

Queensland University of Technology Brisbane Australia

This is the author's version of a work that was submitted/accepted for publication in the following source:

Dick, M., Lee, A., Bright, M., Turner, K., Edwards, R., Dawson, J., & Miller, J. (2012) Evaluation of implementation of a healthy food and drink supply strategy throughout the whole school environment in Queensland state schools, Australia. *European Journal of Clinical Nutrition*, *66*(10), pp. 1124-1129.

This file was downloaded from: http://eprints.qut.edu.au/55166/

© Copyright 2012 Macmillan Publishers Limited

All rights reserved

Notice: Changes introduced as a result of publishing processes such as copy-editing and formatting may not be reflected in this document. For a definitive version of this work, please refer to the published source:

http://dx.doi.org/10.1038/ejcn.2012.108

1	Title:
2 3 4 5	Evaluation of implementation of a healthy food and drink supply strategy throughout the whole school environment in Queensland state schools, Australia.
6 7	Running title:
8 9 10	Evaluation of a food supply strategy in Queensland schools.
10 11 12	Authors: Mathew Dick; Amanda Lee; Margaret Bright; Kym Turner; Rachael
13	Edwards; Jacky Dawson; Jane Miller.
14 15	Authors' affiliation and address:
16	
17	Mathew Dick (corresponding author); Advanced Nutritionist, Healthy Living Branch,
18	Division of Chief Health Officer, Queensland Health, PO Box 2368, Fortitude Valley
19	BC, Queensland 4006, Australia.
20	email: <u>Mathew_Dick@health.qld.gov.au</u>
21	fax: 07 3328 9296
22	
23	Amanda Lee Professor, School of Public Health and Social Work and School of
24	Exercise and Nutrition Sciences, Faculty of Health, Queensland University of
25	Technology, Kelvin Grove, Queensland.
26	Contact: <u>amanda.lee@qut.edu.au</u>
27	
28	Margaret Bright Epidemiology Team Leader, Population Epidemiology Unit,
29	Queensland Health.
30	Contact: Margaret_Bright@health.qld.gov.au
31	
32	Kym Turner Manager, Smart Choices Strategy, Department of Education, Training,
33	and Employment.
34	Contact: Kym.Turner@deta.qld.gov.au
35	
36	Rachael Edwards Senior Public Health Nutritionist, Tropical Regional Services,
37	Queensland Health.

- 38 Contact: <u>Rachael_Edwards@health.qld.gov.au</u>
- 39
- 40 Jacky Dawson Director, Student Support Programs, Department of Education,
- 41 Training, and Employment.
- 42 Contact: jacky.dawson@dete.qld.gov.au
- 43
- 44 Jane Miller Senior Nutritionist, Healthy Living Branch, Queensland Health
- 45 Contact: <u>Jane_Miller@health.qld.gov.au</u>
- 46
- 47
- 48

49 ABSTRACT

50

51 **Background/Objectives:** This paper reports on the evaluation of the Smart Choices 52 healthy food and drink supply strategy for Queensland schools (Smart Choices) 53 implementation across the whole school environment in state government primary and 54 secondary schools in Queensland, Australia.

Subjects/Methods: Three concurrent surveys using different methods for each group of stakeholders which targeted all 1275 school Principals, all 1258 Parent and Citizens' Associations (P&Cs) and a random sample of 526 tuckshop convenors throughout Queensland. 973 Principals, 598 P&Cs and 513 tuckshop convenors participated with response rates of 78%, 48%, and 98% respectively.

60 Results: Nearly all Principals (97%), P&Cs (99%) and tuckshop convenors (97%) 61 reported that their school tuckshop had implemented Smart Choices. The majority of 62 Principals and P&Cs reported implementation respectively in: school breakfast 63 programs (98% and 92%); vending machine stock (94% and 83%); vending machine 64 advertising (85% and 84%); school events (87% and 88%); school sporting events 65 (81% and 80%); sponsorship and advertising (93% and 84%); fundraising events (80% 66 and 84%); and sporting clubs (73% and 75%). Implementation in curriculum activities, 67 classroom rewards and class parties was reported respectively by 97%, 86% and 75% 68 of Principals. Respondents also reported very high levels of understanding of Smart 69 Choices and engagement of the school community.

70 **Conclusions:** The results demonstrated that food supply interventions to promote 71 nutrition across all domains of the school environment can be implemented 72 successfully.

