

Healthy School Canteens

Evaluation Toolkit





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National Healthy School Canteens Evaluation Toolkit

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Introduction

This evaluation resource has been developed as part of the National Healthy School Canteens (NHSC) Project and is designed to be used by states and territories to assess the process and impact of introducing the NHSC *Guidelines* to school canteens.

There are three components to the resource.

- **Part One** is a Program Logic Model detailing the theory and activities of the program and how these are linked to provide a program logic.
- **Part Two** is the Evaluation Framework outlining the potential components, evaluation questions and indicators, data sources and data collection methods.
- Part Three contains Evaluation Tools for canteen managers, designed to assess the
 implementation process and short term outcomes. The surveys are intended for selfcompletion by canteen managers or telephone interview of canteen managers by the
 jurisdictional officer responsible for the program. The Focus Group Question Guide
 for canteen managers is designed to explore in more depth both the process and
 outcomes of implementation and factors that may have had an impact on these.

The Evaluation Tools have been adapted from a longer series of interviews used in the evaluation of the trial implementation of the NHSC *Guidelines* in November/December 2009. The tools are designed to be feasible for jurisdictions to administer and to impose minimum burden on canteen managers while still providing data on the priority process and short term impact questions listed in the Evaluation Framework.

States and territories undertaking evaluation of the NHSC *Guidelines* may wish to extend their evaluations to assess medium and long term outcomes, and to extend data sources to include parents, teachers, students and other members of the school community. This is outside the scope of the current resource.

It is recommended that jurisdictions investigate the feasibility of conducting an audit of menu items, (and ingredients, where canteen staff make their own dishes), to assess the proportion of foods and drinks categorised as RED, AMBER and GREEN that are offered for sale. This audit should be carried out annually or whenever the menu changes. This would allow trend data to be collected on changes in foods and drinks offered.

In terms of assessing foods and drinks sold, this would need a sales management system to code and record items categorised as **RED**, **AMBER** or **GREEN** at the point of sale or at the point of order. Since there are considerable resource implications, it is suggested that this be trialled and evaluated on a small scale before wider roll-out.

Part One: National Healthy School Canteens Program Logic Model

Program Logic Model

Notes on the Program Logic Model

Program Logic Model: Implementation of the National Healthy School Canteens Guidelines

Assumptions Inputs Activities Food in canteens Support from Obtain resources contributes to local jurisdiction and support children's health Food in canteens Support from school Consultation and meetings contributes to social with the school community community health and the learning environment Communications and Food categorisation School canteens are marketing to resources a joint responsibility of the school community education and health sectors Training for canteen Training for school/ managers and support staff canteen staff Canteen managers and support staff play a key role **Evaluation resources** Develop school policy and procedures Canteen food should contribute to environmental sustainability Implement NHSC food categorisation system

Context

Changes to canteens should be sustainable

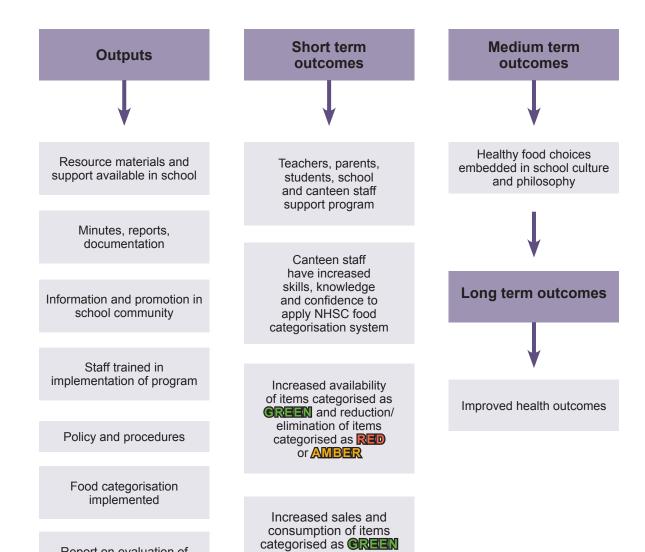
within schools

Urban/rural/primary/ secondary/cultural differences should be recognised and addressed

Access and proximity to food outlets outside school; changing cost of food (drought, global economy); governance and cost structure of canteens; capacity of school community to support; number and turnover of managers and support staff, physical resources equipment in canteen, access to fresh foods (particularly in rural/remote regions).

