

National Nutrition Education Standards to Support Child Health

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ABSTRACT

The high prevalence of obesity in children and youth requires effective policy solutions. While obesity is a multifactorial issue, diet is a strong contributor and American children and youth are not eating a healthful diet. Evidence demonstrates that school-based efforts to improve diet are successful when access to healthier foods is combined with nutrition education. The Healthy, Hunger-free Kids Act of 2010 improved school meals by strengthening nutritional standards, improving access to healthy foods for millions of school-aged children and youth. As shown by research, however, nutrition education must also be emphasized to further improve child diet. National nutrition education standards would support healthy eating by ensuring consistency and quality of nutrition education. To maximize their potential for positive impact on diet, these standards should be integrated into the National Health Education Standards, aligned with the Common Core educational standards and the Dietary Guidelines for Americans. Thus, Congress must pass legislation for an interagency working group, comprised of the U.S. Departments of Agriculture, Education, and Health and Human Services, to facilitate the development of national nutrition education standards.

Policy Objective

To pass Congressional legislation for an interagency working group, comprised of the U.S. Departments of Agriculture, Education, and Health and Human Services, to develop a framework for national nutrition education standards, incorporated into the National Health Education Standards, aligned with the Dietary Guidelines for Americans, and the Common Core education standards. This legislation would include contracting with an outside group of experts to develop the standards.

The Problem

Over 35% of US elementary school children (ages 6 to 11) are overweight or obese (Pittman et al., 2012). Childhood overweight and obesity are risk factors for serious chronic diseases such as type 2 diabetes, cardiovascular disease, hypertension and some types of cancer in childhood and in later years (Gleason & Dodd, 2009; Hernandez, Francis, & Doyle, 2011). Childhood obesity is complex issue with many influential factors (Hollar et al. 2010; Briefel, Wilson, & Gleason, 2009). However, diet is one important contributor (Agostoni et al., 2011) and an unhealthy diet is a leading risk factor for disease and death in the United States (Murray et al. 2013).

Children and youth do not meet the minimum recommended amounts of fruits, vegetables, and whole grains as defined by the Dietary Guidelines for Americans (DGA) (Krebs-Smith et al., 2010). Behaviors developed in childhood influence health outcomes in adulthood (Collins, Lehnerr, Posner & Toomey, 2009), making childhood critical time for intervention. As children spend five days a week at school and consume up to half of their daily calories there, schools are a logical setting for childhood obesity prevention efforts (Hollar et al. 2010; Story, Kaphingst, & French, 2006).

The Healthy, Hunger-Free Kids Act of 2010 (HHFKA) changed the school food environment in an effort to combat childhood obesity and promote alignment with the DGA (Healthy, Hunger-free Kids Act of 2010). HHFKA mandates that districts develop wellness policies that include goals for nutrition education. However, no specific criteria or funding has been authorized to support wellness policy implementation (Chriqui et al., 2013), which may contribute to variability in quality and consistency of nutrition education in schools.

Environmental changes are necessary but not sufficient to change student dietary behavior. Multicomponent interventions that include classroom nutrition education (NE) in tandem with food environment changes have been found to be the most successful. School-based nutrition programs that incorporate several intervention components including classroom curriculum, school cafeteria changes, parent involvement, and community action have been associated with increased fruit and vegetable (FV) consumption among children (Howerton, Bell, Dodd, Berrigan, Stolzenberg-Solomon, & Nebeling, 2007; French & Wechsler, 2004; Blanchette & Brug, 2005). While HHFKA has changed the school food environment, failure to provide specific criteria for NE reduces the policy's influence on child dietary behavior. Thus, national nutrition education standards for kindergarten through 12th grade schools are important to support teachers in providing quality and consistent NE.

National K-12 Nutrition Education Standards

National standards will increase the quality and consistency of NE. In fact, the American Dietetic Association, School Nutrition Association, and Society for Nutrition Education cite the lack of national standards as a challenge to administering quality NE (Briggs, 2010). In addition, a 2009 report by the Society of Nutrition Education referred to standards as an integral component of effective NE. Research demonstrates that effective NE is behaviorally focused, driven by the interests and motivations of youth, incorporates self-assessment, involves families, and connects to the broader community (Roseman, Ridell & Haynes, 2011; Society of Nutrition Education, 2009). By engaging in a process that draws from the evidence-base of NE that effectively impacts dietary behavior, national standards would promote quality nutrition education.