73 Key words: schools; food supply; environment; evaluation; Australia; obesity.

74

75 INTRODUCTION

76

77 Children and young people need optimum nutrition to enhance immunity, achieve full 78 cognitive and physical potential, maintain healthy weight, establish healthy dietary 79 patterns and reduce future risk of chronic disease (1). Further there is evidence that 80 good nutrition can impact positively on performance at school (2, 3). However, dietary 81 intakes of Queensland children aged 5-17 years are high in added sugars and saturated 82 fat, low in fruit and vegetables, and particularly for older girls, low in calcium and iron 83 (4). In 2006, 19.4% of boys and 22.8% of girls of these ages were overweight or obese 84 (4).

85

86 The school setting in Australia provides opportunity to implement 'upstream' nutrition 87 programs (5, 6) as around 37% of children's energy intake is consumed at school on 88 school days (7). However, energy-dense nutrient-poor (EDNP) food and drinks are 89 over-represented in the school environment (8). In one Australian study only about 90 10% of children used the school canteen, but they consumed more energy from EDNP 91 foods than children who brought lunch from home (8). Provision of EDNP foods at 92 school may contribute to children's belief that daily consumption of these products is 93 appropriate (9). Conversely, the school food supply can potentially reinforce nutrition 94 education components of the school curriculum (10, 11) and environmental 95 interventions in schools can assist parents in improving children's diet at home (12). In 96 Queensland and internationally, the school setting is identified as one important area 97 for intervention to promote healthy weight in children (1, 5, 13).

In 2007, there were 1,715 schools in Queensland, of which 72.9% (1,250) were state
(government) schools and 27.1% (465) were non-state (non-government) schools (14).
There were 697,903 full-time students, of which 68.6% attended state schools and
31.4% attended non-state schools (14). The school year in Australia is divided into four
terms.

104

Schools in Queensland are supported by a Parents and Citizens' Association (P&C) which provides feedback on school policies and activities, resources to assist student learning and opportunities for parent involvement in children's education (15). The P&C usually operates the school tuckshop (or canteen) to provide a student foodservice and potentially raise supplementary funds. School tuckshops sell ready-to-eat items to take-away and do not provide cooked meals for consumption in dining facilities.

111

The Smart Choices healthy food and drink supply strategy for Queensland Schools (Smart Choices) (16) was developed by a partnership between the Department of Education and Training (DET) and Queensland Health, and implemented with the support of professional, and non-government organisations. The strategy aims to ensure that all food and drinks supplied in schools reflects the Dietary Guidelines for Children and Adolescents in Australia (17) and targets the school community and whole school environment according to evidence described previously (18-20).

119

Smart Choices is based on an approach developed in New South Wales (21) to separate foods and drinks into three categories: 'green' (have plenty); 'amber' (select carefully); and 'red' (occasional). Foods and drinks from the five basic food groups are classified in the 'green' category. The amounts of energy, saturated fat, sodium and fibre in other foods are assessed to determine if they fit into the 'amber' or 'red' categories. Smart Choices ensures that 'red' foods and drinks are eliminated from schools' regular food supply, and are supplied on no more than two occasions each term, such as celebrations or fundraising events. More information about Smart Choices is available elsewhere (16).

129

Smart Choices applies to all situations where food and drinks are supplied in the school environment – tuckshops, vending machines, school excursions, school camps, fundraising, classroom rewards, sports days, breakfast programs, school events, class parties, sponsorship and advertising and curriculum activities. Implementation became mandatory in all 1275 Queensland state schools on 1st January 2007. Mandatory implementation was not possible in non-state schools as they are not administered by the state government.

137

The purpose of this paper is to report on an evaluation of the implementation of Smart
Choices in all state schools in Queensland after implementation had been mandatory
for one term.

141

142 METHODS

143

144 Sample Selection and Data Collection

Three surveys of school Principals, P&Cs and tuckshop convenors were conducted in Queensland state primary and secondary schools during Term 2 (May-July) 2007 to examine the process and impact of implementation of Smart Choices. All Principals with an email address provided by DET (n=1275), all P&Cs (n=1258) and tuckshop

convenors from all state schools with an operating tuckshop (n=905) who had held the position for at least 12 months were eligible for inclusion. Non-state schools were not included and schools catering for children with special needs (special schools) were excluded from the tuckshop convenor survey, as few have tuckshops.

153

All eligible school Principals were invited to complete an online survey. More Principals were eligible than the number of state schools in Queensland as some schools have multiple campuses. A self-administered questionnaire was posted to each P&C with a reminder sent four weeks later to all non-responders. To manage costs, a random sample of tuckshop convenors was interviewed using a Computer Assisted Telephone Interview. Different methods utilising the most effective communication channels were applied to maximise the response rate from each group.