Evaluate process and

impact of changes



Report on evaluation of program

Notes on the Program Logic Model

The purpose of the logic model is to set out the program logic or theory of change that underpins the program. It is a tool that encourages stakeholders to have a common understanding of how the program is expected to work and what it is expected to achieve. Logic models are useful in community-based evaluation as a way of outlining what is required to achieve success, the evidence for the approach taken and the predicted outcomes. When controlled experimental design is neither feasible nor appropriate, the logic model describes the contextual factors that may influence the achievement of the predicted outcomes, and so, strengthens arguments of causality.

Assumptions – the evidence, assumptions, necessary pre-cursors that the program is based on.

Inputs – the material resources, people, and other investments in the program.

Activities – what actions are taken in the implementation and by whom?

Outputs – what is produced from the activities?

Short term outcomes – generally changes predicted after 6-12 months of implementation.

Medium to long term outcomes – changes predicted after more than 12 months. Health promotion and illness prevention programs may take many years to achieve the predicted health outcomes for individuals and populations.

Context – factors outside control of the program that may influence success positively or negatively.

Part Two: National Healthy School Canteens Evaluation Framework

Evaluation Framework: Process Evaluation

Evaluation Framework: Short Term Impact

Notes on the Evaluation Framework

Evaluation Framework: Process Evaluation

National Healthy School Canteen Guidelines

Components	Topics	Evaluation questions	Data source	Method
Resource materials	Accessibility	Have the resources been received? Read? By whom? Are they readily accessible?	Canteen staff	Phone or self-complete survey
	Quality	What is the perception of readability, relevance, usefulness, ease of use? Cultural appropriateness?	Canteen staff	Phone or self-complete survey
Jurisdictional support	Quality	Appropriate level? Relevance, ease of access?	Canteen staff	Focus group
Support from school community	Consultation process	Who and how many people participated? What feedback was obtained?	Principal	Phone or self-complete survey
Information to school community	Quantity	How was school community informed? Who received information and in what form?	Principal	Phone or self-complete survey
	Quality	Culturally appropriate, understandable?	Principal	Phone or self-complete survey
			School Council/ Committee	Focus group
			Students	Focus group
Training	Attendance	Who attended, appropriate people? Attendance/ completion rate, drop out?	Trainer	Self-complete survey
	Quality	Relevance, usefulness, at appropriate level?	Training participants	Self-complete survey
Policy and procedures	Healthy canteen policy	Is there a canteen policy on healthy foods? Who knows	Principal	Phone or self-complete survey
		about it? Does it reflect the NHSC Guidelines?	Canteen staff	Focus group
			School Council/ Committee	Focus group
Food categorisation	Understood, applied correctly, applied consistently	Do canteen staff understand and apply the criteria correctly and consistently?	Canteen staff	Phone or self-complete survey
Evaluation	Appropriate data collected, interpreted and reported	Is there capacity and resources to undertake it? Are there appropriate data collection systems in place?	Principal	Phone or self-complete survey
		How does the school	Canteen staff	Focus group
		environment (geographical, socio-economic,) have an impact on implementation?	School Council/ Committee	Focus group

Evaluation Framework: Short Term Impact

National Healthy School Canteen Guidelines

Components	Topics	Evaluation questions	Data source	Method
Skills, knowledge and confidence	Canteen staff have increased skills, knowledge and confidence to apply the NHSC food categorisation	Has canteen staff skills, knowledge and confidence to apply food categorisation changed?	Canteen managers	Phone or self-complete survey
Availability	Availability of food/ drink categorised as @REEN, AMBER or RED on canteen menu	Have the number of items categorised as GREEN on the menu changed? Have the number of items categorised as AMBER on the menu changed? Have the number of items categorised as RED on the menu changed? Have the serving size of items categorised as AMBER on the menu changed? Have the serving size of items categorised as AMBER on the menu changed? Have the serving size of items categorised as RED on the menu changed? What are the enablers and barriers to menu changes?	Canteen managers	Phone or self-complete survey; Focus group
Support	Teachers, parents, students, school and canteen staff support program	Is the healthy canteen policy supported and implemented?	Canteen managers	Focus group
		What are the enablers and barriers to implementing the policy?	Principals	Phone or self-complete survey
		Does the policy intersect with other	School Council/ Committee	Focus group
		aspects of school e.g. curriculum, events, vending machines?	Students	Focus group
		evente, vending machines:	Parents	Feedback sheet
		What has been the impact on canteen profitability?	Canteen managers	Focus group
Foods and drinks sold	Proportion of items categorised as RED, AMBER and GREEN for sale	Have sales of items categorised as RED decreased/stopped? Have sales of items categorised as GREEN increased?	Canteen managers	Annual audit

Notes on the Evaluation Framework

National Healthy School Canteen Guidelines

The Evaluation Framework focuses on process and short term outcomes.

