centers for Disease Control and Prevention (CDC). (2014). *Health and Academic Achievement*. Retrieved from <http://bit.ly/2xcsYqt>
- Centers for Disease Control and Prevention (CDC). (2017). *School Health Guidelines*. Retrieved from <http://bit.ly/2LvhYqZ>
- Centers for Disease Control and Prevention (CDC). (2016). *School Health Index*. Retrieved from <http://bit.ly/2lL6Uo4>
- Centers for Disease Control and Prevention (CDC). (2015). *School Health Profiles*. Retrieved from <http://bit.ly/2sdrI5P>
- Centers for Disease Control and Prevention (CDC). (2015). *Whole School, Whole Community, Whole Child (WSCC)*. Retrieved from <http://bit.ly/2s89pdJ>
- Chapman, L. E., Cohen, J., Canterberry, M., & Carthom, T. W. (2017) Factors Associated with School Lunch Consumption: Reverse Recess and School “Brunch”. *Journal of the Academy of Nutrition and Dietetics*, 117(9), 1413-1418.
- Connell, D. B., R. R. Turner, and E. F. Mason. 1985. Results of the School Health Education Evaluation: Health promotion effectiveness, implementation, and costs. *Journal of School Health*,55(8):316321.
- Contento, I. R. (2011). *Nutrition education: Linking theory, research and practice. Second Edition*. Burlington, MA: Jones and Bartlett Learning.
- Cornell University. (2017). *The Smarter Lunchrooms Strategies*. Retrieved from <http://bit.ly/2GPh8So>
- Edmudson, E., Parcel, G. S., Feldman, H. A., Elder, J., Perry, C., Johnson, C.C., Williston, B. J., Stone, E. J., Yang, M., Lytle, L. & Webber, L. (1996). The Effects of the Child and Adolescent Trial for Cardiovascular Health upon Psychosocial determinants of Diet and Physical Activity Behavior. *Preventive Medicine*, 25(4):442454.
- Civic Impulse. (2017). H.R. 6124 — 110th Congress: Food, Conservation, and Energy Act of 2008. Retrieved from <http://bit.ly/2J4swiC> and Nutrition Board; Board on Children, Youth, and Families; Institute of Medicine. (2013 August 21). Nutrition Education in the K-12Curriculum: The Role of National Standards: Workshop Summary. *National Academies Press (US)*. Retrieved from <http://bit.ly/2KPGMc4>
- Harrington, K. F., Franklin, F. A., Davies, S. L., Shewchuk, R. M., & Binns, M.B. Implementation of a Family Intervention to Increase Fruit and Vegetable Intake: The Hi5 + Experience. *Health Promotion Practice*, 6(2): 180-189.
- Hersch, D., Perdue, L, Ambroz, T, & Boucher, J. L. (2014). The Impact of Cooking Classes on Food Related Preferences, Attitudes, and Behaviors of School-Aged Children: A Systematic Review of the Evidence, 2003–2014. *Preventing Chronic Disease*, 11, E193.
- Howerton, M. W., Sue Bell, B., Dodd, K. V., Berrigan, D., Stolzenberg Solomon, R., & Nebeling, L. (2007). School-based Nutrition Programs Produced a Moderate Increase in Fruit and Vegetable Consumption: Meta and Pooling Analyses from 7 Studies. *Journal of Nutrition Education and Behavior*, 39(4), 186-196.
- Joint Committee on National Health Education Standards. (2017). *National Health Education Standards, Second Edition*. Retrieved from [www.sparkpe.org/wp-content/uploads/NHES\\_CD.pdf](http://www.sparkpe.org/wp-content/uploads/NHES_CD.pdf)
- Luepker R. V., Perry, C. L., McKinlay, S. M., Nader, P. R., Parcel, G. S., Stone, E. J. , ... Verter, J. (1996). Outcomes of a Field Trial to Improve Children's Dietary Patterns and Physical Activity. The Child and Adolescent Trial for Cardiovascular Health. *Journal of the American Medical Association*, 275, 768-776.
- Maier, A., Chabanet, C., Schaal, B., Issanchou, S., & Leathwood, P. (2007). Effects of repeated exposure on acceptance of initially disliked vegetables in 7-month old infants. *Food Quality and Preference*,18(8), 1023-1032. <http://bit.ly/2LtX1gh>
- Office of the State Superintendent of Education. (2016). District of Columbia Healthy Schools Act of 2010 2016 Reports. Retrieved from <http://bit.ly/2krbAoF>
- Olander, C. (2007). *Nutrition Education and the Role of Dosage*. Retrieved from <http://bit.ly/2scCQe2>

