Crunch & Munch an Awesome Lunch Evaluation Report

Health Promotion, Eastern Health July 2017
Unhealthy diet is one of the main risk factors for chronic disease in Australia, with over 90% of the population not meeting the recommended amounts of vegetables and 50% not consuming the recommended amounts of fruit each day (Australian Institute of Health and Welfare, 2012). The promotion of healthy lifestyles and creation of supportive environments to provide healthy choices are vital strategies in addressing dietary related preventable disease (Department of Health & Human Services, 2015).

There are many risk factors for health represented in the Yarra Ranges Local Government Area, according to the Department of Health & Human Services (2016):

- **50%** of people in the Yarra Ranges are overweight/obese.
- **50%** of people in the Yarra Ranges have at least one chronic disease, the 7th highest rate in Melbourne, and 24% have high blood pressure.
- **96.5%** of people in the Yarra Ranges are getting less than the recommended serves of vegetables and fruit per day.
- **30%** of people consume sugary beverages weekly, the second highest rate of consumption in the Melbourne’s eastern metro region.

This data reflects an urgent need to address behaviours that lead to chronic disease within Yarra Ranges LGA to reduce health risks and improve health and wellbeing. Children are a key population focus for prevention as the knowledge, skills and behaviours developed in childhood will determine their lifelong health and wellbeing. Furthermore, it is important to create a positive food and body culture early in life as a negative food culture and body image has many implications for health, physically and mentally (Loriet et al, 2013).
Crunch & Munch an Awesome Lunch (C&M), created in 2014 and modelled on the Health Promoting Schools Framework, sought to promote a positive food culture, increase knowledge of healthy foods and discourage packaged foods high in fat, salt and sugar. The word “Healthy” was omitted from the title of the program as health may draw attention to moral actions and ways of being and it was vital to promote positive language around food and the body to children. It was also important to address the whole school environment to ensure sustainability of the program impacts, and for health to remain a key focus in the setting. This was achieved by targeting the whole school community, including students, staff, teachers and parents. The program was first developed as a pilot project and delivered to one primary school in the Yarra Valley. It was then introduced to a further 4 sites in the Yarra Ranges LGA and 3 additional sites supported by a partnership with Inspiro Community Health. Six of the sites implemented the program.

Stigma around body image and food behaviour in young children can lead to conditions like disordered eating/eating disorders, poor self-esteem and mental health (Public Health England 2016). Primary schools are an obvious setting to influence children’s behaviours. The World Health Organisation’s model for health promoting schools is an internationally recognised best practice approach for enhancing health and wellbeing outcomes (Langford, et al, 2014). This model integrates health promotion within a school, creating a healthy culture and environment and involving the whole school – students, staff, teachers and families in the process.

Health Promoting Schools Framework

- Curriculum, teaching and learning
- School organisation, ethos and environment
- Partnerships and Services

The World Health Organisation’s model for health promoting schools is an internationally recognised best practice approach for enhancing health and wellbeing outcomes (Langford, et al, 2014). This model integrates health promotion within a school, creating a healthy culture and environment and involving the whole school – students, staff, teachers and families in the process.
**Aims & Objectives**

Integrated Health Promotion Priority Area: Promoting Accessible and Nutritious Food

**Goal:**
Improved health and wellbeing of the Eastern Health catchment through increased healthy eating habits and access to healthy food

**Objective:**
To improve healthy eating in the Yarra Valley Community Health catchment, by June 2017.

**Key Evaluation Questions**

**Process**
- What support did the program provide to schools to implement C&M?
- Did the program establish partnerships to deliver the program across the catchment?
- How did the partner contribute to the program delivery?

**Impact**
- How many schools implemented the C&M program?
- How did the program improve participants’ healthy eating behaviours?
- How did the program increase participants’ awareness of healthy food choices?

**Evaluation Design**
- Did the program create a positive healthy eating culture and environment?
- How did the program increase awareness and understanding of the socio-cultural symbolism of food and food related behaviour?

