Health Project: Nutrition Teaching

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The purpose of this paper is to demonstrate the utilization of the Health Planning Model to improve the health of a chosen aggregate. The intended audience includes nursing students and nursing faculty of Old Dominion University (ODU), and the community partners of Teens With a Purpose (TWP). By working with this community partner, health problems were identified through interaction with the chosen aggregate. Upon completion of an assessment and formation of a nursing diagnosis, a plan was developed to address an identified problem within the community. By utilizing research, only interventions with scientific rationales were implemented. Encountered barriers are also discussed along with their solutions. Effectiveness of the intervention was measured by evaluating participants’ gained knowledge; limitations of the intervention are also noted. This paper also addresses recommendations for continued evaluation, implications for the community’s health, and implications for nursing care. A reflection discusses this assignment’s effect on the implementers’ knowledge towards community health nursing.

Teens With a Purpose (TWP) is an organization serving a local group of urban adolescents in Norfolk, Virginia. TWP explores common topics of adolescent health, such as bullying, sexually transmitted infections, HIV/AIDS awareness, nutrition, etc. Working with this organization allowed access to the chosen aggregate of adolescents, representing an adequate sample of the larger, desired adolescent population.

**Planning**

**Identification of a Health Problem**

An informal, generic survey was utilized to identify the adolescents’ overall opinion and interest towards a health topic; qualitative data was not applicable due to the focus on developing an understanding of adolescents’ perceptions towards health. Findings from the survey revealed that many adolescents expressed a lack of knowledge towards healthy nutritional choices; they stated they often did not read food labels because they either did not understand it or had very little interest for it. Observations of the community surrounding TWP also revealed a lack in availability for healthy foods; TWP’s garden provided the main source of fruits and vegetables for these adolescents. Although these factors adversely affected the adolescents’ diet and nutrition, many of them did express a desire in losing weight and have a healthier diet. Due to the teens’ expressed lack of knowledge, observed lack in availability for healthy foods, and noted desire towards healthier choices, unhealthy diet and inadequate nutrition was identified as a significant problem within this population. The priority nursing diagnosis for this aggregate became Deficient Knowledge related to healthy nutrition.

**Health Planning/Needs**

To address the aggregates’ health problem, a teaching project was planned to increase their knowledge towards healthy nutrition. Desired outcomes for this intervention related to the priority nursing diagnosis of Deficient Knowledge. After implementation of the teaching intervention, the adolescents would understand the general significance of food labels, be able to verbalize the four main components of a nutritional label (serving size, calories, nutrients, and percent daily value), and understand those components’ relevance towards nutrition. The adolescents would be able to recognize at least two different portion sizes as either appropriate and healthy or inappropriate and unhealthy. They will also be able to verbalize at least one healthy food alternative for an unhealthy snack by the end of teaching; for example, fruit salsa with cinnamon chips could be an alternative, healthier snack for potato chips. Developing these outcomes would help plan the necessary interventions to achieve the goal of increased knowledge towards healthy nutrition.

**Alternative Interventions**

Possible~~,~~ alternative interventions planned for the teaching project included a field trip to nearby grocery stores and cooking lessons. A field trip to nearby grocery stores would help the adolescents gain knowledge in properly shopping for healthier foods. This intervention would meet the objective of understanding food labels and portion sizes by providing an experience that requires reading and calculating components of the food labels. The cooking lessons would consist of available resources within the community, such as TWP’s garden. This intervention would meet the objective of identifying healthy food alternatives by providing adolescents with the knowledge of independently creating healthier snacks through an accessible source. Another alternative intervention would be the implementation of this project within a school setting or a school-based health center. These settings have been shown to reduce barriers in education, while also improving the health equity of participants (Guide to Community Preventive Services, 2017). These settings would also extend the education to a larger aggregate, while meeting all three planned objectives.

