Arizona Health and Nutrition Curriculum Assessment Tool

The purpose of this assessment tool is to assist health educators and AZ Health Zone (SNAP-Ed) Local Implementing Agencies in evaluating curricula for alignment with messaging strategies within **The Language of Health: An Editorial Style Guide for Communicating with the Public** and the guiding principles of a **trauma-informed approach**. To submit a curriculum for AZ Health Zone (SNAP-Ed) approved use, this assessment tool must be used in combination with **USDA Checklist for Evidence-Based Approaches** to meet SNAP-Ed evidence-based program and practice requirements.

The Language of Health

The Language of Health Style Guide is a framework of best practices that provides a more **effective** way to communicate health, nutrition, and physical activity messages to the public by being accurate and consistent in **what we say and how we say it**. Framing messages using the Language of Health strategies results in education materials and messages that are **persuasive** for the audience, without contributing to weight stigma or diet culture, leading to positive impacts on long-term health.

Trauma-Informed Approaches

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatization. **Trauma-informed approaches** encourage a systems approach to understanding the many factors that may influence an individual's readiness and/or ability to change their behaviors. Trauma-informed approaches to education are a combination of trauma-informed curriculum content (**what** is being delivered to participants) and trauma-informed facilitation skills and practices (**how** the information is delivered). Therefore, in the trauma-informed sections of the assessment tool there are statements that look at both curriculum content and how the curriculum allows the facilitator to embed trauma-informed approaches into their delivery.

Health Equity

According to the **Robert Wood Johnson Foundation**, "health equity means that everyone has a **fair and just opportunity to be as healthy as possible**. This requires **removing obstacles to health** such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." Efforts to remove obstacles to health and increasing opportunities for everyone to be as healthy as possible should be multifaceted approaches that consider both systems (organizations, policies, larger environment, etc.) and individual level unique considerations and challenges. Combining health education with best practice strategies from the Language of Health and trauma-informed approaches has the potential to support health equity at the individual level- as knowledge and skill building can help encourage healthful behaviors when it is relatable, practical, and safe.

AZ HEALTH ZONE

ARIZONA DEPARTMENT OF HEALTH SERVICES
PREVENTION SERVICES

Directions

Step 1 | Guiding Questions

Consider the following guiding questions about health equity and developmental appropriateness in curriculum selection, planning, and facilitation:

- **How can the facilitator reduce obstacles for participants during the planning stages of an educational lesson or series of lessons?**
  - Do participants have access to any technology or equipment required to participate?
  - Is the location of the class easily accessible or an inviting space for community gathering?
  - Are lesson materials available in a variety of languages or formats to support a variety of learners?
  - Does the in-person learning environment use seating and equipment that can accommodate people in larger bodies and people with a variety of accessibility needs?

- **How can the facilitator reduce obstacles for participants during the learning process?**
  - Are participants able to connect with the facilitator or other members of the group before, during, and after lessons?
  - Does the curriculum allow for cultural tailoring to enhance relevance or understanding of the material?
  - Does the facilitator listen non-judgmentally and respond to participants in a manner that supports safety and trust?

- **What is the developmental appropriateness of the curriculum content and is it appropriate for your intended audience?** For example, if you are looking for a nutrition curriculum, the Satter Eating Competency (ecSatter) and Satter Feeding Dynamics (fdSatter) Models by the **Ellyn Satter Institute** provides some examples in this area:
  - Children up to age 12 should learn about food through experience, how to manage unfamiliar foods in unfamiliar places, and energy needs from the perspective of fueling the body to get through the day.
  - Children 12 and older are ready to learn about the food composition and nutrient contribution of foods, the role of nutrients in the body, personal food preferences and experimenting with new foods, and practical skills needed for feeding themselves (which will be needed by the time they leave home!)
  - Curriculum for adults 18+ includes food management skills, meal and snack planning, and giving time and attention to eating.

Step 2 | Select Curriculum to Review

Select a curriculum you would like to review.

Tips:
- Read the curriculum summary and learning objectives to gauge initial alignment with Language of Health messaging and trauma informed approaches before moving on to steps 3 and 4 (before conducting a full review and scoring).
- If you are an AZ Health Zone (SNAP-Ed) Local Implementing Agency who wants to use this curriculum in your communities, it first needs to be reviewed with the **USDA Checklist for Evidence-Based Approaches** to meet SNAP-Ed evidence-based program and practice requirements (Research-tested, Practice-tested, and Emerging).

