

ATTACHMENT 3

EXPERT DESCRIPTIONS AND RANKINGS OF BEST PRACTICES

Best Practice	Expert 1	Expert 2	Expert 3	Expert 4
Based on the interest of the community	If the population is general, review literature. For a more specific population, review literature and conduct focus groups. (3)	Conducting a focus group would be effective, but with kids the intervention topic can be predetermined. <i>(Not Ranked)</i>	Conducting a needs assessment through observation, survey, interaction with parents and teachers, and monitoring certain aspects, like food purchases, is effective. Overall there is no one process or model that is best. (2)	Talk with adults who interact with the children who will be receiving the nutrition education. Review literature about the interests of the population and interventions done within that age group. (2)
Include multiple components of the Social Ecological Model	Effective interventions can take place at all levels separately or together. (8)	While it is ideal to have multiple components, it may not be feasible to include all components. It depends on the intervention and program goal. (6)	Depending on the focus of the intervention, including multiple components of the Social Ecological Model may be effective. <i>(Not Ranked)</i>	While it depends on the scope of the intervention, it is ideal for the intervention to include multiple components of the Social Ecological Model. The intervention should model healthy behavior as well. (7)
Appropriate duration	While it depends on the scope of the intervention, it is ideal for the intervention to include multiple components of the Social Ecological Model. The intervention should model healthy behavior as well. (7)	Based on Contento's research, forty contact hours, or one hour a week for six weeks, is ideal, though may not be realistic in all populations. More contact hours are needed to change anthropometric outcomes. (9)	It depends on the focus of the intervention, and the attention span of the age group. <i>(Not Ranked)</i>	A higher dosage may be more effective. Different doses are needed to change knowledge, behavior, attitude, and anthropometrics. Because some children are participating in multiple programs through various organizations, the similar messages can have a synergistic effect. In this case, a decreased duration may produce

				similar outcomes as an increased duration without a synergistic effect. <i>(Not Ranked)</i>
Utilize various teaching methods	Multiple-sensory methods should be included. <i>(9)</i>	Experiential methods are common, but a combination of all methods should be used. <i>(Not Ranked)</i>	A combination of all methods should be included. <i>(7)</i>	A combination of all methods should be included. Teaching methods should make nutrition education an enjoyable experience. <i>(Not Ranked)</i>
Include objectives	While it depends on length of lessons, each lesson should have two to three objectives per lesson, and no more than five. <i>(Not Ranked)</i>	There should be no more than three objectives per lesson. Commonly there is no time to meet more than three objectives. <i>(4)</i>	Each lesson should include one or two objectives, but the overall curriculum could have more. <i>(Not Ranked)</i>	The number of objectives per lesson depends on the intervention duration. Objectives should support key messages, and coincide with the health behavior theory used in the intervention. <i>(4)</i>
Clear instructions for program presentation	Clear instructions should be more detailed, easy for the educator to follow and be in hard copy format. Instructions should include a lesson over view, and videos demonstrating lesson implementation. Materials may be made clear through testing materials, and having staff review materials. <i>(Not Ranked)</i>	The instructions should include scripts for educators, background information at educators' level, list of materials needed, step-by-step instructions. Materials should be in hard copy format, should be aesthetically pleasing, and formatted and labeled. <i>(10)</i>	Instructions should be positively phrased, and give the educator appropriate nutrition background. Numbering, color-coding, and labeling would make it easy for educators to see when to use specific material. Both online and hard copy formatting is ideal. <i>(Not Ranked)</i>	The materials should provide nutrition educators with and understanding of the theory or theories used, and how the theory or theories modify behavior. Materials should provide an overview of the program, and a clear description of key messages and activities. Experiment or activity sheets should be kept separately with instructions to refer to these pages as appropriate. In order to make

				materials clear, nutrition educators should practice the lessons and make adjustments. A professional should make materials consistently formatted. Finally, materials I think a hard copy format can be preferable, especially for a curriculum where the lessons are sequenced as it allows educators to see the “story” of the curriculum. <i>(Not Ranked)</i>
Activities should be culturally appropriate	An expert should develop the materials, which should then be reviewed by members of the target population. <i>(Not Ranked)</i>	The material should include all applicable languages and culturally aware graphics, etc. The food should be culturally appropriate. <i>(Not Ranked)</i>	Complete a needs assessment with the target audience in order to understand the culture. Test materials with the target population, and avoid stereotyping (i.e. gender roles). <i>(9)</i>	Materials should be developed based on the culture, not just modified to be culturally appropriate. <i>(6)</i>
Caregiver should be involved	Caregiver should be involved on some level depending on the intervention. Involvement could include handouts and letters. Ideally, parents should role model healthy behavior taught through the intervention, but this is not always possible. <i>(6)</i>	When feasible, the caregiver should be involved as much as possible. Materials reflecting intervention topics and additional education for parents should be sent home. <i>(Not Ranked)</i>	The caregiver should be familiar with intervention activities and lessons through newsletters, emails, or summaries. The caregiver and child can do activities together, or the child can bring home worksheets specifically for parents. When possible, there should be separate lessons for children and	Materials reflecting intervention topics should be sent home and children should be encouraged to discuss intervention topics with caregivers. When possible, there should be a combination of separate classes for parent and children, and combined classes for parents and children. <i>(Not Ranked)</i>

