...in some key ways diet deteriorates with age especially in the first year or so at secondary school...Children need support at this time to resist the influences of much older peers.

After School Clubs
Collecting data and describing the problem is only the first stage of the specrilex project. Annual reports are produced which hopefully will influence policy makers. In order to capitalise on the interest which the project generates in schools and to address some of the problems identified, After School Clubs based on ‘healthy eating’ are being run in any school which requests this. A description of these will be the topic of a further paper.

Healthy eating
Concerns have been expressed about teaching healthy eating in the classroom for fear of promoting eating disorders (Kiley, 2000). Such concerns are entirely misplaced. Children are entitled to the best advice possible on food choice and an opportunity to develop an understanding of why food is important and how it affects health. The prevalence of dieting is high amongst young people but food choice is often poor. What possible harm can well balanced accurate information do? The real problem is perhaps that insufficient time is available to do the job properly.

Children’s eating habits leave a lot to be desired; their intake is dominated by the less nutritious foods. Fruit was a popular food but far too many children did not eat it and vegetables are almost relegated to the role of garnish. This is aggravated by availability and presentation both within school and outside. Changing from primary to secondary school is a formative time: perhaps more might be done to manage this transition?

References

Dental health was reported to be the main health problem in children living in Northern Ireland

Maura O’Neill and Diarmuid O’Donnell

The Smart Snacks Scheme is a multi-disciplinary approach aimed at improving the snacking habits of school children in the Western Health & Social Services Board area of Northern Ireland

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Ours mostly decide the diet of young children. Advertising, peer pressure and family influence however all influence food choices. Because of their role in shaping the habits and behaviours of pupils, schools are in a unique position to encourage and facilitate healthy eating.

However, the efforts of schools to encourage pupils to adopt a healthy balanced diet will be undermined if parents do not seek to similarly ensure their children eat sensibly (Eating and Health, 1996).

The healthy eating messages are defined as eating less fat, sugar and salt and eating more fibre (National Advisory committee on Nutrition Education, 1983; Department of Health, 1991). The Health Education Authority (1995) have produced guidelines on snacking habits in school children and stated that children eat more than the recommended amounts of fat and sugary foods.

The most detailed national survey of children aged 4-18 was published in June 2000 by the Food Standards Agency and the Department of Health. This report states that although there is no evidence of widespread malnutrition, there are specific areas of concern, in particular in relation to poor intakes of fruits and vegetables and low physical activity levels, both associated with increasing risks to health in later life (Gregory & Lowe, 2000).

The survey indicates that British children are eating less than half the recommended “5-a-day” portion of fruit and vegetables.

Tooth decay
Frequent consumption of sugary foods and drinks have been implicated in the development of tooth decay. In the National Diet and Nutrition survey, three quarters of young people consumed standard carbonated soft drinks with approximately 45% consuming diet variesties (Gregory & Lowe, 2000). In a recent health and lifestyle report in the EHSUB of Northern Ireland, dental health was reported to be the main health problem in children (McElhin & Gaffney, 2000). Similarly, in the Western Health & Social Services Board area of Northern Ireland, dental health is a major health problem with numbers of decayed, missed and filled teeth (dmft) being one of the worst in Northern Ireland in relation to 5 year olds. The dmft for 5 year olds in the Western Area of Northern Ireland in 1997/98 was 2.9 compared with the UK mean of 1.68 (Pitts et al. 1999).

Snacking
Eating more frequently is a characteristic of modern living with snacking being a very
common pattern of eating. Evidence suggests that a significant proportion of children’s pocket money is spent on snack foods, sweets and soft drinks (McCrea, 1993). Snacks are important to children and may be especially beneficial to those with a small appetite. However, most of the snacks consumed are high in sugar and fat and can have a significant contribution to dental health and predispose children to chronic diseases such as heart disease in later life (Newman et al. 1986).

Eating habits that are established in early life are often maintained into adulthood when they can be more difficult to change.

Smart Snacks Scheme

The Smart Snacks Scheme was set up in 1998 and is a joint initiative between Westcare Business Services Health Promotion Department, Western Education & Library Board (WELB), Health & Social Care Trusts and Environmental Health Department. Support is ongoing from local councils, businesses and the community. The Western Health and Social Services Board (WHSSB) area of Northern Ireland covers one quarter of Northern Ireland and has a population of approximately 280,000. It includes the counties of Derry, Tyrone and Fermanagh.

The WELB and the WHSSB have a similar geographic spread and contain 11 nursery, 196 primary, approximately 190 playgroups and 10 special schools. The Smart Snacks Scheme targets school-children in the primary, special and nursery/playgroup sector.