161

162 Surveys were completed by 991 Principals, 607 P&Cs and 513 tuckshop convenors.

163 Responses missing more than 25% of the survey items were withdrawn from further

analyses. The final sample size comprised 973 Principals, 598 P&Cs and 513 tuckshop

165 convenors with response rates of 78%, 48%, and 98% respectively.

166

167 Data Analysis

Results were analysed by school location (rural or urban) and school type (primary, secondary or special school). Schools with prepatory year (PY) to year 9 were coded as primary. Schools with years 8 to 12, or PY to years 10-12 were coded as secondary schools.

173 Results were analysed using SPSS 13.0 (SPSS Inc, Chicago, IL). ANOVA tests were 174 used to identify difference between groups; p<0.05 was used to conclude a significant

175 difference between groups.

176

177 **RESULTS**

178

Details of the survey sample are presented in Table 1. (INSERT TABLE ONE NEAR
HERE) The sample was representative of Queensland state schools by location and
type of school.

182

183 Implementation

184 Almost all Principals (96-98%) reported implementation of Smart Choices in school 185 tuckshops, breakfast programs, and curriculum activities (Figure 1) (INSERT FIGURE 186 1 NEAR HERE). Most Principals also reported that vending machine advertising and 187 stock, school excursions, sponsorship and advertising, foods prepared and sold or 188 supplied by students, school camps, school events, and student rewards met the 189 requirements of Smart Choices. Although still high, fewer Principals reported 190 implementation of Smart Choices in school sporting clubs, class parties, fundraising 191 activities, and school sporting events. Overall 83% of Principals rated their schools as 192 achieving good or excellent implementation, and only 8% of Principals rated 193 implementation as fair, poor or unsure.

194

195 Ninety-nine percent of P&Cs reported implementing Smart Choices in the school
196 tuckshop and 92% in breakfast programs (Figure 1). Although still very high, fewer

197 P&Cs reported implementation in school/P&C events, fundraising, sponsorship and
198 advertising, vending machines, sports events and school sporting clubs.

199

200 Ninety-seven percent of tuckshop convenors reported that all 'red' foods and drinks 201 had been removed from the tuckshop. Ninety-one percent of tuckshop convenors reported that the availability of 'green' foods and drinks had increased on the tuckshop 202 203 menu, particularly low fat dairy products (90%), plain water (82%), fruit (78%), 204 vegetables (77%) and wholegrain foods (75%). Fifty-six percent of P&Cs reported 205 increased (15%) or unchanged (41%) tuckshop profits since implementing Smart 206 Choices. Around one-third (32%) reported decreased profits, and the remaining 13% 207 were unsure whether there had been any change.

208

209 Understanding

210 Seventy-nine percent of Principals, 86% P&Cs and 89% of tuckshop convenors rated

211 their understanding of Smart Choices as good or excellent. Fifty-three percent of P&Cs

and 70% of tuckshop convenors attended at least one information session.

213

At least 95% of P&Cs and tuckshop convenors were confident classifying food and drinks as 'green', 'amber' or 'red', and 99% of tuckshop convenors were confident implementing Smart Choices.

217

218 Engagement

219 Ninety-seven percent of Principals and 93% of P&Cs reported that arrangements to 220 limit the supply or sale of 'red' foods and drinks to no more than two occasions per 221 term existed.

222

Ninety-one percent of Principals and 86% of P&Cs agreed that Smart Choices was an important strategy to improve children's health; 90% and 91% agreed that the school put student's health and wellbeing before profits; and 64% and 58% agreed that the school received a lot of support from the school community. Amongst P&Cs, 78% believed that healthy school tuckshops could be financially viable and 62% believed healthy fundraising could be financially viable.

229

230 Differences between type of schools and location of schools

Urban school Principals were more likely than rural school Principals to report implementation at sporting events, and to rate overall implementation as good or excellent (87% and 79%, p \leq 0.001) (Table 2). (INSERT TABLE 2 NEAR HERE) Primary school Principals were more likely than secondary school Principals to report implementation in curriculum activities (98% and 95%, p \leq 0.05) and school excursions (95% and 91%, p \leq 0.05).

237

Urban school P&Cs were significantly more likely than rural school P&Cs to report increased tuckshop profits (19% and 10%, p \leq 0.01). There was no significant difference in reporting increased tuckshop profits between secondary and primary schools (17% and 11%, ns) but secondary school P&Cs were significantly more likely than primary schools to report decreased tuckshop profits (47% and 26%, p \leq 0.01).

243

Urban school tuckshop convenors were significantly more likely than those from rural schools to agree or strongly agree that they had reliable access to healthier products (86% and 69%, p \leq 0.001) and to report increased availability on their menus of fruit 247 (86% and 69%, p≤0.001) reduced fat dairy products (93% and 87%, p≤0.05) 248 wholegrain products (83% and 66%, p≤0.001) and chilled water (89% and 74%, 249 p≤0.001).