- No. of schools implementing C&M
- Lunch box pre and post audits
- Evaluation from parent workshops
- Post interviews with schools
- No. of requests for support or education sessions about healthy eating
- No. of schools enrolled in the Achievement Program
- No. of followers of Facebook C&M page
The program provided a range of resources and mentoring from a health promotion officer to foster a healthy eating culture within schools. This included:

- Lunch Box Pre and Post Audits: to determine how much of the food contained in lunch-boxes met the Australian nutritional requirements and provide baseline data for the program and post program data within schools.
- Social Marketing: all students participated in a C&M logo and poster competition, with the winner being the logo for the school program and posters used to disseminate key points of the program.
- Free Student Lunch-boxes: all students received a free lunch-box to encourage and incentivise the children to bring healthy food to school and increase parents’ awareness of the program.
- Class Lessons: these were designed to match the student age-group and modified to suit and support other school curriculum to build students food literacy and culinary skills.
- Information Brochures: information brochures including a ‘5 minute lunch box’ and a ‘$5 lunch box’ were distributed within the school environment and sent home via children’s lunch boxes.
- School Newsletter Editorial: regular editorial was supplied for the school newsletter, including recipes, awesome food ideas, tips and nutrition information.
- Nutritional Q&A Session for Parents: a free session lead by a dietitian held during school times, provided practical advice and solutions to suppling healthier lunchboxes and featured nutrition displays and recipe taste testings.
- After School Snack Sessions: two after school snack sessions provided free healthy food to students, parents and staff and also included health promotion displays.
- Healthy Food Policy: assistance to develop a healthy food policy was provided to schools.
- School Canteen and Breakfast Club: assistance to develop a traffic light food system was offered to the pilot site who was reviewing their canteen menu at the commencement of C&M. A healthy smoothie breakfast was provided to a site experiencing many children attending without having eaten breakfast.
- Healthy Recipe Book: this was developed in partnership with the parents of the pilot site and contained the recipes for the food already experienced by the school community at the after school snack and parent Q&A sessions.
- Funding for School Resources or Equipment according to school needs: this included a variety of kitchen and garden resources designed to promote ongoing sustainability of the program.
- C&M Manual: this was supplied to post pilot sites to assist them to implement the C&M program with support from a health promotion officer.
- Facebook Page: a dedicated Facebook page was established to promote and support the program.
In 2016, a partnership was developed with Inspiro Community Health to deliver the program in two schools who expressed an interest in the program but were on the Yarra Valley Community Health wait list due to staff time constraints. All program materials and mentoring to deliver the program was provided by YVCH to the Inspiro Community Health project officer delivering the program. This contribution helped to further the reach of the program.

**Impact Evaluation**

**How many schools implemented the C&M program?**

The program was introduced to 8 schools and implemented in 4 schools and 1 community centre by Eastern Health and 2 additional schools through the partnership with Inspiro Community Health. Six schools and one community centre providing after school care fully implemented the program.

**How did the program improve participants’ healthy eating behaviours?**

The program had a variable impact in improving participant’s healthy eating behaviours. Results are variable across participating sites, with some classes showing some improvement in lunch box contents while others showed increased fruit and vegetable contents but also unhealthy snack foods. The lunch-box data has limitations however, since some post data was collected before the program had finished. Positive changes in eating behaviours were evident in two schools and the community centre. In a parent survey at site 1, 66% of parents reported that their child’s willingness to try foods had increased. Site 2 saw an increase of fruit and vegetables in children’s lunch boxes and site 5 reported a positive change in children’s attitudes toward healthy foods and willingness to try these.
Increased participants’ awareness of healthy food choices was evident in 3 sites. All teachers surveyed at site 1 stated the most noticeable change was increased awareness regarding healthy choices, and a renewed interest in food among the students, while 63% of teachers at site 3 said the program increased awareness of healthy food. Site 5 reported that the program increased awareness of healthy eating and strengthened existing initiatives and awareness of healthy food among their staff.

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#### Types of Food in Lunch Boxes

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<tr>
<th>Types of Food</th>
<th>Pre</th>
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<td>Fruit or Veg</td>
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<tr>
<td>Chips / Shapes etc</td>
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<td>Muesli Bar / LCM / Roll-Ups</td>
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<td>Homemade Meal</td>
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<td>Yogurt / Custard / Cheese</td>
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<td>Water</td>
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<td>Juice</td>
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<td>Cordial</td>
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<td>Plain Milk</td>
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<td>Flavoured Milk</td>
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### Results

- **66%** of parents found the resources provided by the program very useful/useful.
- **100%** of parents found the ‘After School Snack’ and ‘Dietetics Q and A’ useful.
- **66%** of parents noted that their child’s willingness to try foods had increased.
- **83%** of parents were very satisfied/satisfied with the program.
There is evidence of a positive healthy eating culture and environment across all the settings that implemented the program. These include new school kitchen gardens, dedicated kitchens for cooking garden produce, regular lessons on healthy eating, healthy food policies, and a food traffic light system canteen at site 1.