**Intervention**

**Implementation of Intervention**

The chosen teaching project focused on primary prevention; it aimed to increase knowledge and awareness about nutrition labels and healthy food options in an attempt to prevent future illnesses related to poor nutrition. The teaching was presented to a small portion of the targeted aggregate — a group of seven teens and four adults. Conducting an intervention that focused on increased knowledge was rationalized by a study on the effectiveness of a teaching intervention towards fast food consumption among adolescents. A study was conducted aiming to increase adolescents’ knowledge towards fast food consumption due to their lack in understanding of the foods’ impact on their bodies (Joe & Joykutty, 2016). A pretest was initially conducted to determine the adolescents’ level of knowledge; results revealed that 60% had poor knowledge, 30% had average knowledge, and only 10% had good knowledge (Joe & Joykutty, 2016). After implementation of a teaching intervention, the percentage of adolescents with good knowledge increased to 47.6% (Joe & Joykutty, 2016). The positive results of this study helped to format the teaching project on healthy nutrition.

A pre-test and post-test were utilized to determine the effectiveness of the teaching project and to establish a baseline for comparison in evaluating achievement of planned objectives. The teaching project began with the following questions:

A. Why is nutrition important?

B. Name one thing you know about nutrition labels.

C. How does serving size relate to calories?

D. Can anyone state why it is important to read nutrition labels?

The same questions were asked at the end of the teaching to evaluate adolescents’ retained/gained knowledge. The teaching project was divided into three stations. The first station taught adolescents about reading and understanding food labels. A poster was presented to discuss initial impression of food labels; participants had to refer to snacks’ food labels to identify its nutrition components. At this station, serving size, calories, nutrients, and percent daily value of the food labels were also introduced. The second station taught adolescents how to recognize different portion sizes. Participants had to discuss their usual intake (serving size) of cookies and the actual, appropriate serving size from a bag of cookies. Comparison between the two responses would help participants realize whether they eat an appropriate or inappropriate amount of snacks. The final station taught adolescents to identify healthy alternatives. In this station, they were presented with healthy alternatives to their regular snacks. Participants also had to discuss the difference and relevance of each foods’ nutritional components in relation to calories, fat, cholesterol, and sodium. Sequentially, adolescents provided possible alternatives to their current, unhealthy snacks, and explained what made snacks healthy versus unhealthy. Bonus questions were included after the teaching project; each station was to receive a prize if adolescents correctly answered each questions. The bonus questions were:

A. Name 1 nutrient that you want to get less than 100% of daily value.

B. How many calories are in considered a good amount for 1 serving, and how many cookies should you eat for a snack?

C. Between 250 calories of fruit salsa versus 250 calories of ice cream, which is better and why?

**Methods of Intervention**

Specific methods were chosen to ensure that the intervention was as successful as possible. Having stations on differing topics was supported by the teaching method — interleaved practice. Interleaved practice is done by “implementing a schedule of practice that mixes different kinds of problems, or a schedule of study that mixes different kinds of material, within a single study session” (Dunlosky, Rawson, Marsh, Nathan & Willingham, 2013). The benefits of this method include promotion of organizational processing and item-specific processing; this method allows students to readily compare currently learned information and incorporate it into the overall topic, which is often compared to parallel learning (Dunlosky et al., 2013). A three-month study was conducted where an interleaved method was utilized to teach 7th graders. Results of this study revealed scores were 25% better for lessons taught through interleaving and, in the following month, scores of the interleaving group grew to 76% (Pan, 2015). This concluded that teens can learn new topics as long as topics stay relevant to an established, overall goal. Application of this study provided rationale in teens’ ability to retain newly learned information and apply it in their future.

