



Tony Ellis, ChaMPs communications manager

0151 488 7776 (and 0151 201 4152 from 8 December 2008)

Mobile : 0771 993454

Summary

Snack Right is targeted at parents and carers of preschool children in deprived neighbourhoods of Cheshire and Merseyside.

It was developed by a boundary-spanning partnership of health, local authority, communications and third sector professionals facilitated by ChaMPs Public Health Network.

Snack Right's behavioural goal - replace at least one unhealthy snack a day in your child's diet with a healthy one – was designed to be achievable and "nudge" families towards healthier eating.

Fifteen fun, interactive events were delivered to 600 families in mid-2007.

Insight from them was developed into 49 further events in summer 2008 with an emphasis on sustaining Snack Right into the home. This was done through a direct marketing campaign underpinned by the Snack Right 5, a cartoon group fruit and vegetable folk.

By autumn 2008, nearly 4,000 children, parents and carers had been reached.

A network of 150 Snack Right "ambassadors" – local health care and community workers – was recruited to organise events. The professionals leading Snack Right were on tap, not on top; the ambassadors ensured delivery was locally-led and tailored to local needs.

Our collective approach allowed delivery of a sustainable, quality project that individual organisations could not have achieved alone.

1. Introduction

Snack Right is a targeted intervention for the parents and carers of preschool children from deprived neighbourhoods of Cheshire and Merseyside.

It was funded with £263,000 from the Department of Health Communities for Health Fund and commissioned by Cheshire and Merseyside's directors of public health, who also contributed £50,000.

The project was developed by a boundary-spanning partnership of health (e.g. public health practitioners), local authority (e.g. children's centre manager), communications and Third Sector (e.g. Heart of Mersey charity) professionals. It was facilitated by ChaMPs, the public health network for Cheshire and Merseyside, which builds partnerships across the public and third sectors to promote and protect public health and well-being, and build capacity and capability across the public sector.

The project was delivered in two phases – the first in spring/summer 2007 and the second in summer/early autumn 2008.

2. Customer orientation - segmentation and targeting

ChaMPs social marketing group was tasked to deliver a health improvement project around food using social marketing techniques and concepts.

A day-long workshop reviewing the evidence led to the group to focus on preschool children aged 3-5 from deprived communities because:

- Proportionally less health advice was available compared to that for babies or school-age children
- This was the age at which food tastes were formed for life
- Cheshire and Merseyside has some of the worst health inequalities in England

Indices of Multiple Deprivation (IMD) were used to identify where children from the target families lived. They were: the quintile with the highest proportion of 3-5 year-olds and the quintile with the highest proportion of people who had never worked or were long-term unemployed. The results were tested by mapping value supermarket chains (e.g. Aldi, Lidl) – a statistically significant correlation was established.

Experian's Mosaic classification tool was used to identify the predominant geodemographic profiles for these areas which, in turn, were used to find other communities which were too small to register using IMDs.

Fifteen focus groups were held at locations identified in the mapping work. Each group focussed on a specific cohort with responsibilities for caring for

preschool children e.g. single mothers, grandparents, first-time parents, non-white ethnic groups, etc.

Children's centre workers were also interviewed. It was their observation – children generally ate well in day care but were given “junk” snacks as their parents/carers took them home – that led to developing Snack Right.

3. Understanding the customer - insight and behaviour

It was apparent from the customer orientation work that to influence the eating habits of preschool children we needed to influence the behaviour of their parents and carers.

Our insight work had established a number of factors affecting behaviour around healthy eating choices. These included:

- Barriers to healthy eating - a “can't cook, won't cook” attitude; a lack of basic knowledge around nutrition; a belief healthy food was expensive food; preparing healthy food was time-consuming and inconvenient; children were likely to reject it and budgets were too tight to waste food
- Influencers of healthy eating - children's centre/nursery workers (generally positive); retailers (often negative at the time); media (both negative and positive)
- Motivators – retail offers (voucher promotions, product placement; positive messages at point of sale); pester power of children
- Simply focussing on the health benefits of healthy eating alone wouldn't be effective
- A belief some junk foods led to hyperactivity

Our research showed we could challenge negative behaviour if an intervention captured the following:

- Healthy snacks benefit long and short-term health
- Fruit and vegetables aren't expensive
- Healthy snacks can be quick and easy to prepare
- Early food preferences stay with you for life
- Healthy snacks can improve kids' behaviour
- Slow release snacks keep child energised longer

It was agreed snacking should be the focus of our intervention. Our key behaviour goal would be for children aged 3-5 from deprived neighbourhoods to “*replace at least one unhealthy snack each day with a healthy one*”. Ideally, this would be a fruit or vegetable.

We also agreed six secondary goals:

1. Parents and carers would attend a Snack Right event with their children

2. Parents and carers attending Snack Right events would overcome negative perceptions of fruit and vegetables as a snack food for children
3. Every child would have the opportunity to try fruit and vegetables snacks at the events
4. Children would continue to “snack right” through the work of ambassadors (see below), primary care trusts, local authorities, communities, etc
5. Ambassadors were engaged in the process and attend Snack Right events
6. Ambassadors delivered their own events

4. Snack Right – phase 1 (summer 2007)

The group set about commissioning a series of 15 fun, interactive events partnered by the value supermarket chain Aldi and the national Healthy Start welfare voucher scheme. Most of the events were delivered in partnership with local authority children’s centres that correlated with the segmentation work.