Paredes, A. & Shelnut, K. (2010). *Raising Healthy Children: The Importance of Family Meals*. University of Florida. IFAS Extension. Retrieved from <http://bit.ly/2saNEJF>

School Nutrition Association. (2014). *Keys to excellence: Standards of practice for nutrition integrity*. Retrieved from <http://bit.ly/2xcjdIH>

Shepherd, R. (1999). Social determinants of food choice. *Proceedings of the Nutrition Society*, 58(4),807-812. doi: 10.1017/S0029665199001093

Smith, R. (Mar. 13, 2017). Food Access in D.C. is deeply connected to poverty and transportation. Retrieved from <http://bit.ly/2J7KikQ>

Society of Health and Physical Educators (SHAPE America). (2016). *The Essentials of Teaching Health Education: Curriculum, Instruction, and Assessment*. Champaign, IL: Human Kinetics.

Sullivan, S. A. & Birch, L. L. (1994). Infant dietary experience and acceptance of solid foods. *Pediatrics*. 93(2):271-7. Retrieved from <http://bit.ly/2J4LCVT>

United States Department of Agriculture (USDA). (2000). *Changing the Scene. Improving the School Nutrition Environment*. Retrieved from <http://bit.ly/2LtYrr7>

United States Department of Agriculture (USDA). (2016). *Local School Wellness policy implementation under the Healthy, Hunger-Free Kids Act of 2010: Summary of the Final Rule*. Retrieved from <http://bit.ly/2sbqzXe>

United States Department of Agriculture (USDA). (2010). *Nutrition Education and Promotion: The role of FNS in helping low-income families make healthier eating and lifestyle choices. A report to congress*. Retrieved from <http://bit.ly/2GPPaWK>

## APPENDIX I: NUTRITION EDUCATION BEST PRACTICES



To ensure the nutrition education fulfills its intended purpose of enhancing knowledge of nutrition concepts and acceptance and consumption of healthy food items, the education delivered must well-designed and effectively implemented. The components in this section have been identified as effective, evidence-based nutrition education and promotion practices.

### Health Education

- **Nutrition education is grounded on appropriate educational standards and is developed with the use of a comprehensive, coherent, and clearly focused nutrition curriculum.** The District’s Health Education Standards and resources like the CDC’s Health Education Curriculum Analysis Tool (HECAT) (CDC, 2015) are available to facilitate this process. If utilized correctly, these tools ensure the education delivered is accurate, comprehensive, age-appropriate and sequential (CDC, 2017). Quality health education can promote healthier students, and healthier students are better learners (Basch, 2010), thus improving academic outcomes (Figure 1).
- **Nutrition education is skills-based.** The DC Health Education Standards and National Health Education standards emphasize skill development. “A skills-based approach to health education helps students develop the skills, attitudes, and functional knowledge needed to lead health-enhancing lives” (SHAPE America, 2016, p. 24).

- **Nutrition education is provided for sufficient time.** Studies conclude both the quality and the quantity of education are important. At 15 hours of classroom instruction, program-specific knowledge is enhanced, but it is not until 40-50 hours of instruction are delivered that changes in knowledge, practices, and attitudes are seen (Connell, D. B., Turner, R. R., & Mason, E. F., 1985). This emphasizes the importance of incorporating nutrition education throughout the school day and into a variety of subjects to maximize exposure time.
- **Nutrition education focuses on specific behaviors or practices.** Research has identified that interventions that focus on specific behaviors, like increasing the consumption of fruits and vegetables, are more likely to be effective than those that only focus on knowledge enhancement (Howerton, et al. 2007; Luepker, et al. 1996).
- **Nutrition education is active and participatory** (Food and Nutrition Board; Board on Children, Youth, and Families, Institute of Medicine, 2013; CDC, 2017). School gardens, which allow students to be actively involved with fruits and vegetables, have been found to enhance students’ nutrition knowledge and cooking classes have been found to enhance participants’ food-related preferences, attitudes, and behaviors (Hersch, Perdue, Ambroz, & Boucher, 2014).
- **Nutrition education takes into account the motivations, needs, interests, perceptions, and desires of particular population groups.** Effective nutrition education does not utilize a “one size fits all” approach. Instead, it is chosen or developed taking into consideration the target population, their knowledge and beliefs, their economic standing, social environment, and biological factors such as taste preferences. Successful interventions will be adapted as needed to use different approaches for different groups and situations. (Baker, et al. 2014; Shepherd, 1999; USDA, 2010). Classroom instruction should be relevant to students’ daily lives and experiences (CDC, 2017).