Step 3 | Gather Curriculum Materials

Gather all curriculum content, including learning objectives, lesson activities, messages and wording, facilitator's guides, participant workbooks, presentation slides, and additional resources or tools.

Tip: Not all curricula are created equally. Some curricula may have more resources, tools, and guides than others. Please review all items necessary to implement a curriculum in order to get the most complete picture of messaging and educational content.

Step 4 | Assess Curriculum and Rate Each Row

Using the Assessment Tool, score the curriculum by rating each strategy using a scale of 1-5, where 1 indicates "Unsatisfactory," 3 indicates "Emerging," and 5 indicates "Transformative."

1	**Unsatisfactory**: No messages or concepts align.
3	**Emerging**: Some messages or concepts align; some do not. e.g. learning objectives, content, examples, activities.
5	**Transformative**: All messages or concept align.

Example:

The Language of Health						
Section 1: Health Health is not merely the absence of disease, but is multidimensional, holistic, and has a variety of influences.						
		1	2	3	4	5	
A	Uses very **technical health terms** that, although commonly used by professionals, are **not easily understood by all** in a community.	○	○	○	◉	○	Uses **common language** when discussing complex health issues with easily understood examples, instead of technical terms.
B	The curriculum defines **health as only physical health** and does not acknowledge the multiple other dimensions of well-being.	○	○	◉	○	○	The curriculum acknowledges the **multiple dimensions of health,** including physical, emotional, social, intellectual, spiritual, occupational, and environmental. All play a role in total well-being or wellness.

Tips:
- The Assessment Tool contains 4 Language of Health sections (Health, Nutrition and Food, Physical Activity and Fitness, Weight and Body Size) and 6 Trauma Informed Approaches sections (Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment Voice and Choice, and Cultural, Historical, and Gender Issues). Within each section, strategies (indicated by a letter) are evaluated and scored.
- Each strategy contains examples for Unsatisfactory and Transformative messages and concepts to guide your assessment.

Step 5 | Score Each Section

Total each section score and discover if the section meets standards, meets standards with modifications, or does not meet standards using the assessment tool evaluation.

Results:
- **Meets standards**: All strategies are scored 3, 4, or 5. If 3 or 4, it is best practice to modify it to improve your score. Curriculum has met Arizona standards by aligning with the Language of Health and trauma-informed approaches to health and nutrition messaging.

- **Meets standards with modifications**: Strategies scored 1 or 2 but modifications can be made to bring the score to a 3, 4, or 5. Curriculum needs to be modified before or during facilitation to improve alignment with the Language of Health and trauma-informed approaches. Note: the ability to modify an existing curriculum is dependent upon approval from the curriculum's author/developer. If you are interested in using a curriculum that needs modifications, please contact the curriculum developer to ask permission- consider using the **Curriculum Developer Talking Points** resource if necessary.

- **Does not meet standards:** Any single strategy scored 1 or 2 and modifications were not possible to improve the score to a 3, 4, or 5. Curriculum does not meet Arizona standards by aligning with the Language of Health and trauma-informed approaches to health and nutrition messaging.

Step 6 | Make Modifications

If the score indicates that modifications are necessary, list what modifications you would recommend to improve curriculum content, language, or delivery.

Tip: The Transformative examples given for each section are a guide that can provide helpful tips for modifications and facilitation skills. However, these are not an exhaustive list of components or a checklist for trauma-informed and inclusive approaches. Please keep your target audience in mind and suggest modifications that are relatable or meet their unique needs.

Step 7 | AZ Health Zone (SNAP-Ed) Only - Submit Results to State Implementation Team

Submit the following to the AZ Health Zone State Implementation Team for a final review of the curriculum, determining approval* for use:
- Curriculum being assessed
- Completed USDA Checklist
- Scored Arizona Health and Nutrition Assessment Tool
  - If proposed modifications are listed, please include verification that the curriculum developer will allow modifications
- A brief justification explaining how the curriculum would fill a gap in programming that is not being met with other curricula on the current approved curriculum list.

*The AZ Health Zone State Implementation Team will notify whether or not a submitted curriculum will be approved for use. Review and approval of new curricula will take place annually.

Curriculum Name:

The Language of Health							

Section 1: Health
Health is not merely the absence of disease, but is multidimensional, holistic, and has a variety of influences.