250

251 Primary school tuckshop convenors were significantly more likely to agree or strongly 252 agree than those from secondary schools that they were satisfied with the range of 253 'green' and 'amber' products available (82% and 70%, p \leq 0.01) and to report increased 254 availability of fruit on their menus (83% and 67%, p \leq 0.01).

255

256 Principals from secondary schools were more likely than those from primary schools 257 (85% and 77%, p \leq 0.05), and those from urban schools were more likely than those 258 from rural schools (83% and 75%, p \leq 0.05), to report their understanding of Smart 259 Choices as either good or excellent.

260

Urban P&Cs were more likely than rural P&Cs to attend a Smart Choices information session (43% and 30%, p \leq 0.01) and twice as likely to contact support organisations for assistance. Urban tuckshop convenors were also more likely than rural convenors to attend an information session (52% and 37%, p \leq 0.001) or a convenor network meeting (43% and 20%, p \leq 0.001). Secondary school convenors were significantly more likely than primary school convenors to report attending all opportunities for training and networking.

268

269 **DISCUSSION**

270

271 Comparison with other school-based nutrition intervention projects

272 Internationally, nutrition interventions in schools have focused on nutrition education 273 programs (13, 22, 23) while more 'upstream' environmental interventions have largely 274 focused on school lunches, school canteens (24-26), vending machines (27), or specific 275 practices such as breakfast programs (28, 29) and school gardens (30). Interventions 276 tend to focus on specific foods (26), including fruit and vegetables (12, 31, 32), or 277 specific dietary outcomes, such as increased consumption of low fat choices (33). 278 Compensation may occur if all foods and drinks and school environments are not 279 targeted. For example, vending machine numbers doubled and vending sales of chips and candy increased when nutrition policies were implemented in school lunch 280 281 services in Texas (34). When the nutrition policy was extended across other school 282 food environments, the number of vending machines reduced to near baseline levels 283 (25). Most relevant previous studies have been conducted in small numbers of schools 284 to suit study design and foster randomization and comparison of intervention effects 285 (35).

286

287 In other Australian states, healthy food and drink supply initiatives have focused on 288 school canteens and tuckshops (20, 36). Poor outcomes were described in one state, but 289 the reported results included non-government schools (where the guidelines were not 290 mandatory), some data were collected before the guidelines became mandatory, and it 291 was unknown if school menus had improved over time (37). Internationally, some 292 school-based interventions to increase the availability and promotion of specific foods 293 have been successful (33), particularly when extended beyond the school cafeteria (38). 294 A potentially useful framework for classification of environmental policies to promote 295 school nutrition has been developed recently in Canada (39). However, to our 296 knowledge Smart Choices is the first time that a healthy food and drink supply policy

has been implemented successfully across most aspects of the whole schoolenvironment, particularly in such a large number of schools.

299

300 Implementation

All key members of the school community contributed to implementing Smart Choices across the school environment. High levels of implementation were reported in tuckshops, and were slightly higher than results from other Australian states (20, 36, 37). Greater focus and implementation support are required across sporting events and clubs, fundraising, school events, class parties and student rewards.

306

307 Despite higher rates of attendance at information sessions, secondary schools reported 308 more challenges implementing Smart Choices in tuckshops, and were less likely to 309 report increasing profits and satisfaction with the range of healthy products available. 310 The greater variety and number of products offered at secondary schools, and 311 observations of more established food preferences of older children (4) may help 312 explain these results. Challenges with comprehensive implementation of nutrition 313 policies in secondary schools compared to primary schools is consistent with 314 international experience (40, 41).

315

316 Other reported differences in implementation may be explained by different levels of 317 interest and abilities amongst individuals responsible for implementing changes and 318 different levels of support available from external agencies.

319

Fundraising activities based on 'red' foods and drinks, such as chocolate drives, have
high profit generating potential. Therefore, it is encouraging that 80% of Principals and

322 84% of P&Cs reported implementing Smart Choices in this area. However, with one in 323 five schools not implementing Smart Choices in fundraising, and fewer P&Cs 324 believing that healthy fundraising can be financially viable (compared to a healthy 325 tuckshop), strategies to improve P&Cs' confidence and ability to fundraise successfully 326 without relying on 'red' products are needed to build on existing work (42).