The events were aimed at children but, crucially, be an opportunity to engage with the parents or carers who accompanied them. They were branded Snack Right.

An agency was commissioned to support delivery of the events, design support materials and engage the media.

At each phase 1 event, children had the opportunity to try different fruit and vegetables; parents and carers were shown fun ways of creating healthy snacks for their children; a health worker was on hand to sign parents up for Healthy Start; and parents were also told where they could use the vouchers locally.

Parents and carers were also provided with information about the short and long-term health benefits of replacing an unhealthy snack with a healthy one.

The events were fun and informal with a visit from a banana character and each child taking home a piece of fruit. Providing each parent with information on a one-to-one basis was essential because of low literacy and numeracy in our target families.

5. The role of Snack Right ambassadors

The Snack Right ambassadors are strategic and operational professionals from Cheshire and Merseyside's primary care trusts, local authorities and third sector. They include obesity leads, children's centre managers, health visitors, health promotion workers, health trainers and community cooks. We split them into two types:

- **Strategic ambassadors** supported local plans for delivery of Snack Right and provided staff to support the implementation, including events and passing on messages to target groups. They also worked to embed the Snack Right model through local strategic plans or work plans, and create a legacy for the project
- **Tactical ambassadors** delivered Snack Right messages, promoted and delivered events, supported the delivery of events, and sustain messages with the families they work with

We have registered around 150 ambassadors of whom a third are strategic.

Ambassador days were run in the development stage of both phase 1 and 2 to test the quality and effectiveness of the Snack Right intervention and materials.

6. Lessons from phase 1 and rescoping

An evaluation of phase 1 was conducted by Liverpool John Moores University. Their findings, and observations in the field of how phase 1 was received, were key in rescoping and developing phase 2.

This additional insight and customer understanding led the social marketing group to:

1. Extend the target age range to include children aged six months to four because tastes and preferences, and parental choice, were apparent in the under twos
2. Overhaul and expand marketing materials – paper-based resources (e.g. leaflets) would be improved but augmented with practical, durable products that stay in the home as prompts to healthy eating (i.e. plastic fruit bowl, wipe-clean tablemat, reading book)
3. A direct marketing intervention would be developed based around each child being professionally photographed at the events. (In phase 1, parents had been interested in receiving copies of photographs for the media we commissioned, although we didn't supply this service.)
4. Mailing the photograph to the child's home would sustain Snack Right and the behavioural change it encouraged into the home

5. Further incentives would develop this relationship over time

7. Snack Right – phase 2 (June-September 2008)

Phase 2 was commissioned from three agencies which were responsible for a) the creatives and managing the directing marketing; b) delivering and supporting events at the children's centres; and c) media relations.

The Snack Right 5, a cartoon group of fruit and vegetables, was developed as the creative platform for all the phase 2 materials. These ranged from a specially commissioned story book to branded stationery (see attachments).

Forty-nine events were held at children's centres of which eight (one for each NHS primary care trust area in Cheshire and Merseyside) were designated "exemplar" events. These were an opportunity for ambassadors to see a "live" event and learn how to deliver one themselves.

The events themselves were similar to phase 1 but with more interactive games using fruit and vegetables. The key difference was professionally photographing each child who attended with parental consent. The photograph was later mailed to their home with a letter and snacking sticker calendar.

Children who completed the calendar were mailed a wipe-clean tablemat as a reward. Their parents/carers were also entered into two prize draws. They also received other communications such as a recipe for a fruit snack.

We also commissioned life-size versions of two of the Snack Right characters – Pip the Apple and Narna the Banana – to attend the events.

A Snack Right event planner was published to help local organisers deliver events. This has been well received with feedback suggesting it will be used for future events and as a framework for non-Snack Right events.

8. What were the outcomes/ how were they measured?

The phase 1 evaluation demonstrated recognition of Snack Right in the target audience and awareness of healthy snacking. Researchers noted the challenge of isolating Snack Right from the "background noise" of other healthy messages. A more robust baseline was established for phase 2 evaluation and will report in early 2009.

Other outcomes were:

- **Participation.** 3,788 children, parents and carers attended 64 Snack Right events from the targeted groups, including black, ethnic and migrant groups

- **Direct marketing.** 1,003 children – made up of 824 families - were signed up to the direct mail programme. Forty per cent took part in the competition and continued replacing an unhealthy snack with a healthy snack for at least four weeks after attending an event
- **Healthy Start.** Applications for Healthy Start vouchers in the Merseyside area increased by 25% during phase 1 of Snack Right.
- **Families' views.** 84% of families attending phase 2 events felt they had picked up tips about healthy snacking
- **Local Area Agreements (LAA).** Snack Right contributed to key public health priorities including childhood obesity and oral health. As phase 2 rolled out, it also contributed to LAA children's indicators
- **Ambassadors.** The ambassador network will sustain Snack Right as health improvement proposition. One PCT has already employed a Snack Right worker to develop the intervention in their area. Others are proposing to develop the Snack Right 5 with new books and materials

9. Conclusion: Expertise on tap, not on top, supported local delivery

- Our sub-regional approach allowed us to deliver a project together that individual partners would have struggled to achieve alone. By working together, we pooled effort and expertise to secure funding, and created a quality, sustainable intervention which is readily transferable
- We used direct marketing to achieve health improvement and sustain a relationship for behaviour change with our customers
- The professionals leading Snack Right were on tap, not on top; the ambassadors ensured delivery was locally-led and tailored to local needs.