National Healthy School Canteens Evaluation Toolkit

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**Internet sites**

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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 self- completion 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

**AMBER**

**GREEN**

Redof foods and drinks categorised as **RED**,

and

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

**AMBER**

**GREEN**

Redcode and record items categorised as **RED**, or 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.

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# Part One: National Healthy School Canteens Program Logic Model

## Program Logic Model Notes on the Program Logic Model

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**Program Logic Model:**

Evaluate process and impact of changes

Changes to canteens should be sustainable within schools

Implement NHSC food categorisation system

Canteen food should contribute to environmental sustainability

Develop school policy and procedures

Evaluation resources

Canteen managers and support staff play a key role

Training for school/ canteen staff

Training for canteen managers and support staff

School canteens are a joint responsibility of education and health sectors

Communications and marketing to

the school community

Food categorisation resources

Consultation and meetings with the school community

Support from school community

Food in canteens contributes to social health and the learning environment

**Implementation of the National Healthy School Canteens Guidelines**



**Assumptions**

**Inputs**

**Activities**

Food in canteens contributes to children’s health

Support from local jurisdiction

Obtain resources and support

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

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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).

**Context**



Increased availability of items categorised as **GREEN** and reduction/

elimination of items categorised as **RED** or **AMBER**



Increased sales and consumption of items categorised as **GREEN**



Report on evaluation of program

Food categorisation implemented

Policy and procedures

Improved health outcomes

Staff trained in implementation of program

Information and promotion in school community

**Long term outcomes**

Canteen staff have increased skills, knowledge and confidence to apply NHSC food

categorisation system

Minutes, reports, documentation

Healthy food choices embedded in school culture and philosophy

Teachers, parents, students, school and canteen staff support program

Resource materials and support available in school

**Outputs**

**Short term outcomes**

**Medium term outcomes**



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## 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.

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# Part Two: National Healthy School Canteens Evaluation

**Framework**

## Evaluation Framework: Process Evaluation Evaluation Framework: Short Term Impact Notes on the Evaluation Framework

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## 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 about it? Does it reflect the NHSC *Guidelines*? | Principal | Phone or  self-complete survey |
| 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 environment (geographical, socio-economic,) have an impact on implementation? | Canteen staff | Focus group |
| School Council/ Committee | Focus group |

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## Evaluation Framework: Short Term Impact

### National Healthy School Canteen Guidelines



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Components** | **Topics** | **Evaluation questions** | **Data source** | **Method** |
| **Skills,** | Canteen staff have | Has canteen staff skills, knowledge | Canteen | Phone or |
| **knowledge and** | increased skills, | and confidence to apply food | managers | self-complete |
| **confidence** | knowledge and | categorisation changed? |  | survey |
|  | confidence to apply |  |  |  |
|  | the NHSC food |  |  |  |
|  | categorisation |  |  |  |
| **Availability** | Availability of food/ drink categorised as **GREEN**, **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? | Canteen managers | Phone or  self-complete survey; Focus group |
|  |  | 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 **RED** on the menu changed? |  |  |
|  |  | What are the enablers and barriers to menu changes? |  |  |
| **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 aspects of school e.g. curriculum, events, vending machines? | School Council/ Committee | Focus group |
| Students | Focus group |
| 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 |

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## 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.***](http://www.myschool.edu.au/)

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# Part Three: National Healthy School Canteens Evaluation Tools

## Research Protocol Evaluation of Implementation:

**Process**

## Evaluation of Implementation:

**Short Term Outcomes**

## Focus Group Question Guide

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## 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.

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## Evaluation of Implementation: Process

### National Healthy School Canteen Guidelines

ID ICSEA score

*[Office use only]*

#### This survey is for completion by the canteen manager/convenor at 3-6 months following the start of implementation of the National Healthy School Canteens (NHSC) *Guidelines*.

**Confidentiality Statement**

This research has been approved by [ethics committee]1. Please note that your school and individuals from the school community will not be identified in any reports from this evaluation.