327

328 Urban schools faced fewer barriers to implementing Smart Choices, and had greater 329 access to healthy foods through suppliers and distributors. The higher prices and 330 limited availability of healthy foods in rural and remote communities throughout 331 Queensland has been documented previously (43); policy initiatives beyond the school 332 environment are required urgently to address these issues. However, Principals and 333 P&Cs from rural and remote schools were also less likely to report positive attitudes 334 towards the implementation of Smart Choices. These results suggest that additional 335 support for implementation should be directed to rural schools.

336

The Queensland Association of School Tuckshops (QAST) estimated that the total sales figure for school tuckshops in Queensland exceeded \$154 million per annum in 2007 (44). The greater range of 'healthy' products available since the introduction of Smart Choices suggests that this purchasing power has influenced product development and reformulation, such as reduced sugar, salt and fat versions of processed savoury foods and dairy foods, and smaller sized bakery products.

343

Recent evidence suggests that most schools do not encounter overall losses of revenue after making improvements to nutrition policies (41). The changes in reported tuckshop profits were not investigated at the time as implementation had been mandatory for

only one school term prior to evaluation. Despite 32% indicating profits had decreased,
a 2008 survey reported that 83% of school tuckshops were profitable, with only 17%
reporting any level of loss (44). Only half of the tuckshops stated that making a profit
was important which could explain why some continue to make a loss. Further work is
needed to more thoroughly assess the financial impact of policy changes by
quantifying revenue and profit and losses (41).

353

354 Engagement

Schools clearly support the rationale for Smart Choices with most respondents believing they have a role in promoting the health and wellbeing of students. This was reinforced by the high level of support from Principals and P&Cs for the importance of Smart Choices as a strategy to improve children's health, and in putting student health and wellbeing before profits. The lower levels of involvement of the broader school community may reflect the challenges of engaging community volunteers in general school activities (45).

362

The vast majority of Principals and P&Cs reported that arrangements were in place to limit the supply or sale of 'red' foods and drinks across the school to no more than two occasions a term (97% and 93% respectively), indicating a high level of engagement and coordination across schools. This was very encouraging, given another Australian study suggested that teachers are less likely than others to see obesity prevention as a responsibility of schools (46).

369

370 Limitations

While the response rates of the online and mail out surveys are typical, (47, 48) caution must be taken in generalising results to all state schools across Queensland, as it is not known if survey respondents differed from schools who did not respond. For example, comparison of P&C responses with non-responders (Table 1) suggest that rural primary schools and special schools were slightly under-represented, potentially skewing reported implementation in favour of urban schools.

377

The results of all three surveys were based on self-report, which is clearly not as objective as recorded observations. However, the very high level of consistency between the three groups adds credibility to the self-reported results in this study, and Principals were ideally positioned to report on activities within their school and the attitudes of those implementing the strategy.

383

384 The unavailability of baseline data to compare quantitative changes in food supply is a 385 major limitation. Assessing the impact of school nutrition policy using the most robust 386 forms of evaluation would ideally require social policy to be applied so that 387 evaluations could be constructed as experiments (29). However, this can be difficult 388 when the perceived value of implementing an intervention rapidly (and widely) is high. 389 This evaluation focused on process and impact of Smart Choices implementation; 390 further work to evaluate outcomes by assessing turnover of foods and drinks through 391 tuckshops is desirable (26)

392

393 CONCLUSION

The evaluation has demonstrated that broad environmental interventions to promote healthy eating across all domains of the school setting can overcome recognized barriers (49) and be implemented successfully. Future program resources should provide ongoing support to maintain implementation in tuckshops, vending machines and breakfast programs and strengthen implementation in school sporting events and clubs, fundraising events, classroom rewards and class parties.

401

402 CONFLICT OF INTEREST

- 403
- 404 The authors declare no conflict of interest.

REFERENCES

Queensland Government. Eat Well Be Active - Healthy Kids for Life. Brisbane, QLD.:
 Oueensland Health; 2005 (cited 2012 May 8); Available from:

http://www.health.gld.gov.au/ph/documents/hpu/29187.pdf.

Bellisle F. Effects of diet on behaviour and cognition in children. Br J Nutr. 2004 Oct;92
 Suppl 2:S227-32.

3. Taras H. Nutrition and student performance at school. J Sch Health. 2005 Aug;75(6):199-213.

 Abbott R, Macdonald D, Stubbs C, Lee A, Harper C, Davies P. Healthy Kids Queensland Survey 2006: full report. Brisbane, QLD.: Queensland Health; 2008 (cited 2012 May 8); Available from: <u>http://www.health.qld.gov.au/ph/documents/hpu/healthykidsqld2006.pdf</u>.

Lobstein T, Baur L, Uauy R. Obesity in children and young people: a crisis in public health.
 Obes Rev. 2004 May;5 Suppl 1:4-104.