Another method utilized was elaborative interrogation, which involves prompting the participants to generate an explanation for facts. Examples of phrases used for this method included, “Why does it make sense that?...Why is this true?...Why?” (Dunlosky et al., 2013). A study evaluates the effectiveness of these teaching strategies; two groups each received a test — one with elaborative interrogation and one without. Results revealed that the elaborative interrogation group substantially outperformed the other group; the accuracy of their answers was 72%, while the accuracy of the alternative group’s answers were only 37% (Dunlosky et al., 2013). During the teaching project, adolescents were encouraged to explain why specific serving sizes were correct or why specific snacks were considered healthy alternatives. These questioning strategies prompted participants to elaborate on their answers, which ultimately increased their knowledge towards healthy nutrition.

**Research**

The first article, “Feasibility of an Experiential Community Garden and Nutrition Programme for Youth Living in Public Housing,” explored how successful community gardens and nutritional education programs applied to a community of low-socioeconomic youths living in public housing. Results of this study demonstrated positive findings for demand and acceptability; however, there were noted barriers in implementing and facilitating the program as well as the youths’ participation (Grier et al., 2015). The study concluded an improvement in knowledge, but there ~~was~~ were few improvement in youths’ behaviors, such as their lack of willingness to try new fruits and vegetables and their lack in continuously eating those foods (Grier et al., 2015). This study shared a few similarities with the planned teaching project, such as the sample population and design; both focused on African American adolescents and evaluated the effects of nutritional teaching on that population. TWP had a gardening program that allowed adolescents to grow fresh fruits and vegetables for the community; however, there was no nutritional education program to supplement it. The overall success of the study’s program suggested the success of utilizing a nutrition teaching project to increase adolescents’ knowledge about healthy food choices and nutrition labels. Unfortunately, the study’s failure to have full participation also suggested participation as a potential barrier, leading to the indication that this barrier must be addressed when planning and implementing the teaching project.

In the second article, “Changes in the Frequency of Food Intake among Children and Teenagers: Monitoring in a Reference Service,” 109 obese and overweight children and teens were tested to decide if interventions, such as activities about physical exercise, refreshed their knowledge about food habits, prevention, and treatment of metabolic illnesses, such as obesity and diabetes. The study also sought for any differences in the participants’ eating habits after implementation of the intervention. The intervention group showed improvement as evidenced by reduced consumption of soft drinks and other unhealthy foods (Soares Mariz et al., 2013). The study found that the interventions given were effective in changing the food intake of children and adolescents who were overweight/obese (Soares Mariz et al., 2013). This study has relevance to the adolescents at TWP because some were also overweight or obese. The study was also relevant to the implemented teaching project because majority of the adolescents’ diets consisted of foods high in fats and carbohydrates. As previously mentioned, the adolescents did express a desire in losing weight and eating healthier; however, they either did not take initiative or lacked the knowledge in achieving those goals. This article suggested that a teaching intervention focusing on increased knowledge could eventually influence positive behaviors among the adolescents at TWP. After adolescents have gained the knowledge towards healthy nutrition, they could change their diets towards healthier foods.

The third article, “Public Health Interventions for School Nursing Practice,” explained the Public Health Intervention Wheel — a model that provided an explanation about population-based school nursing practice (Schaffer, Anderson, & Rising, 2016). The article described five wedges utilized within that model. When considering capabilities, a blue wedge was utilized during the health teaching; this wedge consisted of communicating facts, ideas, and skills that changed knowledge, attitudes, values, beliefs, behaviors, and practices of individuals, families, systems, and/or communities (Schaffer et al., 2016). Knowledge of the Public Health Intervention Wheel helped to strengthen the understanding and use of a health project that would best address the aggregates’ priority diagnosis. This model also suggested possible, alternative interventions for future teaching at TWP; these include other wedges, such as health investigation (red), referral (green), health teaching (blue), and advocacy and social marketing (yellow) (Schaffer et al., 2016). This model provided a relevant framework for the implementation of the nutritional health project.

