

9 How to conduct a healthy eating program

Many health promotion textbooks describe the ways in which programs are designed and implemented. Some of the main stages are briefly outlined here.

Identifying stakeholders

At the outset, the practitioner should identify the main players (stakeholders) who influence children's eating. These stakeholders may be parents, teachers, school canteen staff and local food vendors, as well as the children.

Getting support from the organisation and community, and raising awareness

The practitioner may perceive a problem with the eating habits of a group of children, but does anyone else? If other people also recognise the problem, do they think it matters? It is usually necessary to communicate with the stakeholders about the importance of healthy eating and to negotiate with them on the need for specific health promotion actions. While everyone might agree that the school canteen sells a poor range of foods, for example, there may be little agreement on whether anything can be done about it ('we will lose money') or what steps might be taken to improve the situation.

The practitioner will often foster support from a group of influential stakeholders who hold concerns about the children's food and who want to play active roles in improving the situation. This process will take many meetings and much discussion and negotiation until everyone agrees on a set of practical aims. Many people do not realise the importance of eating habits for children's health, so the health practitioner is often in a good position to raise their awareness of the issues and to suggest ways in which to translate their concern into concrete actions.

Communicating with children and parents (advisory groups)

The usual 'targets' of healthy eating programs are children and their parents. It is essential, therefore, to set up lines of communication with children and parents, which will enable them to tell the program managers about their concerns and about the outcomes of their attempts to change their eating. Communication also allows the program to explain its aims and distribute other information. However, it can be difficult to set up lines of communication. Children may not be easily contactable, even at school, and parents are usually too busy to attend meetings, so additional strategies may be required (such as the setting up of parent advisory groups, the use of school newsletters and local newspapers, and the recruitment of local pharmacies, general practitioners and retail food outlets) to keep the community informed.

Setting goals and making plans

A key purpose of setting up good communication with stakeholders is to establish a clear set of behavioural goals and plans to achieve those goals. The project should specify exactly what the children and their families are being asked to do (for example, 'eat one extra piece of fruit every day'). Goals may also be set for subgroups within a community—for example, the school canteen may have its own goals (perhaps to increase sales of salad rolls by 10 per cent in the next three months). Goals should specify what the desired behaviour change is, who should do it and in which context (at home, at school, in the supermarket and so on). They are essential for the conduct of the project and for its evaluation. The planning of goals is also essential, because it will clearly state the sequence of activities and the timelines for goal achievement.

Identifying barriers and opportunities (including costs)

When the goals are being planned, members of the planning group are likely to identify opportunities for behaviour change, as well as barriers to change. The planning group should mainly comprise local stakeholders because they will be in a good position to identify these opportunities and barriers. The group may wish to conduct a preliminary survey to identify these factors more precisely (formative evaluation). Typical opportunities are access to local supplies of fruit and vegetables, and the availability of willing volunteers to work with children. Barriers may be related to ignorance of the issues, lack of family support, and poor business skills in the running of school food services. The planning group needs to suggest ways of overcoming the barriers and using the opportunities. (The precede–proceed model might be very useful at this stage of planning.) It will also work on the evaluation of the project at this early stage (see below).

Establishing strategies and activities

The planning group will soon recognise ways of meeting the project goals. The Ottawa Charter and the precede–proceed model in particular may be useful in identifying strategies and associated activities. One of the first decisions will be about the scope of the project: is it going to be fairly narrow, dealing with the children and their families in a single context (such as the classroom or a clinic), or is it going to be a broad, community-wide project? If the former, then individual focused models (such as the theory of planned behaviour or social cognitive theory) might be useful; if the latter, then broader models are required. The strategies adopted by individual oriented approaches might include self-monitoring of eating behaviours or the use of social (group) reinforcement via experiential learning (say, in food tastings). Strategies used in broader approaches might focus more on the food environment, such as fruit and vegetable promotions in supermarkets, or reform of the school canteen. There is no reason for not using a combination of both approaches—both are valuable in their appropriate contexts.

Conducting an evaluation (measurement tools)

Evaluation of any activities is essential. It is a key project goal, and planning for evaluation must be undertaken from the inception of the project. Evaluation need not be expensive or unduly onerous, but it should be appropriate to the extent and intensity of the activities undertaken. As noted, formative evaluation is about scoping ideas for the goals and implementation of the project—it is essential.

Process evaluation is also essential and invaluable. It involves keeping a record of events during the project's implementation (from the first meeting right until the end). This account helps identify the barriers to implementation and the actions that were taken to overcome or avoid those barriers. It also acts as a 'group memory': people often forget what they have decided, so a record helps keep everyone task focused. Above all, the process evaluation allows transparency so outsiders can be shown what the project has considered and done. It is especially useful for recording events and processes, which are not easily measured. So, if it happens, write it down!

Outcome evaluation is often the only form of evaluation considered. It is often perceived to be difficult to do because it usually involves some form of quantitative measurement, but it can be quite qualitative (for example, interviews of key stakeholders before and after the intervention to gauge how they have changed). More usually, measurements are made of participants (and, often, of a comparative group of similar non participants) before and after various stages of the intervention. Such measurements are undertaken to assess the size and type of the changes that occur. The types of variable that can be assessed depend on the goals of the project; they might be the children's body mass, the range of foods that children eat each day, parents' involvement in cooking with their children, the achievement of planned sales of the school canteen, or even the number of times that a general practitioner provides healthy eating advice to parents. Every variable and even every participant does not have to be measured; rather, the aim of evaluation is to check whether the intervention approaches have the desired effects and, if not, to identify ways in which to improve the program.

Evaluation is essential. In particular, it can provide evidence of efficacy whenever the program is questioned. Many authoritative members of the community are sceptical of healthy eating programs, so evidence of efficacy is an important way of bringing them on side. (For further information about evaluation, see the Department of Human Services, Victoria 2003a.)

Reporting

Reporting of findings is an important part of any program. Program leaders have an ethical responsibility to report back to participants and stakeholders (because it is their project, to which they have given time and other resources). There is also a 'political' imperative to

report back: the reporting of success or failure will keep people involved and keep healthy eating on the local agenda.

Reports do not have to be long but should cover the issues that the project was designed to promote or remedy. They should be written in plain English and in other languages, depending on the languages of the people involved. They can be in a range of forms (for example, written reports on paper or on the Internet, posters, audio reports or videos), depending on the target audience's preferred communication channels. Ideally, reports of all projects should be stored in a publicly accessible location so everyone may benefit from the information. One of the main findings of the Review of Children's Healthy Eating Interventions was that many healthy eating promotions are not reported, so no-one can learn from them.

Institutionalising the program and training new staff

Conducting a one-off intervention is not going to help children and their families for long, yet most interventions that have been reported have been temporary. Under the injunctions of the Ottawa Charter, health and education services should intervene continually to promote healthy eating to children through changing circumstances. Such promotion should be a part of the job. Once an intervention has been shown to be effective, therefore, we need to find ways of making it (or features of it) permanent. This effort involves changing the work duties of health and education staff so they will continue aspects of the intervention.

Institutional food policies are a useful way of assimilating the lessons learned from interventions. This assimilation has to be done in a deliberate manner. Too often, the effects of interventions are assumed to continue long after they have ceased. Given the competing influences on children's eating behaviours, this is a naïve assumption. For this reason, children's settings such as schools and preschools must have active staff training programs that explain to staff the importance of following the institution's food policies in specific ways.