Site 2 has a dedicated kitchen to increase food literacy amongst children, with classes rostered to cook and eat the school garden produce. The breakfast program continues at site 3, while site 4 has expanded their garden and is currently implementing a kitchen garden program. Site 5 has also expanded their garden space and continues to provide healthy snacks and taste testings for the children.

The C&M program provided professional development for teachers in understanding the socio-cultural symbolism of food and related behaviour and promoted positive language for food and weight within the schools. Parents were also provided this information via the school newsletter and at after school information sessions. The program was designed to non-stigmatise food, food choice, eating habits, and children’s weight. C&M used no ‘good’ or ‘bad’ labels for food but instead used ‘awesome foods’ to describe healthy foods. Messages such as “awesome foods are like superheroes; they have special powers that help your body be fast and strong, and your mind cleaver” were a key feature of the program.
Quotes From Parents:

“It made me think about putting vegetables in my daughter’s lunch box and not just fruit.”

“My child was encouraged to make healthier choices.”

“We have less arguments about what my child has for lunch. She was more agreeable to the options offered.”

Discussion

The C&M program had a significant impact on schools with regard to creating a positive healthy eating culture and supportive environment for healthy choices which is evident in all of the sites. There was a notable increase in school gardens and kitchen cooking activities, all of which were provided resources and expertise via the program and may not have established these environmental changes without the support of C&M.

The pilot site was the most successful in meeting all of the desired outcomes ie. behaviour change, increased awareness of healthy food, and healthy culture and environment. This may be due to the more intensive support and monitoring provided by the health promotion officer in implementing the program for the first time and that the site was about to implement healthy changes to its canteen, indicating a readiness for the program. As more sites came on board, it became difficult to provide the pilot school level of support to all. The manual, developed to assist the schools to implement the program with limited support by the health promotion officer, may have been a factor in limiting outcomes achieved and the ability to measure these. Giving the schools responsibility for conducting the post lunch box audits and distributing and collecting the parental surveys resulted in very little post program data available for these schools.

Behaviour change and increased awareness of healthy food results was more difficult to measure due to the data available. The post program lunch box contents data were markedly varied, with variances evident among both classes within schools and between schools. It must be noted that lunch box contents data is collected at a point in time and is not a robust source of data to indicate behaviour change on its own. The feedback from parents and teachers coupled with this data creates a clearer picture of healthy eating behaviour and increased awareness of healthy food, as was the case with two of the sites who showed evidence of this.

The sites recognise the importance of creating a healthy environment but must juggle this with competing priorities and time constraints. None of the sites registered for the Victorian Achievement Program, however all have strengths on which to build more integrated and sustainable health promoting activities. This can be
achieved with individual support from a health promotion officer, as was proven in the pilot site, but will limit the number of sites that can be supported in this way. The partnership with Inspiro Community Health helped to extend the reach of the program and service the C&M Facebook page, and will be an ongoing support to schools if the partnership continues. However, the creation of a health promoting schools network where ideas and learnings can be shared amongst members; where the Health Promoting Schools Framework and the Achievement Program are encouraged as best practice; and where collective support is provided by the health promotion officer may be a solution to this problem.

Key Recommendations

01. Build on the legacy of Crunch & Munch an Awesome Lunch and actively encourage uptake and implementation of the Achievement Program and the Healthy Eating & Oral Health priority in schools and settings across the Yarra Valley.

02. Create a health promoting schools network to enable shared learning and collective support.

03. Continue the partnership with Inspiro Community Health to improve healthy eating in the Yarra Valley and seek opportunities to develop further partnerships such as with the Department of Education and Training and Yarra Ranges Council.

04. Support the creation of a Yarra Ranges Health Promoting Schools Network Facebook page to reinvigorate the original Facebook page with a focus on more holistic health and promote this within the network and school communities, in partnership with Inspiro Community Health.
Plan for Dissemination

This report will be distributed to all participating school and community sites, community partner Inspiro Community Health, Yarra Ranges Council, the Department of Health and Human Services and the Department of Education and Training.

References


For further information contact:
Health Promotion at Eastern Health on 1300 130 381
or email jo.stanford@easternhealth.org.au