In the fourth article, “The Effect of Snacking and Eating Frequency on Dietary Quality in British Adolescents,” the study monitored 884 adolescents for their total number of snack-eating occasions as well as the frequency of food or beverage consumption within 24 hours. The study used the Diet Quality Index for Adolescents (DQI-A) as a baseline (Llaurado, Albar, Giralt, Sola, & Evans, 2016). Researchers found that frequent eating improved dietary quality, especially if eating occasions were low in energy (Llaurado et al., 2016). From that finding, they ~~concluded~~ an essential focus on teaching adolescents to replace high-energy snacks with low-energy alternatives rather than reducing their eating occasions, which aimed to improve their dietary quality (Llaurado et al., 2016). This article led to the addition of the healthy food alternatives station within the health project. The basis of this station focused on encouraging smarter and healthier eating choices. It also enabled the participants to understand that making smarter eating choices was not solely based on portion sizes, but also the nutritional components of the meals and how it would affect their diet and overall health.

The fifth article, “Children and Young People’s Participation in Developing Interventions in Health and Well-Being: A Scoping Review,” analyzed 41 studies published between 2000 and 2017 to determine the extent of young people’s (<25 years) involvement in the development of their own health promotion interventions (Larsson, Staland-Nyman, Svedberg, Nygren, & Carlsson, 2018). The reviewers concluded that it was necessary to include youths in the development of interventions targeting adolescent health and well-being; their inclusion would reveal the benefits and influence that their participation has on research (Larsson et al., 2018). When planning for the health project, the adolescents at TWP were consulted for possible ideas they would want to see incorporated into the teaching intervention. They explained that they wanted the teaching to be fun and interactive, and to have food available during the intervention. To ensure and maintain their interest during the health project, an interactive approach was adopted, which helped the teaching intervention become a success.

**Barriers**

During the various phases of the project, there were many barriers encountered, especially during the assessment, planning, and implementation phases. One of the major barriers encountered was during the assessment phase; there was a continually low number of adolescent participants showing up to TWP. Along with the low number of participants, there was an inconsistency on the days adolescents arrived to the center. This created a challenge in building rapport with the adolescents. Once these barriers were identified and discussed by members of the group, a plan was developed to mitigate such barriers. One solution was the decision to expand assessment to include all adolescents and teens that arrived at the center. Through this solution, the collected amount of assessment data was increased, which helped form an accurate nursing diagnosis.

One barrier found during the planning phase was the difficulty in creating a method that would satisfy planned outcomes of the health project, but also satisfy adolescents’ interest towards the topic. The solution for this barrier was to utilize an incentive method, which would encourage adolescents’ interest and participation. Activities planned for this method included rewards of snacks and drinks to participating adolescents. Incorporating hands-on activities also allowed this barrier to become ultimately mitigated. Another barrier identified during this phase was the lack of available monetary funds to support the health project. To overcome this barrier, members of the group equally divided responsibilities to avoid financial complications. Inexpensive activity were also chosen, which significantly diminished the financial barrier.

The final barrier was encountered during the implementation phase of the health project. The barrier was the inability to control a large number of participants as one group. To mitigate this barrier, smaller groups were utilized to personalize the communication and to maintain control with the planned activities. This also allowed the implementers to provide multiple activities, which would provide teaching through various methods for a variety of learning styles.

**Evaluation**

**Pre- and Post-Questions**

The participating group consisted of seven adolescents and four adults (staff and college interns). TWP is an youth-led center; however, TWP staff members and ODU interns also influenced the adolescents through activity choices and discussion, which helped to reflect on behaviors and offer insight into better lifestyles and responsible approaches to problems. The health project’s ultimate aim was to positively affect the adolescents’ knowledge as well as positively affect their aspects on nutritional behaviors. By welcoming the staff and college interns to join the adolescents during the teaching intervention, there was an increased influence in helping the adolescents utilize newly gained knowledge to make healthier food choices.