			caregivers, with some overlap between the intervention and home. (3)	
Include goal setting	Children should set goals with parents to increase support and understanding of goal setting. Tracking goals is important and can be done through an online component or some form of reminder. (10)	Goals should be set at the end of each lesson and discussed at the beginning of the next lesson. Discussion should include barriers and facilitators of reaching goals. Goals could be tracked in a book, or a reward system could be implemented. (Not Ranked)	Goal setting should be formalized, and the intervention should teach children about goal setting. For children ages six to seven, goals should be suggested. Goals should be tracked with appropriate tools, such as goal cards. (8)	For younger children, goal setting should be guided in order to keep goals specific. Goals should be set through fill in the blank worksheets. For older children, goals should be tracked through a log that documents barriers and facilitators of reaching goals. Younger children should check boxes to signify if goal was reached. (5)
Community/school involvement	The community can provide intervention facilities, media opportunities, and community support. Schools can teach nutrition during regular school hours, or have nutrition education in after school programs. Communities and schools can change environments based on the needs of the community, and community members should initiate changes. (Not Ranked)	Similar health messages could be on posters at school, and in wellness policies. The school and community could provide opportunities for kids to apply healthy behavior. (Not Ranked)	Newspapers can promote an interventions and intervention activities. The community could be a resource for leaders and program staff (i.e grocery stores providing intervention materials). Teachers can also change the environment by role modeling healthy behavior. (4)	Schools could have lessons specific to nutrition, or have a fair for students and family. Additionally, there could be a nutrition booth at other events. (10)
Key messages should be included	Depending on the length of the lesson, one to three key messages are adequate. The key messages should be based on the objectives and	There should be no more than one or two key messages per lesson. They should be based on Dietary Guidelines for Americans and MyPlate. (Not	There should be one key message per lesson. Key messages should encourage kids to feel comfortable around food,	There should be one key message per lesson. For 6-9 year olds, key messages should promote eating more healthy foods (i.e. eat apples in

	encourage that the individual is in charge of their food choices and should help a person make a healthy choices. <i>(Not Ranked)</i>	<i>Ranked)</i>	promote food being a part of life-not their life, kids should eat the foods that are prepared for them, and most importantly, eat a variety of food. <i>(Not Ranked)</i>	the place of chips). For children ten and older, messages should promote consuming processed foods less often in smaller portions. <i>(8)</i>
Seeks to modify behavior	The intervention should provide a positive message (i.e. increase vegetable intake) and focus on substituting healthy foods in the place of unhealthy foods. <i>(7)</i>	Messages that may effectively modify behavior include “increase consumption of healthy food, decrease consumption of unhealthy foods.” <i>(2)</i>	Messages that may effectively modify behavior include “eat a variety of food”, “have meals and snacks at scheduled times,” “ don’t over or under eat.” <i>(5)</i>	For 6-9 year olds, key messages should promote eating more healthy foods (i.e. eat apples in the place of chips). For children ten and older, messages should promote consuming processed foods less often in smaller portions. <i>(Not Ranked)</i>
Based on national dietary and physical activity guidelines	Guidelines should be integrated into the intervention so key messages are consistent with guidelines. <i>(2)</i>	The intervention should be based on MyPlate, and the Dietary Guidelines for Americans. <i>(3)</i>	The guidelines should be used as a source of information for the teacher, but should not be presented in a way that sets rules for the children. <i>(Not Ranked)</i>	Interventions should focus on fun ways to get more physical activity, and opportunities for longer recess, or more physical activity in the intervention should provided. MyPlate should be used as a knowledge tool. For instance, focus on why each part of MyPlate is important and then focus on MyPlate as a whole. <i>(9)</i>
Trained nutrition educator and/or program staff	The nutrition educator and/or program staff should have a nutrition background, have at least 2-year degree in nutrition, or have paraprofessional	The nutrition educator and/or program staff should have at least a high school diploma and have completed adequate paraprofessional training, continuing education, and	The nutrition educator or program staff should be trained in child education, child development, presentation skills, and cultural	: Training should include an overview of the curriculum, allow leaders to try specific activities, and practice. Leaders should also be familiar with curriculum resources and

	<p>training. When training for a specific intervention, length of training depends on the specific intervention. Generally, it takes eight hours to review materials, practice activities, and discuss issues. Ideally researchers train program staff through face-to-face activities. (5)</p>	<p>professional development. When training for a specific program, training can be done through online modules and/or face-to-face trainings. One hour of training for one day of the intervention may be adequate training time. (7)</p>	<p>sensitivity. Minimal credentials should not be required. Educator training should be competency based, and the length of training should be appropriate for the specific program. (1)</p>	<p>leader expectations. The length of training depends on length of the program. The training should also provide continuing professional development via telephone, technology, or in person. Minimal credentials are not necessary if nutrition educator or program staff have enough nutrition education training. (Not Ranked)</p>
<p>Leader should be appropriate for audience</p>	<p>The leader should have good people skills, good nutrition skills, be passionate about work, be self-evaluating, and care about self-improvement. Preliminary work will determine if leader needs to be similar to the target demographic. (Not Ranked)</p>	<p>The leader should be someone from target population in order increase trust and credibility. The leader should be trustworthy, and from a respected place (i.e. university). (Not Ranked)</p>	<p>The leader should just have to meet competencies. (Not Ranked)</p>	<p>It is ideal for the leader to be confident, enthusiastic, be around the same age and ethnicity as audience. When there are differences between the leader and audience, the difference should be discussed. (Not Ranked)</p>
<p>Process evaluation should be included</p>	<p>The process evaluation should include feedback from participants and leaders, and should ask participants about key learning for the day, intentions of action between lessons, thoughts on leaders, and activities that helped participants to learn. (4)</p>	<p>The process evaluation should include feedback from the educator and the audience. (Not Ranked)</p>	<p>The process evaluation should include feedback from everyone included in the intervention (i.e. students and teachers). (Not Ranked)</p>	<p>The process evaluation should include feedback from individuals receiving the intervention, trained leaders, and independent observers. (Not Ranked)</p>