Evaluation

In the year 2000, a triangulation methodology was employed in the evaluation process. Phase 1 involved a postal questionnaire being sent to primary schools (n=52) within the scheme, and to a control sample of schools (n=27) matched for socio-economic, geographic, demographic and religious belief. The questionnaire, containing 5 questions with sub-sections, was sent to the health education co-ordinator of the schools and a stamped addressed envelope enclosed for the response. The questionnaire contained questions on perception, effectiveness and attitudes to the scheme and how it could be supported and improved in the school environment.

Phase 2 involved one-to-one interviews with teaching staff and a sample of parents. Phase 3 involved undertaking focus groups with school-children. Data on phase 1 were analysed using the statistical package SPSS 10.0.

Results

Phase 1 (quantitative)

Graph 1 (below) shows the results from the evaluation questionnaire carried out on teachers in the study primary schools (n=52).

Schools reported that teachers have shown an excellent response and parents and pupils a good-excellent response to the implementation of the scheme. Seventy-three percent and seventy-one percent of schools respectively stated that they would find a resource pack and assistance with the provision of fruits and vegetables useful in helping them stay in the scheme.

Control sample

In the control sample (n=27), schools were asked to identify reasons why they didn’t participate in the scheme. The main reasons were that: (i) they were already involved in the WHSSB health promoting schools award and felt this was inclusive of the Smart Snacks Scheme and (ii) they felt the criteria were too restrictive.

Results

Phase 2 & 3 (qualitative)

Due to time constraints only a sample of the schools were visited (n=15) for phase 2 and 3 with minor modifications made to the questions used as in phase 1 of the triangulation process. Responses to phase 2 and 3 were as follows:

> Both parents and children felt the Healthy Breaks Initiative was a good idea due to the reasons cited in phase 1, but also because children were more willing to eat lunch and were less interested in sugary and fatty foods.
A small proportion of parents felt that the criteria were too strict and felt that the inclusion of snacks would be a useful addition. A small proportion of children cited that they would like one snack per week where they could have "naughty" snacks.

Teachers stated that children were learning more about healthy eating as they brought different varieties of fruits and vegetables for break time and the scheme was being incorporated into the curriculum. Science, Math, English. Also, the scheme stimulated children to make healthier choices at lunchtime.

Of the children interviewed all were aware of the scheme being run in their school and were aware of the need to have a healthy snack for break time and overall health.

Teachers and parents alike stated that they felt that if a child had arrived at school without breakfast, this would warrant additional snacks being taken at snack time.

Support

Teachers and parents were asked what support would be useful in the development and implementation of the scheme. Teachers stated that the following would be useful:

- Suggestions on how to deal with class parties and rewards
- Assistance with providing fruits and vegetables in the school at a cost price
- A local contact person who they could identify as the link person for the Healthy Breaks Initiative
- Resources and support materials for teaching

The majority of parents stated that they were happy with the running of the Healthy Breaks Initiative by the school.

Discussion

The dual function of health promotion is to empower individual choices and raise consciousness about social health issues so that hopefully healthy public policy may be implemented (Towse et al., 1999). This is the case for the Smart Snacks Scheme. The scheme seeks incremental improvements by integrating small-scale changes into the sociocultural fabric of community life. Given its 20 years, mainly due to the exposure to fluoride, a significant reduction in dental caries has been observed despite the fact that sugar consumption has remained stable (Brasshall et al., 1999). The local population of the WHASSN Area of Northern Ireland do not benefit from the addition of fluoride to their water supply, therefore the frequency of consumption of fermentable carbohydrates, particularly between meals becomes an important risk factor for dental decay.

Recommendations made by the British Dental Association to restrict the consumption of sugary foods and drinks to meal times given in line with general healthy eating advice (Kendallman, 1997) would support the need for a Healthy Breaks Initiative where there is a high risk of dental decay.

Improved health

Within the Smart Snacks Scheme, the evaluation would suggest that the study primary schools showed an improvement in dental health. This improvement was illustrated in a comparative study from dental school screening carried out prior (1996/7) and after the schools had taken part in the award scheme for 3 years (2000/1). The study primary schools showed a significant improvement in dental health with the percentage of those caries free (P<0.05, n=17) after the three year period (Wetfalk, unpublished data). Also, as illustrated in Graph 1 (page 11), teachers in 33 out of the 44 schools perceived that dental health was improved as a result of the introduction of the Smart Snacks Scheme in their schools. This increase can in part be attributed to the introduction of the scheme and possibly also to other health campaigns ongoing in schools such as the toothbrushing scheme and oral health education programmes within the WHASSN area.

Educational achievement

For school personnel, the strongest justification for programmes and services in schools is the effect on students' cognition performance and thus their educational achievement.

...there was less wastage of school meals suggesting that the nutritional value of these meals were being achieved.

References