The nation is increasingly interested in creating consistency in education standards, as evidenced by the 46 states and the District of Columbia that have adopted the Common Core education standards. Creating national NE standards would foster consistency curriculum. National NE policies have been found to impact local school district policies by setting a standard for schools and teachers (McCaughy, Martin, Fahlman, & Shen, 2011). Further, consistency in NE curricula has been observed at the state level in California, which first developed K-12 nutrition competencies in 1970 and most recently revised the

standards in 2010 (California Department of Education, 2011). Many wide-reaching NE providers aligned their curriculum to the state's standards, resulting in consistency across organizations, curricula and providers (Olson & Moats, 2013).

By connecting NE standards to the National Health Education Standards (NHES), teachers will be supported in the delivery of nutrition education to their students. The NHES are voluntary standards that were developed as a framework for teachers, administrators and policymakers in selecting K-12 health education curriculum (Kann, Telljohan, Hunt, Hunt, & Haller, 2013). These standards are not content specific, however, and further support through NE standards is necessary. Tying nutrition education standards to the NHES will promote their adoption by states. The 2012 School Health Policies and Practices Study found that at least 87% of states have adopted K-12 standards addressing the NHES, demonstrating the importance and utility of voluntary national standards (Kann et al.). Additionally, 84% provided technical assistance, 75% developed policies and/or materials, and 77% distributed policies and/or materials for nutrition and dietary behavior education. Connecting NE standards to the NHES will further support the delivery of nutrition education, as the vast majority of states have adopted the NHES and provide assistance for the provision of health education to school districts.

Alternatives are Not Sufficient Solutions

Two alternatives to national nutrition education standards should be discussed: maintaining the status quo by letting states shape nutrition education, and integrating nutrition education standards into the Common Core curriculum standards. First, maintaining the system that leaves the development NE standards up to states is incongruous with the National Health Education Standards as well as the transition of many of states in signing on to the Common Core standards. Further, the federal government has a greater ability to mobilize expertise in developing standards than would be possible by individual states. Additionally, HHS's wellness policy mandate requires districts to establish goals for NE. Providing standards at the federal level would offer districts an important resource, assisting them in the provision of quality nutrition education.

An additional alternative solution to national nutrition education standards is integrating the

standards with the Common Core educational standards. While the proposed policy recommends alignment with the standards, it does not suggest embedding the standards within the Common Core for two reasons. The first reason is that no evidence suggests that integrating nutrition education with core subjects is effective in improving child dietary behavior. While integration may provide helpful subject matter context for students, only evidence of standalone nutrition education suggests the impact of NE on diet. In addition, based on the news media framing, integration with the Common Core is unadvised. Coverage of the Common Core reflects that the new education standards are highly contentious. For example, Jeb Bush appears to be the single Republican presidential candidate who supported the transition to the Common Core, a position that other candidates cite as a shortcoming (Homann, 2015). The polarizing nature of the Common Core standards suggests that alignment, not integration with the standards, is a better policy proposal. Aligning the standards with the Common Core is likely to enhance their utility to school administrators and teachers.

Stakeholder and Positions

The main stakeholders of this legislation to be further examined are: the U.S. Departments of Agriculture (USDA), Education (ED), and Health and Human Services (DHHS), the School Nutrition Association (SNA), state departments of education, districts, teachers & administrators, and the food industry. A 2013 Institute of Medicine Workshop to discuss the role of national nutrition education standards was convened at the request of the USDA, indicating the agency's likely support for national standards (Olson & Moats, 2013). A representative from ED spoke at the workshop, as well, suggesting that the agency would likely be in support of the policy. The same representative acknowledged that administrators and teachers have many demands placed on them. This suggests that administrator and teacher support for national NE standards may vary based on the level of support provided for implementation of nutrition education curriculum. In addition, DHHS representatives attended the Workshop. The Centers for Disease Control and Prevention, a federal agency within the DHHS, promotes the National Health Education Standards (NHES) as a school health resource (Centers for Disease Control and Prevention, 2015). Thus, aligning the standards with NHES would facilitate adoption at the state,