### Nutrition Environment and Services

- **Nutrition education addresses change at environmental levels.** Schools should participate in the USDA’s National School Breakfast and Lunch Programs and enforce SmartSnacks regulations to enhance availability of healthy items on campus. With their implementation, nutrition education that explains the link between the foods they are being served and the benefits of consuming such foods should be incorporated to increase students’ acceptance of these food items (Asada, Y., Schwartz, M., Read, M., & Chriqui, J). Local wellness policies are required to include policies for food and beverage marketing that allow marketing and advertising of only those foods and beverages that meet the Smart Snacks in School nutrition standards by USDA (USDA, 2016).
- **Nutrition education is encouraged and supported by the school nutrition program** (School Nutrition Association, 2014). This includes making the cafeteria a place students feel a bond to by putting up student artwork or pictures (Cornell University, 2017), displaying nutrition education materials such as posters, having school



nutrition personnel prompt students to choose fruits and vegetables and having them lead nutrition activities through kitchen tours, food demonstrations, food tastings, and/or participating in classroom nutrition education activities. These small changes can positively impact the consumption of healthy food items (Cornell University, 2017). To enhance consumption, it is also important to assess when the lunch is served, as holding recess before lunch has been associated with increased consumption of healthier items like fruits (Chapman, L. E., Cohen, J., Canterberry, M., & Carthom, T. W., 2017). Additionally, the national recommendation is that school not start lunch before 11:00 a.m. nor after 1:00 p.m. (USDA, 2000).

### Community Involvement; Physical Education & Physical Activity

- **Nutrition education involves the community.** As depicted by the WSCC model, community involvement is necessary when incorporating a whole child approach, as each school is reflection of its community and requires input, resources, and collaboration from such (WSCC Fact Sheet). Community involvement can consist of community members participating in nutrition education activities to serve as role models for students and the collaboration of a variety of entities to work towards a common goal around nutrition education. To involve the community, a school can utilize the school nutrition program to teach the community that school meals are a model for healthy eating (School Nutrition Association, 2014) thereby stating the importance of students consuming these meals. Lastly, students can be incentivized through recognition and/or rewards for their fruit and vegetable consumption. The Local Wellness Policy is a great place to incorporate these and other initiatives. As outlined by the USDA, at a minimum, policies are required to include specific goals for nutrition promotion and education, physical activity, and other school-based activities that promote student wellness (USDA, 2016).

### Family Engagement

- **Nutrition education involves the family.** Targeting students' families is important because they greatly influence students' food choices and dietary behaviors. Strategies like sending home student-parent/guardian activities and offering rewards for completion (Edmundson et al. 1996), or hosting family fun nights (Harrington et al. 2005) have demonstrated effectiveness in enhancing knowledge and engaging parents, respectively. Additional strategies can be to share nutrition messages with parents through media resources such as printed menus and newsletters, social media, school websites, school cable stations, parent meetings, and school board presentations (School Nutrition Association, 2014), while ensuring the healthy eating practices promoted are culturally sensitive (CDC, 2017).