 Perez-Rodrigo C, Klepp KI, Yngve A, Sjostrom M, Stockley L, Aranceta J. The school setting: an opportunity for the implementation of dietary guidelines. Public Health Nutr. 2001 Apr;4(2B):717-24.

7. Bell AC, Swinburn BA. What are the key food groups to target for preventing obesity and improving nutrition in schools? Eur J Clin Nutr. 2004 Feb;58(2):258-63.

8. Sanigorski AM, Bell AC, Kremer PJ, Swinburn BA. Lunchbox contents of Australian school children: room for improvement. Eur J Clin Nutr. 2005 Nov;59(11):1310-6.

 Bell AC, Swinburn BA. School canteens: using ripples to create a wave of healthy eating. Med J Aust. 2005 Jul 4;183(1):5-6.

Cleland V, Worsley A, Crawford D. What are grade 6 and 6 children buying from school canteens and what do parents and teachers think about it? Nutr Diet. 2004 Sep;61(3):145-50.

 Subratty AH, Chan Sun M, Kassean HK. A Need for Healthy Canteens in Secondary Schools in Mauritius. Nutr Food Sci. 2003;33:208-12.

 Moore L, Tapper K. The impact of school fruit tuck shops and school food policies on children's fruit consumption: a cluster randomised trial of schools in deprived areas. J
 Epidemiol Community Health. 2008 Oct;62(10):926-31.

Waters E, de Silva-Sanigorski A, Hall BJ, Brown T, Campbell KJ, Gao Y, et al.
Interventions for preventing obesity in children. Cochrane Database Syst Rev.
2011(12):CD001871.

Office of Economic and Statistical Research. Information brief schools Australia:
 2007. Brisbane: OESR2008.

15. Queensland Council of Parents and Citizens' Associations Inc. Operations manual
2011: manual for P&C Associations. Brisbane: QCPCA; 2011. Available from:

http://www.qcpca.org.au/publications/manuals/pc-operations-manual.

16. Queensland Government. Smart Choices: healthy food and drink supply strategy for Queensland schools. Brisbane, QLD.: Department of Education, Training and the Arts; 2005 (cited 2011 Oct 3); Available from: <u>http://education.qld.gov.au/schools/healthy/food-drink-resources.html</u>.

17. National Health and Medical Research Council. Dietary guidelines for children and adolescents in Australia. Canberra: NHMRC; 2003.

Briggs M, Safaii S, Beall DL. Position of the American Dietetic Association,
 Society for Nutrition Education, and American School Food Service Association--Nutrition
 services: an essential component of comprehensive school health programs. J Am Diet Assoc.
 2003 Apr;103(4):505-14.

19. Perez-Rodrigo C, Aranceta J. Nutrition education in schools: experiences and challenges. Eur J Clin Nutr. 2003 Sep;57 Suppl 1:S82-5.

20. Warren JM, Henry CJ, Lightowler HJ, Bradshaw SM, Perwaiz S. Evaluation of a pilot school programme aimed at the prevention of obesity in children. Health Promot Int. 2003 Dec;18(4):287-96.

21. New South Wales Health. Fresh Tastes@School: NSW Healthy School Canteen Strategy. North Sydney, N.S.W.: N.S.W. Health; 2004 (cited 2011 Oct 3); Available from: <u>http://www.health.nsw.gov.au/resources/publichealth/healthpromotion/obesity/pdf/can_menuplan</u> .pdf.

Kafatos A, Manios Y, Moschandreas J. Health and nutrition education in primary schools of Crete: follow-up changes in body mass index and overweight status. Eur J Clin Nutr.
 2005 Sep;59(9):1090-2.

23. Powers AR, Struempler BJ, Guarino A, Parmer SM. Effects of a nutrition education program on the dietary behavior and nutrition knowledge of second-grade and third-grade students. J Sch Health. 2005 Apr;75(4):129-33.

Cullen KW, Hartstein J, Reynolds KD, Vu M, Resnicow K, Greene N, et al.
Improving the school food environment: results from a pilot study in middle schools. J Am Diet Assoc. 2007 Mar;107(3):484-9.

Cullen KW, Watson K, Zakeri I. Improvements in middle school student dietary intake after implementation of the Texas Public School Nutrition Policy. Am J Public Health.
 2008 Jan;98(1):111-7.

26. Cullen KW, Watson KB. The impact of the Texas public school nutrition policy on student food selection and sales in Texas. Am J Public Health. 2009 Apr;99(4):706-12.