#### Name of school

**Student age** (Circle as many as relevant) Pre-school/kindergarten

Primary Secondary

**School setting** (Circle one) Metropolitan

Rural Remote

**School type** (Circle one)

State Independent Catholic

**Date implementation started**2

#### Date of survey completion

1 Delete if not applicable

2 Delete if implementation date was set for whole jurisdiction

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**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).**

1. **How have you informed the school community about the changes?** (Circle as many as relevant)
   1. CD presentation
   2. *Pocket Guide*
   3. Poster (*Healthy kids need healthy canteens!*)
   4. School newsletter
   5. School website
   6. P&C/P&F meeting
   7. School assembly
   8. Other

#### Have you run any information sessions for canteen staff/volunteers? (Circle one) Yes

No

1. **If yes, what resources did you use?** (Circle as many as relevant)
   1. CD presentation
   2. *Quick Reference* flip chart
   3. *Pocket Guide*
   4. Poster (*Healthy kids need healthy canteens!*)
   5. School newsletter
   6. School website
   7. Other

**The NHSC *Guidelines* (green covered book)**

1. **Where are the *Guidelines* kept?** (Circle as many as relevant)
   1. Principal’s office
   2. School office
   3. In the canteen
   4. School library
   5. Teacher’s staff room
   6. With canteen committee
   7. With P&C/P&F (or similar organisation)
   8. Somewhere else
   9. Don’t know

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#### On average how often do you or canteen staff/volunteers refer to the *Guidelines*?

(Circle one)

* 1. Never
  2. Rarely (less than once per week)
  3. Sometimes (once or twice per week)
  4. Often (most days)
  5. All the time (every day)

#### How would you rate your overall satisfaction with the *Guidelines* resource?

(Circle one)

* 1. Very dissatisfied
  2. Dissatisfied
  3. Undecided
  4. Satisfied
  5. Very satisfied
  6. Don’t know

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

1. **The *Guidelines* contain useful information:**
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree
   5. Don’t know
2. **The *Guidelines* are easy to understand:**
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree
   5. Don’t know
3. **The *Guidelines* are easy to apply in practice:**
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree
   5. Don’t know
4. **The *Guidelines* are relevant to the needs of my school:**
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree
   5. Don’t know

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1. **The *Guidelines* improved my food knowledge:**
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree
   5. Don’t know
2. **Who else in the school community has seen or read the *Guidelines*?** (Circle as many as relevant)
   1. Principal
   2. Canteen committee
   3. Paid canteen staff
   4. Canteen volunteers
   5. P&C/P&F (or similar organisation)
   6. Teachers
   7. Student representatives
   8. Other

**The *Quick Reference* flip chart**

1. **Where is the *Quick Reference* flip chart kept?** (Circle as many as relevant)
   1. Principal’s office
   2. School office
   3. In the canteen
   4. School library
   5. Teacher’s staff room
   6. With canteen committee
   7. With P&C/P&F (or similar organisation)
   8. Somewhere else
   9. Don’t know
2. **On average, how often do you or canteen staff/volunteers refer to the *Quick Reference* flip chart?** (Circle one)
   1. Never
   2. Rarely (less than once per week)
   3. Sometimes (once or twice per week)
   4. Often (most days)
   5. All the time (every day)
3. **How would you rate your overall satisfaction with the *Quick Reference* flip chart resource?** (Circle one)
   1. Very dissatisfied
   2. Dissatisfied
   3. Undecided
   4. Satisfied
   5. Very satisfied
   6. Don’t know

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**The *Pocket Guide***

1. **Who else in the school community has seen the *Pocket Guide*?** (Circle as many as relevant)
   1. Principal
   2. Canteen committee
   3. Paid canteen staff
   4. Canteen volunteers
   5. P&C/P&F (or similar organisation)
   6. Teachers
   7. Student representatives
   8. Students
   9. Other