In this context, process evaluation would be most useful at 3-6 months post the start of implementation of the NHSC *Guidelines*. This timing allows for food stocks and menu changes to be established within the school canteen. The implementation process should be bedded down but still sufficiently fresh for information on the process to be recalled by respondents. This short time frame also means that any issues with implementation can be identified early on and addressed.

Short term outcomes should be assessed after 12 months of implementation. This allows for a full school year in order to account for term and seasonal differences.

Medium term outcomes should be assessable after 2-3 years whereas long term health benefits are likely to take at least 5 years to be measurable. Evaluation of medium and long term health outcomes is not covered by this framework.

The main source of evaluation data in the framework is canteen managers as they have the day-to-day experience and responsibility for implementation. The tools in this resource are intended for canteen managers. Other potential data sources include principals, students, Parents and Citizens (P&C) or Parents and Friends (P&F) committees, canteen volunteers and canteen committees if present.

Potential methods of data collection have been included in the framework. Here, there is likely to be a trade-off between quality of data and evaluation resources available. Canteen managers and other members of the school community are unlikely to see evaluation as a priority issue so the process should be as easy as possible and the benefits of evaluation explained. The main evaluation tools for canteen mangers are designed for phone interview or self-completion and call for mainly quantitative responses. Quantitative data are generally quicker for respondents to provide and for evaluators to analyse, however they are limited in explaining why things happen as they do. Qualitative data can enrich the information obtained but is more time consuming to collect and to interpret. Jurisdictions undertaking evaluation may wish to focus on the quantitative questions for large scale data (for example; all schools) and restrict the more qualitative aspects to focus groups of canteen managers from a sample (for example; 5% of schools).

An important consideration in any evaluation is the school context. Geography, school mix and level, and the socio-economic environment are all likely to impact on the implementation and evaluation and these need to be anticipated and factored into the analysis of the evaluation process. The Index of Community Socio-Economic Advantage (ICSEA) (ACARA 2010) provides a nationally consistent indicator that could be used by evaluators and can be accessed via the *My Schools website at www.myschool.edu.au*.

Part Three: National Healthy School Canteens Evaluation Tools

Research Protocol

Evaluation of Implementation:
Process

Evaluation of Implementation: Short Term Outcomes

Focus Group Question Guide

Research Protocol

The following steps are suggested for conducting the evaluation in order to obtain maximum response rates and to provide nationally consistent evaluation data.

Process Survey

Check the ethical requirements in your jurisdiction and submit an ethics application, if required.

Communicate with all school principals about the evaluation process when implementation begins and again four weeks prior to first survey.

Assign a unique ID to each school to be surveyed.

Evaluation Week 1: Send hard copy of Process Survey with reply paid envelope to canteen managers/convenors in all schools with due date for completion, two weeks later.

Evaluation Week 3: Send reminder to non-responders, with due date two weeks later.

Evaluation Week 5: Send another hard copy of Process Survey with reply paid envelope to non-responders, indicating that non-responders will be followed up by phone in two weeks.

Evaluation Week 7: Administer Process Survey by phone to non-responders, or attempt to arrange interview time within two weeks.

Evaluation Week 9: All data collection complete.

Short Term Outcome Survey

This process should be repeated for the Short Term Outcome Survey.

Focus groups

Check the ethical requirements in your jurisdiction and submit an ethics application if required.

Aim for respondents from a 5% sample of schools, including primary/secondary; metropolitan/rural/remote; high and low ICSEA score. Invite canteen managers to a focus group discussion or make use of canteen manager networks if these are available.

Evaluation of Implementation: Process

National Healthy School Canteen Guidelines

	IDICSEA score [Office use only]
foll	s survey is for completion by the canteen manager/convenor at 3-6 months owing the start of implementation of the National Healthy School Canteens SC) <i>Guidelines</i> .
Thi	fidentiality Statement research has been approved by [ethics committee]¹. Please note that your school and riduals from the school community will not be identified in any reports from this evaluation.
Naı	ne of school
Stu	dent age (Circle as many as relevant) Pre-school/kindergarten Primary Secondary
Sch	ool setting (Circle one) Metropolitan Rural Remote
Sch	ool type (Circle one) State Independent Catholic
Dat	e implementation started ²
Dat	e of survey completion

¹ Delete if not applicable

² Delete if implementation date was set for whole jurisdiction

In this survey, we want to ask you about the introduction of the National Healthy School Canteens (NHSC) *Guidelines* and your use of the resources supplied by the NHSC project, in particular, the '*Guidelines for healthy foods and drinks supplied in school canteens*' (the green covered book).

