

6 Lessons from the Review of Children's Healthy Eating Interventions

Thousands of interventions have aimed to improve children's eating, but most have not been reported and even fewer have been evaluated. The Review of Children's Healthy Eating Interventions (Worsley and Crawford 2004) was conducted to review published evidence of interventions that aimed to change children's food consumption in healthy ways.

Children's healthy eating interventions can be highly effective. The research literature suggests interventions can improve the quality of children's food intake, both in the short term and possibly for several years. The review found 115 publications that reported the results of evaluated interventions, with over one third of those interventions found to be successful in meeting their stated aims of changing children's eating behaviours. However, the review identified several weaknesses in this area:

- Many interventions have not been evaluated, so the efficacy of particular approaches is impossible to judge.
- Most evaluations have been conducted immediately after (within three months of) the completion of the intervention.

- Most reported interventions have been conducted for only short durations (typically three months or less), and long term interventions (over a year or more) have been rare (Resnicow, Cross and Wynder 1993)
- Many interventions have had nutritional endpoints—for example, the investigators aimed to reduce serum cholesterol levels or saturated fat consumption. Fewer studies have focused on eating and food (and beverage) consumption, such as increases in the consumption of fruit and vegetables (for example, Tooty Fruity).
- Most interventions among school-aged children have been conducted by external researchers with limited funding from grant agencies. Few intervention programs have been conducted within health and education systems by professionals employed in those systems (for example, teachers, community workers and preschool educators), although there were some useful exceptions—for example, preschool programs in Western Australia (Pollard, Lewis and Miller 2001). As a result, healthy eating programs have had limited life spans and have rarely been institutionalised within health and education systems.
- Most interventions have been conducted in primary schools (see the CATCH study below) and maternity hospitals. These settings are highly convenient for professional researchers and, along with preschool day care centres, offer major opportunities for practitioners to influence children's food and beverage consumption. However, wider community settings and family settings have rarely been used to focus on the promotion of children's healthy eating. The North Karelia (Puska et al. 1985), Stanford Heart Health (Farquhar et al. 1990) and similar programs were effective, but their impact on children and their families is uncertain. There have been very few evaluated family- or community-based interventions in children's healthy eating.
- A common deficiency of published reports has been their lack of detail about the mode of intervention. Often, the briefest details have been given about 'classroom education' or 'family counselling', or about the changes observed in food consumption, with more emphasis often being given to changes in biomedical status (such as body weight or serum cholesterol concentrations).
- There is some evidence that interventions that use multi-method approaches (such as classroom instruction combined with improved food services and parent involvement) are more successful than single method approaches (Cliska et al. 2000), although the quality of input into each method is crucial.