#### Have you called upon any other help or resources to interpret the NHSC criteria?

(Circle one) Yes

No

1. **If yes, where did you get this help?** (Circle as many as relevant)
   1. Dietitian/nutritionist
   2. State/territory school canteen website
   3. State/territory school canteen network organisation
   4. Other

#### Is there anything else you would like to say?

**Thank you**

#### Please return your completed survey in the reply paid envelope by [date]

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## Evaluation of Implementation: Short Term Outcomes

### National Healthy School Canteen Guidelines

ID ICSEA score

*[Office use only]*

#### This survey is for completion by the canteen manager/convenor at least

**12 months following the start of implementation of the National Healthy School Canteens (NHSC) *Guidelines*.**

#### Confidentiality Statement

This research has been approved by [ethics committee]1. Please note that your school and individuals from the school community will not be identified in any reports from this evaluation.

#### Name of school

**Student age** (Circle as many as relevant) Pre-school/kindergarten

Primary Secondary

**School setting** (Circle one) Metropolitan

Rural Remote

**School type** (Circle one)

State Independent Catholic

**Date implementation started**2

#### Date of survey completion

1 Delete if not applicable

2 Delete if implementation date was set for whole jurisdiction

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#### 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)

* 1. Our school canteen has made all the changes needed to meet the NHSC *Guidelines*.
  2. Our school canteen has made some, but not all changes, needed to meet the NHSC *Guidelines*.
  3. Our school canteen planned to meet the NHSC *Guidelines,* but we have not made any changes yet.
  4. Other

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

1. **I am confident that I can determine if a product falls into the according to the NHSC criteria:**
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree
   5. Don’t know

#### I am confident that I can determine if a product falls into the according to the NHSC criteria:

* 1. Strongly agree
  2. Agree
  3. Disagree
  4. Strongly disagree
  5. Don’t know

#### category

**category**



**RED**

**GREEN**

#### I am confident that I understand how to move products categorised as AMBER

**‘GREEN’**

**towards the**

* 1. Strongly agree
  2. Agree
  3. Disagree
  4. Strongly disagree
  5. Don’t know

#### end of the traffic light spectrum:

1. **I am confident that I understand how to use the Healthier Choices table:**

(Guidelines, page 11)

* 1. Strongly agree
  2. Agree
  3. Disagree
  4. Strongly disagree
  5. Don’t know

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#### I am confident that our school canteen can meet the requirements of the NHSC *Guidelines*:

* 1. Strongly agree
  2. Agree
  3. Disagree
  4. Strongly disagree
  5. Don’t know

#### What has changed on the menu as a direct result of implementing the NHSC *Guidelines*?

1. **Are there any items categorised as still on the menu?**



**RED**

* 1. Yes
  2. No
  3. Don’t know

If yes, please list.

#### according to the NHSC criteria that are

1. **Are there *more* items categorised as according to the NHSC criteria on**

**GREEN**

#### the menu now, than prior to implementation?

* 1. Yes, more
  2. No, about the same
  3. No, less
  4. Don’t know

#### What steps have you taken to

**‘GREEN’**

**the menu?** (Circle as many as relevant)

* 1. Reduced serving size
  2. Added more fruit/vegetable
  3. Changed to lower salt item
  4. Changed to lower saturated fat item
  5. Changed to higher fibre item

#### the items categorised as AMBER on

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#### Have you noticed any overall changes to school canteen sales since the implementation of the NHSC *Guidelines*?

* 1. Sales about the same
  2. Sales increased
  3. Sales decreased
  4. Don’t know

#### Is there anything else you would like to say?

**Thank you**

#### Please return your completed survey in the reply paid envelope by [date]

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## 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 according to the NHSC criteria on the menu now,



**GREEN**

than prior to implementation? If yes, please give examples.

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

**‘GREEN’**

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



**RED**

and drinks categorised as 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.

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## Acknowledgements

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