		1	2	3	4	5	
A	Uses very **technical health terms** that, although commonly used by professionals, are **not easily understood by all** in a community.						Uses **common language** when discussing complex health issues with easily understood examples, instead of technical terms.
B	The curriculum defines **health as only physical health** and does not acknowledge the multiple other dimensions of well-being.						The curriculum acknowledges the **multiple dimensions of health,** including physical, emotional, social, intellectual, spiritual, occupational, and environmental. All play a role in total well-being or wellness.
C	The curriculum focuses on **weight as the sole focus or end goal of health**, the most important aspect of health status, and/or encourages weight loss to achieve health.						Improved well-being or health status is described as **healthy behavior changes, without a focus on lowering weight.**
D	The curriculum focuses on **individual decisions** being the only factor influencing their health status.						The curriculum acknowledges that our **individual decisions are only one factor** (among many) that affects our health status. Acknowledges the **impact of social and living conditions** (e.g. safe neighborhood to exercise outside).
E	**Improving health** or accessing health care is framed as easy or **equally achievable across groups of people** (e.g. recipe demos only mentioning fresh vegetables) If health disparities are discussed, race,						**Acknowledges the inequalities in access to health-promoting behaviors and health care across groups** (with different incomes, races/ethnicities, disabilities, sexual orientations, genders, and other factors) and its effect on disease and mortality rates. (e.g.

| | income, and other groups are used as specific examples. | | | | | | recipe demos providing canned, frozen, or fresh options based on accessibility).

If health disparities are discussed, effects on groups are defined broadly to avoid reinforcing stereotypes. Examples are not provided using specific or exact groups of people based on income, race, or other characteristics. |

Section 1 Result	Does **not** meet standards	Meets standards (with modifications)	Meets standards

Required Modifications (1s and 2s)

Best Practice Modifications (3s and 4s)

Section 2: Nutrition & Food
Food nourishes our body and is meant to be enjoyed. The road to well-being is paved with a healthy relationship with food and self.

		1	2	3	4	5	
A	Language around food is **technical.** Shares information about **nutrients without mentioning known foods** they're found in. Highlights the **negative aspects** of certain foods.						Discussion **focuses primarily on foods** (e.g. oranges) instead of nutrients (e.g. vitamin C). If nutrients are discussed, it's **in the context** of the variety **of foods** they are found in. **Highlights the benefits and reasons** we may buy or choose to eat certain foods.

			Choices change based on schedule, routine, availability, and life circumstances.
B	The curriculum states there are "**clean,**" "**perfect,**" or **right and wrong** ways to eat. Makes stigmatizing statements about certain foods or beverages such as describing them as **bad**, **ranking** them, describing certain foods as "good" or "better," or recommending that foods should be **reduced, limited, restricted or avoided.**		**All foods fit! All foods are good foods and the only bad foods are rotten foods!** Favorite and cultural foods are celebrated**.** The curriculum includes healthy eating strategies that are **encouraging** and **positive** and highlight **what can be gained and enjoyed** from eating a variety of foods.
C	The curriculum offers **demands** or **absolutes** about food, using words like **Always, Never, Should** Describes certain foods as **unhealthy** and/or labels certain **restrictive diets** (e.g. avoiding certain foods or groups of foods) **as "healthy."**		**Encourages** the consumption of a **variety** of foods including **nutrient-dense foods**. Uses a **variety of words** to describe nutrient-dense foods: healthful, nutritious, good for the body, nourishing, full of vitamins and minerals, instead of using the word "healthy" (repeatedly) which implies other foods are "unhealthy."
D	Promotes "popular" but unscientific strategies, such as "detox" diets or eating an alkaline diet.		**Only promotes nutrition strategies** that are supported by research, supports long-term health, and reinforces a healthy relationship with food.
E	Promotes a controlled strategy of eating (e.g. rules instead of tuning into hunger and satiety). Describes **numbers** that must be managed. This may include **encouraging counting** (e.g. calories) or **comparing energy intake and expenditure** (e.g. food calories and physical activity to "burn it off").		**Promotes intuitive approaches to eating,** which often include: • permission to eat food (no restricting) • eating for physical rather than emotional reasons • relying on hunger and satiety cues to start and stop eating.