To help participating adolescents readily relate to the teaching material, familiar foods and snacks became the focus of each teaching activity. At the beginning, a brief introduction asked the participants a few, general questions about nutrition. Implementers were divided into facilitator and encouragers; the facilitator initiated the questions, while the encouragers were dispersed to encourage participation among the adolescents. Participants either raised their hands or spoke out the answers; sometimes, other participants would add to previous responses (noted with a pre-phrase ellipsis. The basic pre-presentation questions and responses are listed below; responses are numbered to signify different participants.

*Pre-Presentation Questions*

A. Can anyone tell me what nutrition means to them?

*1.“Healthy foods”*

*2.“The things you need to make your body healthy”*

*3.“Healthy eating”*

B. Does anybody use nutrition labels when picking out their snacks?

*Several: “Sometimes” (mostly the adult members)*

*2.“I look at them… (indistinguishable due to crowd noise)” (most of the group did not)*

C. Can anyone state why it is important to read nutrition labels?

*1.“So you can know how much you’re eating”*

*2.“So you can know how much you’re putting in your body…like sodium”*

*3.“…and sugar”*

*4. “…and fat”*

After the intervention, some questions were posed to the group to gauge which new information was retained and if they could apply the information on a level appropriate for their level of experience and understanding. General questions and responses are below.

*Post-Presentation Questions*

A. Why is nutrition important?

*1.“Because you need to get vitamins and minerals and other things to help you get through your day”*

*2. “Healthy eating”*

*3. “So you eat better foods”*

*4. “…eat less fat”*

*5. “…so you can be healthier”*

*6. “…so you know what’s good for you”*

B. Name one thing you know about nutrition labels.

1. *“The amount of fat is on it”*

2. *“Sodium equals salt”*

3. *“Calcium…It’s good for your bones”*

C. How does serving size relate to calories? If we have a bag of cookies and you ate two servings and one serving is 100 calories, what do you have to do to know how many calories you just ate?

*Several: “You have to multiply it by 2”*

*2. “ …you ate 200 calories!...Deception!” (others laugh)*

*3. “Sometimes the amount you’re supposed to eat is small”*

D. Can anyone state why it is important to read nutrition labels?

*1.“Because you never know…you could be diabetic…and there might be too much sugar in it”*

*2. “You might be eating too much salt…”*

*3. “…and then your blood pressure goes up!”*

E. What is Nutrition?

*Adult member: “The science of…nutrients and what you put in your body” (everyone claps)*

Group participation had notably increased during the follow-up questions, indicating increased knowledge and confidence during the discussion. Also, when correct answers were given, adolescent participants would nod or clap in agreement. In the pre-presentation questions session, there was very little indication of agreement with the answers given.

After the completing the health project, the adolescents, staff, and other participants were free to enjoy the healthy snacks and offer feedback. As a last-minute addition, the director offered 3 gift cards to be used as prizes for answering one final question. One question was written to be asked at each table pertaining to that table’s specific topic/activity. The bonus questions and their responses were recorded, and the information was just another opportunity to gauge knowledge enhancement.

*Bonus Questions*

A. Name 1 nutrient that you want to get less than 100% of daily value.

*“Cholesterol and sodium”*

B. How many calories are considered a good amount for 1 serving? So how many cookies should you eat for a snack?

*“100 calories; 2 cookies”*

C. 250 calories of fruit salsa versus 250 calories of ice cream — which is better and why?

*“The fruit salsa is better because fruit salsa is easier to burn and has more vitamins than ice cream…ice cream has saturated fats”*

**Rationale**

An informal approach for the question-and-answer discussion was used than a written pre- and post-test. One rationale for this alternate method was based on the acknowledgement of the culture at Teens With a Purpose. At TWP, they have a set of principles, “How We Lives,” which all staff and adolescent members live by. The health project intervention focused on one of the “How We Lives” principles — “Respect the Potential”. “Respect the Potential” meant to meet individuals where they are — not where one wants them to be. A formal evaluation was not utilized to maintain the spirit of the youth center; a question-and-answer session would better encourage participation from the adolescents. Another rationale for this consideration was the time of the teaching intervention as well as the emotional state of the participants. These adolescents often arrive at TWP after school and must complete gardening tasks during their time at the center. By the time of the health project, they were likely to be hungry and looking for an opportunity to socialize. Rather than taking a questionnaire twice, responses were manually via mini-recorder, which maintained a more relaxing learning environment for the participants.