### Employee Wellness

- **Nutrition education is provided by teachers and other school staff who receive adequate support.** It is important to have annual professional development opportunities and other activities where all staff can enhance their knowledge on nutrition and how to properly convey that knowledge to students. Training should be provided for educators, extending beyond just health and/or physical educators, school nutrition personnel and administrative staff. Staff should receive ongoing training that focuses on teaching strategies for behavioral change (CDC, 1996). Schools can also focus on environmental changes by addressing peer pressure that discourages healthy eating and instead encouraging peers to focus on inspiring healthy eating habits, can develop initiatives to promote staff wellness, and encourage educators to eat with their students to set the example (Food and Nutrition Board; Board on Children, Youth, and Families; Institute of Medicine, 2013).

### Social and Emotional Climate; Physical Environment; Health Services; Counseling, Psychological, and Social Services

- **Nutrition education is part of a comprehensive approach that consists of the school performing a self-assessment** (CDC, 1996). Nutrition education programming should be regularly evaluated for its effectiveness. Outcomes to measure in a nutrition education program include: the level of implementation, the quality of education delivered by educators, whether multiple members of the school and the community are partaking in the education, and whether a curriculum is being implemented. The CDC has two tools that can be utilized to measure these changes: 1) the CDC School Health Profiles (CDC, 2015) and the 2) School Health Index (CDC, 2016). Additionally the District of Columbia has the Healthy Schools Act School Health Profiles, administered every year as mandated by the Healthy Schools Act of 2010. When possible, measuring changes in dietary intake, knowledge, or attitudes should be measured. (CDC, 1996). Schools should also have resources available for identification, follow-up, and treatment of health and mental health conditions related to diet, physical activity, and weight status, (CDC, 2017) including diabetes and eating disorders.

## APPENDIX II: TRANSITION BEST PRACTICES

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- Each school should keep a transition folder that can be used by newcomers as staff leaves. Transition folders should contain clear instructions on implementation of activities, lesson plans, curricula, and any other aspects of the work that should be continued.
- Staff that attends professional development/training should keep detailed notes of what was learned, how it was implemented, any materials received, resources, and how training can be obtained.
- Educators are encouraged to use the [Health and Physical Education Unit/Lesson Planning Worksheet](#) to facilitate transition.
- The folder and materials utilized by each staff/educator must remain in the school if that staff/educator leaves.

## APPENDIX III: RESOURCES

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### OSSE Resources

Existing OSSE resources and opportunities have been outlined below. For additional opportunities please visit the Division of Health and Wellness' [Menu of Professional Developments, Health Services and Technical Assistance](#).

#### Health Education

- **Curriculum Purchase Program** (<https://bit.ly/2I7vGOz>). Program through which schools can apply to receive a health or physical education curriculum and technical assistance in its implementation.
- **DC Early Learning Standards** (<http://bit.ly/2p3ztre>). The continuum of learning and development expected of all young children, from birth through grade three.
- **DC Health Education Standards** (<http://bit.ly/2pQ2IhH>). Clear, skill-based, and age-appropriate educational standards for K-12 students.
- **Health and Physical Education Curricula and Resource Library** (<https://bit.ly/2I7vGOz>). Library with over 80 different health and physical education curricula for in-person viewing.
- **Health and Physical Education Booklist** (<https://bit.ly/2Gq579Y>). An annotated list of books for K-12 students on a variety of health topics.
- **Health Education Curriculum Analysis Tool Crosswalk: Nutrition** (<https://bit.ly/2EnaAee>). Crosswalk of the alignment between the 2008 HECAT, the 2012 HECAT, and 2016 Health Education Standards.
- **Health and Physical Education Unit/Lesson Planning Worksheet** (<https://bit.ly/2ISZxeH>). Provides assistance for educators to utilize various tools and instruments developed by OSSE and other organizations in their health and physical education coursework planning and development.
- **Healthy Schools Booklist** ([osse.dc.gov/hsbooklist](https://osse.dc.gov/hsbooklist)). An annotated list of over 400 books with positive food, nutrition, and physical activity messages for children in grades K-5.

- **Integrating Nutrition into the School Curriculum Webinar** (<https://bit.ly/2Gayaza>). Discusses innovative ways educators can integrate nutrition education into core curricula.
- **Nutrition Curriculum Review Guidance Document** (<https://bit.ly/2EnaAee>). A guide for educators with summary and in-depth information about various nutrition education curricula.
- **Nutrition Education in Schools Webinar** (<https://bit.ly/2G7jXms>). Discusses the importance of nutrition education and how to incorporate it throughout the school day safely and efficiently.