	, , , , , , , , , , , , , , , , , , , ,
	w have you informed the school community about the changes? (Circle as ny as relevant)
a.	CD presentation
b.	Pocket Guide
C.	Poster (Healthy kids need healthy canteens!)
d.	School newsletter
e.	School website
f.	P&C/P&F meeting
g.	School assembly
h.	Other
2. Hav	re you run any information sessions for canteen staff/volunteers? (Circle one) Yes
	No
a. b. c. d. e. f.	cs, what resources did you use? (Circle as many as relevant) CD presentation Quick Reference flip chart Pocket Guide Poster (Healthy kids need healthy canteens!) School newsletter School website Other
The N	HSC Guidelines (green covered book)
4. Whe	ere are the Guidelines kept? (Circle as many as relevant)
a.	Principal's office
b.	School office
C.	In the canteen
d.	School library
e.	Teacher's staff room
f.	With canteen committee
g.	With P&C/P&F (or similar organisation)
h.	Somewhere else
i.	Don't know

5. On average how often do you or canteen staff/volunteers refer to the *Guidelines*? (Circle one)

- a. Never
- b. Rarely (less than once per week)
- c. Sometimes (once or twice per week)
- d. Often (most days)
- e. All the time (every day)

6. How would you rate your overall satisfaction with the *Guidelines* resource? (Circle one)

- a. Very dissatisfied
- b. Dissatisfied
- c. Undecided
- d. Satisfied
- e. Very satisfied
- f. Don't know

Do you agree or disagree with the following statements? (Circle one)

7. The Guidelines contain useful information:

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree
- e. Don't know

8. The Guidelines are easy to understand:

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree
- e. Don't know

9. The Guidelines are easy to apply in practice:

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree
- e. Don't know

10. The Guidelines are relevant to the needs of my school:

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree
- e. Don't know

11. The Guidelines improved my food knowledge:

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree
- e. Don't know

12. Who else in the school community has seen or read the *Guidelines***?** (Circle as many as relevant)

- a. Principal
- b. Canteen committee
- c. Paid canteen staff
- d. Canteen volunteers
- e. P&C/P&F (or similar organisation)
- f. Teachers
- g. Student representatives
- h. Other

The Quick Reference flip chart

13. Where is the Quick Reference flip chart kept? (Circle as many as relevant)

- a. Principal's office
- b. School office
- c. In the canteen
- d. School library
- e. Teacher's staff room
- f. With canteen committee
- g. With P&C/P&F (or similar organisation)
- h. Somewhere else
- i. Don't know

14. On average, how often do you or canteen staff/volunteers refer to the *Quick Reference* flip chart? (Circle one)

- a. Never
- b. Rarely (less than once per week)
- c. Sometimes (once or twice per week)
- d. Often (most days)
- e. All the time (every day)

15. How would you rate your overall satisfaction with the *Quick Reference* flip chart resource? (Circle one)

- a. Very dissatisfied
- b. Dissatisfied
- c. Undecided
- d. Satisfied
- e. Very satisfied
- f. Don't know

Th	e <i>P</i>	ocket Guide
16.		no else in the school community has seen the <i>Pocket Guide</i> ? (Circle as many relevant)
	a.	Principal
	b.	Canteen committee
	C.	Paid canteen staff
	d.	Canteen volunteers
	e.	P&C/P&F (or similar organisation)
	f.	Teachers
	g.	Student representatives
	h.	Students
	i.	Other
17.		
18.	_	es, where did you get this help? (Circle as many as relevant)
	a.	Diodalar and
	b.	State/territory school canteen website
	C.	State/territory school canteen network organisation

d. Other____

19. Is there anything else you would like to say?

Thank you

Please return your completed survey in the reply paid envelope by

[date]

Evaluation of Implementation: Short Term Outcomes

National Healthy School Canteen Guidelines

	ID	ICSEA score	
	[Office use o	only]	
12		completion by the canteen manager/convenor at least ing the start of implementation of the National Healthy Sch <i>Guidelines</i> .	ool
Co	nfidentiality St	atement	
		been approved by [ethics committee] ¹ . Please note that your so e school community will not be identified in any reports from this	
Naı	me of school		
Stu	• •	le as many as relevant) /kindergarten	
Scl	hool setting (Ci Metropolita Rural Remote	•	
Scl	nool type (Circle State Independer Catholic		
Dat	te implementat	tion started ²	

Date of survey completion _____

¹ Delete if not applicable

² Delete if implementation date was set for whole jurisdiction

In this survey, we want to ask you about changes in the school canteen since implementation of the National Healthy School Canteens (NHSC) *Guidelines* started.