district, and school levels, and may foster further involvement and support from DHHS. Moreover, the role of state departments of education is integral to the successful implementation of the standards in schools. The majority of the state departments of education providing support to districts for health education (Kann et al., 2012) suggest support for national NE standards, especially if they are aligned with NHES. Another likely, and potentially influential, supporter is the School Nutrition Association. The SNA voiced its support for national nutrition education standards in a joint position statement with the American Dietetics Association and the Society of Nutrition Education (Briggs, 2010). Additionally, members of the food industry may also be supporters of national NE standards, as evidenced by the presence of Dairy Council representatives at the 2013 IOM Workshop. Aligning the standards with the Dietary Guidelines for Americans (DGA), however, could elicit backlash from powerful food lobbyists, should they disagree with the 2015 update of the DGA (Associated Press, 2015).

Conclusion

Over one-third of US elementary school children are overweight or obese. Most children and youth do not eat a healthful diet, as defined by the Dietary Guidelines for Americans. Research shows that children and youth diets improve when access to healthy food is combined with nutrition education in schools. The Healthy, Hunger-Free Kids Act of 2010 improved nutritional standards for school meals, though school wellness policies lack the framework necessary to promote consistent and effective nutrition education to further improve child diet. While a majority of states have adopted the voluntary National Health Education Standards (NHES), the NHES do not address nutrition explicitly and national nutrition education standards would further support teachers to provide evidenced-based nutrition education. The adoption of the Common Core by most states demonstrates the Nation's transition to consistent K-12 educational standards. National nutrition education standards are an important step in promoting consistent and effective nutrition education in schools, thereby positively influencing child and youth health.

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Annotated Bibliography

Olson, S., & Moats, S. (Eds.). (2013). *Nutrition Education in the K-12 Curriculum:: The Role of National Standards: Workshop Summary*. National Academies Press.

The summary of the 2013 Institute of Medicine workshop on national nutrition education standards provided insight into the roles and positions of four stakeholders in the conversation of national nutrition education standards, the United States Department of Agriculture (USDA), the United States Department of Education, school administrators and teachers, and members of the food industry.

The Workshop was convened at the request of the USDA, indicating the agency's likely support for the National Standards. Representatives from the U.S. Department of Education participated in the Planning Committee for National Nutrition Education Standards and spoke at the Workshop. Norris Dickard, of the Office of Safe and Healthy Students spoke of the perspective of the U.S. Department of Education on National Nutrition Education Standards. While the Department can provide frameworks and models that districts and teachers can adapt, it cannot provide "any direction, supervision, or control over the curriculum, program of instruction, administration, or personnel of any educational institution, school or schools system, or over the selection of library resources, textbooks, or other printed or published instructional materials," according to federal statute. This limitation may influence the Department's role in the development of national nutrition education standards. Further, Dickard noted that while developing these standards are important, it is also critical for advocates to recognize the demands currently imposed on administrators and teachers. In order to teach new materials, other subjects may need to be removed from the curriculum. This observation indicates that the level of support for nutrition education standards from teachers and administrators may vary.

The Workshop's list of attendees also provides evidence that certain members of the food industry are stakeholders. Representatives from both the National Dairy Council as well as the Dairy Council of California attended the meeting. The Dairy Council of California's curriculum was discussed at the meeting, as well, as a free resource that is available and distributed to teachers. The Dairy Council's history of participation in nutrition education suggests its support for national nutrition education standards. However, its participation also raises the question of the level of support to be expected from other members of the food industry.