27. Matthews A, Nelson M, Kaur A, Rayner M, Kelly P, Cowburn G. Where has all the chocolate gone? A national survey assesses the effects of recent legislation to improve the nutritional quality of English secondary-school vending. Public Health Nutrition. 2011;14(08):1394-402.

28. Powell CA, Walker SP, Chang SM, Grantham-McGregor SM. Nutrition and education: a randomized trial of the effects of breakfast in rural primary school children. Am J Clin Nutr. 1998 Oct;68(4):873-9.

29. Shemilt I, Harvey I, Shepstone L, Swift L, Reading R, Mugford M, et al. A national evaluation of school breakfast clubs: evidence from a cluster randomized controlled trial and an observational analysis. Child Care Health Dev. 2004 Sep;30(5):413-27.

30. Ozer EJ. The effects of school gardens on students and schools: conceptualization and considerations for maximizing healthy development. Health Educ Behav. 2007 Dec;34(6):846-63.

31. de Sa J, Lock K. Will European agricultural policy for school fruit and vegetables
improve public health? A review of school fruit and vegetable programmes. Eur J Public Health.
2008 Dec;18(6):558-68.

32. Laurence S, Peterken R, Burns C. Fresh Kids: the efficacy of a Health Promoting Schools approach to increasing consumption of fruit and water in Australia. Health Promot Int. 2007 Sep;22(3):218-26.

33. French SA, Story M, Fulkerson JA, Hannan P. An environmental intervention to promote lower-fat food choices in secondary schools: outcomes of the TACOS Study. Am J Public Health. 2004 Sep;94(9):1507-12.

34. Cullen KW, Watson K, Zakeri I, Ralston K. Exploring changes in middle-school student lunch consumption after local school food service policy modifications. Public Health Nutr. 2006 Sep;9(6):814-20.

35. Contento IR, Randell JS, Basch CE. Review and Analysis of Evaluation Measures Used in Nutrition Education Intervention Research. J Nutr Educ Behav. 2002;34(1):2-25.

36. Pettigrew S, Donovan RJ, Jalleh G, Pescud M, Cowie S. Addressing ChildhoodObesity Through School Canteens. Perth, W.A.: University of Western Australia Business

School and Centre for Behavioural Research in Cancer Control, Curtin University; 2009 (cited 2011 Oct 3); Available from:

http://eddept.wa.edu.au/healthyfoodanddrink/docs/FinalCanteenStudy_13May2009.pdf.

37. de Silva-Sanigorski A, Breheny T, Jones L, Lacy K, Kremer P, Carpenter L, et al.
Government food service policies and guidelines do not create healthy school canteens. Aust N Z
J Public Health. 2011 Apr;35(2):117-21.

38. Perry CL, Bishop DB, Taylor GL, Davis M, Story M, Gray C, et al. A randomized school trial of environmental strategies to encourage fruit and vegetable consumption among children. Health Educ Behav. 2004 Feb;31(1):65-76.

39. Masse LC, Frosh MM, Chriqui JF, Yaroch AL, Agurs-Collins T, Blanck HM, et
al. Development of a School Nutrition-Environment State Policy Classification System
(SNESPCS). Am J Prev Med. 2007 Oct;33(4 Suppl):S277-91.

40. Story M, Nanney MS, Schwartz MB. Schools and obesity prevention: creating school environments and policies to promote healthy eating and physical activity. Milbank Q. 2009 Mar;87(1):71-100.

41. Wharton CM, Long M, Schwartz MB. Changing nutrition standards in schools: the emerging impact on school revenue. J Sch Health. 2008 May;78(5):245-51.

42. Queensland Association of School Tuckshops. Fresh Ideas for Fundraising.Brisbane, QLD: The Association; 2006 (cited 2012 May 4); Available from:

http://www.qast.org.au/FreshIdeasforFundraising/tabid/89/Default.aspx.

43. Harrison MS, Coyne T, Lee AJ, Leonard D, Lowson S, Groos A, et al. The increasing cost of the basic foods required to promote health in Queensland. Med J Aust. 2007 Jan 1;186(1):9-14.

44. Queensland Association of School Tuckshops. Tuckshop Snapshot 2008.

Brisbane, QLD.: The Association; 2008 (cited 2012 May 4); Available from:

http://www.qast.org.au/Portals/0/PDFS/MBF%20summary.pdf.

45. Australian Bureau of Statistics. Australian Social Trends, Chapter 4, Volunteers. Canberra: ABS; 2008 [cited 2011 Oct 3]; Available from:

http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter4102008.