	Supports **temporary or short-term eating patterns and diets, often restrictive and ineffective long-term,** increasing the risk of chronic dieting, weight cycling, disordered eating, and poor mental and physical health outcomes.		The curriculum reinforces that all foods can be enjoyed and promotes a **healthy relationship with all foods.** Supports practical, realistic eating patterns that will **fit into someone's lifestyle long-term**, in turn promoting optimal mental and physical health outcomes.
F	**Healthy eating is** talked about as **a sacrifice** to reduce the risk of disease long-term or something that **must be endured** to achieve health.		The curriculum focuses on the **pleasure and enjoyment of eating for the mind and body.** Examples include highlighting the nourishment we get from **trying new foods** and recipes together, the **taste** of food, and the joy of **cooking** or **sharing meals** with family and friends.
G	Cites **external reasons for eating healthy** (e.g. a focus on weight, a thin/fit body type, how others may feel or think about the person). Curriculum or facilitator **assumes external reasons are motivating** to everyone and/or **doesn't invite personal reflection** from participants		If **reasons to eat healthy** are discussed, there is a focus on **intrinsic** ones like the energy it provides, feeling great about oneself, or how great it tastes. The curriculum or facilitator acknowledges that everyone may have their own **unique intrinsic reasons** to eat healthy and does not make assumptions.
H	Describing ways of eating as "easy" and **assuming** everyone has **access to** and **can afford** all foods.		**Acknowledges** that our **food environment** (e.g. access, affordability) influences the foods we eat. **Describes** food environments **without labels or judgment** (e.g. communities that lack access to fresh food instead of "food desert").

Section 2 Result	Does **not** meet standards	Meets standards (with modifications)	Meets standards

Required Modifications (1s and 2s)

Best Practice Modifications (3s and 4s)

Section 3: Physical Activity & Fitness
Physical activity is meant to be enjoyed and improves quality of life.

    N/A - Curriculum does not include physical activity or fitness content

		1	2	3	4	5	
A	Focuses on **only one reason to be active: improve your physical health.** Does not acknowledge the multiple other benefits. Reinforces physical activity goals on their own, **separate from other life goals.**						Honors that each person has **unique physical activity goals** that may **fit into their personal life goals.** Highlights the **various benefits of being active** from improved **physical** and **mental health** (lower blood pressure, improved blood sugar levels, preventing chronic disease, lower risk of depression and anxiety, decreased stress) to **other** personal reasons like time with family, improved self-care, energy, or sleep. **Does not assume everyone is solely motivated by improved physical health.**

B	**Connects physical activity with weight loss, weight maintenance, or achieving a "fit body type."** **Correlates** a person's **weight and size with their interest or engagement in physical activity.** Focus is on national recommendations or gym-only activities and are **not inclusive of all abilities, bodies, or interests.** All examples of physical activity are difficult, complicated, or moderate to intense activities.		Clearly identifies **physical activity's connection to health, not weight.** A person's weight and size does not predict their past engagement or interest in physical activity. Physical activity examples are relatable and inclusive of all abilities/bodies. Reiterates that **movement is possible at all levels** and all movement counts (e.g. from games, playing, walking a pet, or gardening to swimming or weight lifting**)**
C	Focuses on what bad can happen or **what is lost by not being active.**		Focus on **what can be gained** and the **benefits of movement.**
D	The curriculum or facilitator **assumes** everyone has **a safe environment to be active outdoors and can afford things** like workout attire and equipment or a gym membership.		Acknowledges that being active is **not always easy. Safety, accessibility, and affordability influence** the activities we engage in. Examples of movement include **activities for various environments -** such as indoor and outdoor, gyms and free workout videos or classes

Section 3 Result	Does **not** meet standards	Meets standards (with modifications)	Meets standards

Required Modifications (1s and 2s)

Best Practice Modifications (3s and 4s)							

Section 4: Weight and Body Size
All bodies are good bodies.