Centers for Disease Control and Prevention. (2015, April 8). National Health Education Standards. Retrieved May 2, 2015, from <http://www.cdc.gov/healthyyouth/sher/standards/>

The Centers for Disease Control and Prevention, a federal agency within the United States Department of Health and Human Services (DHHS), promotes the National Health Education Standards (NHES) as a resource school health resource. Aligning nutrition education standards with NHES would facilitate nutrition education standard adoption at the state, district, and school levels, and may foster support from DHHS.

Kann, L., Telljohann, S. K., Hunt, H., Hunt, P. & Haller, E. (2012). Health Education: Results from the School Health Policies and Practices Study 2012. *Results from the School Health Policies and Practices Study*, 21.

The 2012 School Health Policies and Practices Study offer insight into the likely level of support from state departments of education for national nutrition education standards. As the study found that a majority of states provide support to districts in the form of technical assistance, policies, or materials, they may also be likely to support the distribution of national nutrition education standards, especially if

they are connected to the existing National Health Education Standards (NHES). Eight-four percent provided technical assistance and 75% developed policies or materials and 77% distributed polices or materials for nutrition and dietary behavior education. Thus, connecting NE standards the NHES would further support teacher in the delivery of nutrition education, as the vast majority of states have adopted the NHES and provide assistance for health education to districts.

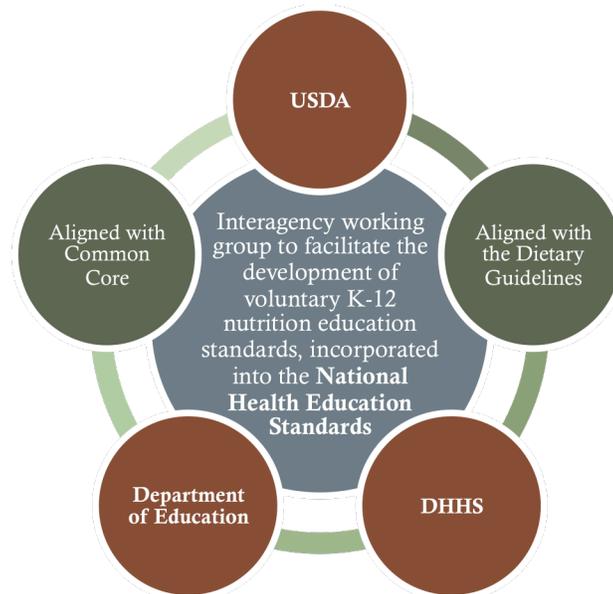
Briggs, M. (2010). Position of the American Dietetic Association, School Nutrition Association, and Society for Nutrition Education: Comprehensive School Nutrition Services. *Journal of the American Dietetic Association*, 110(11), 1738-1749.

This joint statement clearly states the position of the School Nutrition Association (SNA) in support of nutrition education as well as national nutrition education standards, “[a]nother challenge to delivering effective nutrition education in schools is the lack of national nutrition education standards.... Partnering with the education community, food and nutrition practitioners should also develop national nutrition education standards...”(p. 1742). The position paper also confirms the support of the American Dietetic Association and Society for Nutrition Education for national standards, suggesting the support of similar organizations in the public health advocacy community. Based on the position of the SNA, the position of local food service directors and cafeteria staff are also likely to be supportive of this legislation.

Pass the Quality Nutrition Education in Schools Act

To establish voluntary national nutrition education standards

What does this bill do?



Why national nutrition education standards?

- Over 1/3 of US elementary school children are overweight or obese and most children and youth do not eat a healthful diet, as defined by the Dietary Guidelines for Americans.
- Research shows that children and youth eat healthy food when access is combined with nutrition education in schools.
- The Healthy, Hunger-Free Kids Act of 2010 made school meals healthier, however school wellness policies lack the framework necessary to promote consistent and effective nutrition education to further improve child diet.

National nutrition education standards will promote consistent and effective nutrition education in K-12 schools

- 87% of states have adopted the voluntary National Health Education Standards (NHES), but the NHES do not address nutrition, specifically.
- The Common Core is evidence of Nation's shift to consistency in educational standards.
- National nutrition education standards would support teachers to provide evidenced-based nutrition education to their students.

Supporters

School Nutrition Association
American Dietetic Association
Society for Nutrition Education

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