- 1. To what extent has the school canteen implemented the NHSC *Guidelines*? (Circle one)
 - a. Our school canteen has made all the changes needed to meet the NHSC Guidelines.
 - b. Our school canteen has made some, but not all changes, needed to meet the NHSC *Guidelines*.
 - c. Our school canteen planned to meet the NHSC *Guidelines*, but we have not made any changes yet.
 - d. Other

Do you agree or disagree with these statements? (Circle one)

- 2. I am confident that I can determine if a product falls into the RED category according to the NHSC criteria:
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree
 - e. Don't know
- 3. I am confident that I can determine if a product falls into the GREEN category according to the NHSC criteria:
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree
 - e. Don't know
- 4. I am confident that I understand how to move products categorised as AMBER towards the *GREEN* end of the traffic light spectrum:
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree
 - e. Don't know
- 5. I am confident that I understand how to use the Healthier Choices table:

(Guidelines, page 11)

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree
- e. Don't know

6. I		n confident that our school canteen can meet the requirements of the HSC Guidelines:	
	a.	Strongly agree	
	b.	Agree	
	C.	Disagree	
		Strongly disagree	
		Don't know	
7. V		at has changed on the menu as a direct result of implementing the ISC Guidelines?	
8. <i>A</i>	Are sti	there any items categorised as RED according to the NHSC criteria that are II on the menu?	
	a.	Yes	
	b.	No	
	C.	Don't know	
	If yes, please list.		
	_		
9. <i>A</i>		there <i>more</i> items categorised as GREEN according to the NHSC criteria on e menu now, than prior to implementation?	
	a.	Yes, more	
	b.	No, about the same	
	C.	No, less	
	d.	Don't know	
10.		nat steps have you taken to *GREEN* the items categorised as AMBER on e menu? (Circle as many as relevant)	
	a.	Reduced serving size	
	b.	Added more fruit/vegetable	
	C.	Changed to lower salt item	
	d.	Changed to lower saturated fat item	
	e.	Changed to higher fibre item	

	plementation of the NHSC Guidelines?
a.	Sales about the same
b.	Sales increased
C.	Sales decreased
d.	Don't know
12. Is	there anything else you would like to say?
	Thank you

Please return your completed survey in the reply paid envelope by

[date]

Focus Group Question Guide

National Healthy School Canteen Guidelines

What has been your experience of implementing the National Healthy School Canteens (NHSC) *Guidelines*?

Is there anything in the NHSC Guidelines that you don't understand or doesn't make sense to you?

Is the use of the NHSC Guidelines generally supported by the school community?

Does your school have a healthy food policy? If so, how does it fit with the NHSC Guidelines?

Have you called upon any other help or resources to interpret the NHSC criteria? Who or what resources have you used? Were they helpful?

What other help or resources would be useful and how would you use them?

What specific feedback (if any) have you had from:

The principal

Teachers

Parents

Students

Student representatives

Canteen staff/volunteers

Other

Are there more items categorised as **GREEN** according to the NHSC criteria on the menu now, than prior to implementation? If yes, please give examples.

What steps have you taken to *GREEN* the items categorised as AMBER on the menu?

Have you run any healthy food promotions? If so, please describe.

Have you noticed any obvious changes to school canteen sales since the implementation of the NHSC *Guidelines*? If so, what are they? Do you think these changes are related to the implementation of the NHSC *Guidelines*?

Has the implementation of the NHSC *Guidelines* led to any unexpected changes (positive or negative) in the school canteen? (e.g. less litter in school area, students bringing more foods and drinks categorised as RED from home)

What has helped the implementation process?

What has hindered the implementation process?

Have there been any changes to your canteen or school in the last year that may have had an impact on how the implementation went? (For example, change from paid to volunteer manager or vice versa; major refurbishment; change in governance/organisational arrangements; purchased or received donation of major equipment).

Anything else you would like to say?

Thank you for your time.

Acknowledgements

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