		1	2	3	4	5	
A	**Promotes weight loss as a way to live a healthy life.** States that **health occurs at a "normal" BMI** and **focuses on changing body weight and size** as an end goal of health. Perpetuates the pursuit of weight loss or maintenance as an indicator of health, leading to messages or ideas that **even unhealthy weight management strategies and disordered eating** (like fasting, purging, or over exercising) **help someone achieve health** (because weight goals have been met).						**Health is framed as weight-neutral.** Pursuing a healthy lifestyle can happen at all body weights/sizes. Changing your weight does not equal improved health. For example, someone within a "normal" BMI range can have high blood pressure, high blood cholesterol, a restrictive diet, poor mental health, or be physically inactive. **Promotes lifestyle behaviors (not weight management) as a way to live a healthy life and decrease the risk of chronic disease**, such as physical activity, stress management, adequate sleep, and eating nourishing foods.
B	The curriculum **promotes a certain type of ideal "healthy" or "fit" body**, leading to **weight stigma and shame** for not having that body type, which is correlated to worsening health outcomes.						Affirms that **overall wellness includes appreciating and caring for your body,** which is correlated to increases in movement and decreases in yo-yo dieting. **All bodies feel welcome and respected.**

	Shames higher body weights or larger body sizes. This includes depicting unhealthy lifestyle behaviors with photos of larger bodies, using demeaning or negative terms about weight (e.g. chubby), or affirms competitions that reward weight loss.		The curriculum includes photos of all body sizes engaging in healthy lifestyle behaviors
C	The curriculum takes an **"eat less, exercise more"** approach to pursue weight loss and therefore health, reinforcing feelings of deprivation, hunger, and stress. **Does not acknowledge** differences in genetics or metabolism or **other factors** that influence body weight, shape, and size.		Curriculum or facilitator acknowledges that individual behaviors are one of **many factors** that **influence body weight, shape, and size.** The curriculum helps participants identify **practical and sustainable eating and movement patterns.**

Section 4 Result	Does **not** meet standards	Meets standards (with modifications)	Meets standards

Required Modifications (1s and 2s)

Best Practice Modifications (3s and 4s)

Trauma-Informed Approaches

Section 1: Safety
Creating spaces where people feel culturally, emotionally, and physically safe, the physical setting is safe, and interpersonal interactions promote a sense of safety.

		1	2	3	4	5	
A	The curriculum has no mention of group norms, agreements, or ground rules or **does not prompt** the facilitator to engage **the audience** in **creating standards** for a safe environment to **learn and share**.						Curriculum encourages facilitators to establish **group norms**, agreements, or ground rules with participants to allow opportunities to **feel heard, respected**, and that their needs for a **comfortable learning environment** are being considered
B	The curriculum does not provide notes or tips for facilitators regarding **preparation for the course**, **setup**, or **outreach** to participants.						The curriculum provides **tips or resources to assist the facilitator in the planning and preparation** of the course. Examples: Participant outreach, "set up" of the physical space, or instructions on how to access and use interactive media.
C	The curriculum **does not provide opportunities** or suggest ways for participants to **ask questions** or contact the facilitator.						The curriculum and facilitator provide **space for participants** to ask questions, seek clarification, and comment **during and after the course**. Examples: The facilitator takes **intentional pauses** to allow learners to ask questions, provides **contact information**, or establishes a system to **receive confidential feedback**
D	Questions and content throughout the curriculum encourage participants to give a "right answer," rather than promoting discussion and honoring multiple points of view and life experiences.						The facilitator **acknowledges there are many appropriate answers** and appreciates and validates **participants' responses and feedback.**
Section 1 Result	Does **not** meet standards			Meets standards (with modifications)			Meets standards

Required Modifications (1s and 2s)

Best Practice Modifications (3s and 4s)

Section 2: Trustworthiness & Transparency
Provide full and accurate information with the goal of building and maintaining trust.

		1	2	3	4	5	
A	The curriculum has expectations for participants in regards to homework, **costs to participate** (e.g.: time, food purchases) that are **not explicitly stated**.						The facilitator is prompted to **clearly state** the participant's **role and expectations** of participation **upfront**. Examples: Expectations of class participation or "homework"; associated costs to the participant: time commitment, food, or supply purchases.
B	The curriculum **does not have** specific **learning objectives** or the learning objectives **do not align** with the lesson's content.						The curriculum has learning objectives that are **clearly explained** and **align** with the **lesson's content**.
C	The curriculum provides **conflicting and inconsistent value messages** across or throughout lessons.						The curriculum provides a **consistent tone and set of values** throughout a lesson and/or across all lessons in a series.

	Example: The curriculum encourages a weight-neutral approach but includes activities such as calculating BMI or stating weight loss as a benefit of engaging in health behaviors.		Example: Curriculum that takes a weight-neutral approach and does not have lessons or activities focused on weight or utilize the term obesity.
Section 2 Result	Does **not** meet standards	Meets standards (with modifications)	Meets standards

Required Modifications (1s and 2s)

Best Practice Modifications (3s and 4s)

Section 3: Peer Support
Enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.