#### Community Involvement

- **Farm to School Grant** (<https://bit.ly/2p16Lt1>). The Healthy Schools Act of 2010 and the Healthy Tots Act provide grant funding through the Farm Field Trip grant.
- **Nutrition Education and Physical Activity Grant** (<https://bit.ly/2BQLOBm>). Aims to build the capacity of schools to provide quality nutrition education and physical activity programming and services.
- **School Gardens Grant** (<https://bit.ly/2G7MrMV>). Grant offered by OSSE to support the staffing of school gardens.

## Nutrition Environment & Services

- **FoodCorps** (<https://bit.ly/2c9EpD6>). Schools can apply for to have a FoodCorps member who may teach cooking and gardening, create a school environment that promotes healthier eating and engage the whole school community.
- **Health & Wellness Liaisons Program** (<https://bit.ly/2DWtO8O>). Program through which schools and early care education facilities can receive a liaison to provide on-site support in health education, physical education/activity, school health services, and nutrition educational services.
- **Local Wellness Policy Template** (<http://bit.ly/2s7CF4i>). Framework for schools to establish nutritional standards for school foods and to set guidelines and goals for

## ADDITIONAL RESOURCES

### Health and Physical Education

- **Health Education Curriculum Analysis Tool** (<https://bit.ly/2fqC9I6>): Can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of an Effective Health Education Curriculum.
- **Health Education Resources for Teacher's Toolbox** (<https://bit.ly/2plj0WN>): Tools, products, and services for health educators to put children on the path to health and physical literacy through effective health and physical education programs.
- **National Health Education Standards, Second Edition** (<https://bit.ly/2hvfRcG>). Standards that establish, promote and support health-enhancing behaviors for students from pre-Kindergarten through grade 12.
- **Physical Education Curriculum Analysis Tool** (<https://bit.ly/2gh1eHZ>): Helps school districts and schools conduct clear, complete, and consistent analyses of physical education curricula, based on national physical education standards.

### Nutrition Environment & Services

- **Institute of Child Nutrition** (<https://bit.ly/1JDV6ix>): Free nutrition trainings on Nutrition 101, food safety, and other foodservice related topics.
- **School Health Index** (<https://bit.ly/2kRYJpc>): Self-assessment and planning tool that schools can use to improve their health and safety policies and programs.
- **School Nutrition Association** ([schoolnutrition.org](http://schoolnutrition.org)): Members can access webinars on-demand and other resources related to school nutrition.
- **Smarter Lunchrooms** ([smarterlunchrooms.org](http://smarterlunchrooms.org)): Resources for the implementation of the movement with free or low-cost strategies for a lunchroom environment that makes healthy food choices easy.
- **USDA Child Nutrition Programs** (<https://bit.ly/2zaL0th>): Information on the Child Nutrition Programs and related resources are available.

physical and health education, physical activity, and other school-based programs designed to promote student wellness.

- **Smart Snacks and Healthy Vending Webinar** (<https://bit.ly/211PiDF>). Restates the importance of having Smart Snacks on campus, reviews the Smart Snacks food and beverage standards, and offers ideas on how to use Smart Snacks as an opportunity to educate students.

**Requests for trainings, services, and/or technical assistance can be placed through the Healthy Schools and Wellness Programs' [Technical Assistance Request Form](https://bit.ly/217vGOz) (<https://bit.ly/217vGOz>).**

### Community Involvement

- **Data Collection Methods** (<https://bit.ly/214UQNE>). Tools for how to collect data accurately and systematically to evaluate your program.
- **Evaluation Resources** (<https://bit.ly/2DW8gsY>). A compilation of resources by the CDC for program evaluation.
- **Framework for Program Evaluation** (<https://bit.ly/2pGwwL8>). Use as a guide to conduct effective program evaluations.

### Family Engagement

- **Parent Engagement Framework** (<https://bit.ly/2BSf6PG>): Guide that explains how to use the CDC's resources for Parents for Healthy Schools.
- **Parents for Healthy Schools** (<https://bit.ly/2s81nn0>): Set of resources developed by the CDC to help schools and school groups engage parents to create healthy school environments.




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