**Limits of Evaluation**

The limitations in evaluating the health project included the low number of participants, their lack of interest in the topic, and time constraints. There were only seven adolescent participants, which resulted in an inconclusive outcome. The lack of a bigger sample size meant that the participating population may not accurately represent the adolescent population in either TWP or the overall community; it is uncertain if the intervention would be successful if implemented to a larger population. In an effort to respect the culture of the youth center, a discussion-based evaluation method was utilized instead of a written evaluation method. Unfortunately, the lack of adolescents’ interest in the topic led to difficulties in evaluating the results of the teaching project; some adolescents did not initially participate and required prompting or guidance towards the correct answers. However, although responses lacked depth, most responses were correct. Time constraints were also a limitation because it was uncertain if the teaching had positive impact on adolescents’ nutritional behaviors. Although the teaching’s aim was only to raise awareness and increase knowledge, there was also a hope that the newly gained knowledge would positively change adolescents’ future behaviors.

**Recommendations**

Due to time constraints, follow-up assessments were not possible. Ideally, a thorough follow-up would aid in knowing the extent of what knowledge was retained. Follow-up assessments would also offer opportunities for follow-up teaching and clarification on needed information. A second recommendation would be the incorporation of healthy food choices into hands-on practice, which would encourage adolescents to calculate caloric value and nutrient profile from their meals. Every Monday, TWP would prepare a meal for its members using various recipes from their recipe book. Utilizing caloric calculations and nutrient profiles from those recipes would enable adolescents to apply knowledge from the health project onto those meals. A final recommendation for this teaching intervention would be a greater financial budget. Including more resources would offer more incentives for participation during the pre- and post-discussions; they would also enable more healthy food alternatives.

**Future Implications**

The main implication for the aggregates’ health was that the increased knowledge from the teaching intervention would inevitably influence positive changes in their nutritional behavior. Ideally, the adolescents would incorporate these behavioral changes into their daily routine, and educate their peers and families about healthy nutrition. One article discussed the conclusion that adolescents who regularly read nutrition labels were more likely to engage in healthier eating habits, such as drinking fewer sugary beverages and eating more than 1 serving of fruits and vegetables on a daily basis (Haidar, 2017). By teaching the adolescents about nutrition labels, they increased their knowledge towards healthy nutrition, which increased their healthy eating habits (Haidar, 2017). This study’s finding is applied for the chosen aggregate; it implied that it would be easier to educate a subset of the desired population, and allow them to education their community to reach a greater, desired population. This study also implied the necessity for more nutrition-based education in school-based, community, and youth-centered settings, especially in vulnerable communities that would benefit most from this health topic.

**Reflection**

Although this health project seemed simple in teaching adolescents about the importance of healthy eating, it required much planning, critical thinking, and teamwork to make it successful. By successfully utilizing the relationships that we built with the members of TWP, we were able to address a significant problem within their community. Through utilization of the nursing process in this community environment, we provided primary disease prevention for our adolescent aggregate. The information that we taught will, hopefully, not stop with the adolescent participants; our hope is that they will retain the newly gained knowledge and share it with their families, friends, and others within their community. Public health nursing interventions, such as this health project, can greatly impact the community by preventing diseases and improving the overall health of various populations. Through community health work, nurses have the potential in expanding care to a wide range of populations. The information and skills we have learned from this experience will positively influence our future practice and the way we advocate for the communities we will serve.

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Appendix A



Honor Code

“I pledge to support the Honor System of Old Dominion University. I will refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the academic community, it is my responsibility to turn in all suspected violators of the Honor Code. I will report to a hearing if summoned.”

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