		1	2	3	4	5	
A	The curriculum supports the facilitator as the subject matter expert with **no opportunity for participants to share** their knowledge with others in the group.						The curriculum has lesson activities that are **discussion-based**, **interactive,** and prioritize **peer learning** within the group.
B	Lesson activities are most often **individual-level work** and "take-home" assignments.						The curriculum gives opportunities for participants to engage in **personal experiences or knowledge sharing** that creates or enhances **community building among participants**

| C | The curriculum **does not provide connection** or reflection on additional needs of the participants; does not provide optional or supportive **resources**. | | | | | | The curriculum provides space for the facilitator to **acknowledge the additional needs of group participants.** The facilitator can provide referrals and resources to **relevant and necessary community supports**.

Examples: Local and national organizations, help centers, and peer services like support groups, or breastfeeding counselors, etc. |

Section 3 Result	Does **not** meet standards	Meets standards (with modifications)	Meets standards

Required Modifications (1s and 2s)

Best Practice Modifications (3s and 4s)

Section 4: Collaboration & Mutuality
Recognition that healing happens in relationships and partnerships with shared power and decision-making.

		1	2	3	4	5	
A	The curriculum **does not provide opportunities for group connection** and discussion that goes beyond the facilitator's involvement.						The curriculum takes peer support to the next level by **consistently including group activities and discussions** where participants engage with each other beyond facilitator involvement.

		1	2	3	4	5	
B	The curriculum **does not provide lesson or activity options** for participants to choose from, to customize and support the learning process.						The curriculum provides lesson or activity **options for participants to guide** the group learning experience. Example: The curriculum encourages participants to choose between different learning activities, food demonstrations, or movement activities.

Section 4 Result	Does **not** meet standards	Meets standards (with modifications)	Meets standards

Required Modifications (1s and 2s)

Best Practice Modifications (3s and 4s)

Section 5: Empowerment Voice & Choice
Individuals' strengths and experiences are recognized and built upon.

		1	2	3	4	5	
A	The curriculum provides a **standardized list of goals** that participants are asked to set for themselves.						The curriculum **supports participant's autonomy** and ability to choose how to incorporate the curriculum knowledge in their lives, or **set their own goals**.
B	The curriculum supports the facilitator as the subject matter expert with **no opportunity for participants to lead**.						The curriculum **supports group participants** to take on **"leading" or facilitator roles** in lessons or other matters affecting the group.

							Examples: A participant can be in charge of room set up, outreach and welcoming guests, leading movement or mindfulness exercises.
C	The curriculum **does not reference the connection** of the course material to the participants' individual, family, or community experiences.						**The curriculum makes connections** between the course material and a **participant's** individual, family or community **experiences**. Participants are **encouraged to consider expanding leadership skills** and decision-making power within their communities.

Section 5 Result	Does **not** meet standards	Meets standards (with modifications)	Meets standards

Required Modifications (1s and 2s)

Best Practice Modifications (3s and 4s)

Section 6: Cultural, Historical, & Gender Issues
Moves past cultural stereotypes and biases and leverages healing values of traditional cultural connections.

		1	2	3	4	5	
A	The curriculum **does not acknowledge the connections** between food, movement, and culture or history.						The curriculum **acknowledges the connections** between food, movement, culture, and history.

			Examples: Foods, recipes, activities, or concepts that authentically represent diverse cultures across various races and ethnicities.
B	The curriculum acknowledges or discusses cultural or historical connections, **without allowing participants to share** their lived experiences.		The curriculum **encourages participants to engage in conversations and share** about traditions, lived experiences, and cultural preferences.
C	The curriculum **assumes** specific family structures or dynamics, alludes to the assignment of gender roles, and does **not utilize inclusive wording or diverse images**.		The curriculum acknowledges and honors all individuals and families through **inclusive wording and diverse images**. **Does not assume** family members and their specific gender roles. Examples: The curriculum uses broad terms like "caregiver" instead of "Mom and Dad"; images represent diversity and variety of family structures.
What language(s) is this curriculum currently available in? This will not be factored into the section score. If the curriculum is only available in English, translation into other languages may be necessary to best support community needs.			

Section 6 Result	Does **not** meet standards	Meets standards (with modifications)	Meets standards

Required Modifications (1s and 2s)

Best Practice Modifications (3s and 4s)