- 46. Sutherland R, Gill T, Binns C. Do Parents, Teachers, and Health Professionals Support School-Based Obesity Prevention? Nutr Diet. 2004;61:137-44.
- 47. Hagar MA, Wilson S, Pollack TH, Rooney PM. Response Rates for Mail Surveys

of Non-profit Organisations: a review and empirical test. Nonprofit Volunt Sector Q.

2003;32:252-67.

48. Kaplowitz MD, Hadlock TD, Levine R. A Comparison of Web and Mail Survey Response Rates. Public Opin Q. 2004;1:94-101.

49. Cho H, Nadow MZ. Understanding barriers to implementing quality lunch and nutrition education. J Community Health. 2004 Oct;29(5):421-35.

Table 1. Survey Sample.

					Tuckshops	Convenors
	Principals (n= 1,275)		P&Cs (n=1,258)		(n=530)	
	Responding to survey (n=973) n (%)	Total Proportion (%)	Responding to survey (n=598) n (%)	Total Proportion (%)	Responding to survey (n=513) n (%)	Total Proportion (%)
Region	l		1		1	
Rural	494 (51%)	52	275 (46%)	52	243 (47%)	48
Urban	479 (49%)	48	323 (54%)	48	270 (53%)	52
School Typ	e	1	1	1	1	
Primary	728 (75%)	75	433 (72%)	75	341 (77%)	76
Secondary	209 (21%)	21	150 (25%)	21	172 (23%)	24
Special						
School	36 (4%)	4	15 (3%)	4	n/a	n/a
Rural Scho	ols					
Primary	389 (40%)	41	208 (35%)	41	157 (31%)	36
Secondary	103 (11%)	11	66 (11%)	11	86 (17%)	12
Special		0.5				
School	2 (0.2%)		1 (0.2%)	0.4	n/a	n/a
Urban Sch	ools	1	1	1	1	
Primary	339 (35%)	34	225 (38%)	35	184 (365)	40
Secondary	106 (11%)	10	84 (14%)	10	86 (17%)	12
Special		3.5				
School	34 (4%)		14 (2%)	3	n/a	n/a

Table 2. Reported implementation of Smart Choices by school Principals and Parents and

Citizens' Associations (P&Cs).

School Food Supply Area	Primary schools	Secondary schools	Urban schools	Rural schools
	% (Total n)	% (Total n)	% (Total n)	% (Total n)
Tuckshops				
-P&Cs	99% (387)	99% (147)	99% (312)	99% (235)
-Principals	97% (630)	98% (204)	99% (454)	96% (399)
Curriculum activities^				
-Principals	98%* (612)	95%*(180)	96% (411)	94% (412)
Classroom rewards^				
-Principals	86% (695)	88% (207)	87% (471)	84% (466)
School excursions^				
-Principals	95%* (31)	91%* (17)	94% (435)	93% (452)
Fundraising events				
-P&Cs	87%* (419)	79%* (135)	86% (302)	82% (262)
-Principals	79% (680)	83% (194)	82% (444)	78% (461)
Sporting events				
-P&Cs	88% (400)	84% (146)	89% (295)	84% (259)
-Principals	82% (673)	79% (202)	86% [#] (443)	77% [#] (453)
School events other than				
sporting	87% (421)	92% (144)	86% (305)	82% (262)
- P&Cs	86% (694)	88% (204)	88% (466)	86% (461)
- Principals				
Sporting clubs				
-P&Cs	79% (228)	70% (84)	79% (183)	74% (133)
-Principals	74% (263)	70% (90)	74% (180)	73% (176)
School camps^				
-Principals	92% (681)	90% (198)	91% (455)	91% (455)
Vending machine stock				
-P&Cs (P&C operated)	64%* (11)	92%*(25)	85% (26)	80% (10)
-Principals	91% (11)	97% (38)	97% (36)	86% (14)
Vending machine advertising				
- P&Cs (P&C operated)	60%* (10)	95%* (21)	86% (22)	78% (9)
- Principals	89% (9)	87% (38)	89% (35)	77% (13)
Class parties				

-Principals	74% (664)	79% (176)	77% (446)	72% (427)
Breakfast programs				
-P&Cs	92% (145)	91% (92)	93% (175)	91% (64)
-Principals	99% (205)	96% (144)	98% (233)	98% (133)
Sponsorship and advertising				
-P&Cs	84% (205)	86% (11)	86% (186)	82% (99)
-Principals	92% (296)	95% (121)	93% (261)	92% (165)
'red' occasions limited to 2				
per term	97% (695)	99% (207)	99% (470)	95% (489)
-Principals^				

Significance * ≤ 0.05 # ≤ 0.001

^ Only school Principals were asked about implementation in these areas of school food supply.

Figure 1. Proportion of Principals and P&Cs reporting implementation.

