Make, Move & Munch Club
North Lanarkshire

Evaluation Report
February 2018

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

TESCO

British Heart Foundation

National Charity Partnership

Lanarkshire Community Food & Health Partnership
Charity No: SC029036

COME ON LET'S DO THIS

Contents

1 Introduction

1.1 Background and rationale for programme

In the UK today, there are around 4 million people who have Type 2 diabetes and around 7 million living with heart and circulatory disease. These can be serious life-threatening conditions. This is why **Diabetes UK**, the **British Heart Foundation (BHF)** and **Tesco** came together to form the National Charity Partnership (NCP) in order to inspire millions of people to eat better, get active and reduce their risk of developing these two conditions, both of which are largely preventable.

The NCP was established as a three-year collaboration, to raise vital funds for the two charities as well as delivering programmes across the UK that supported people to live healthier lifestyles. After extensive research, the partnership chose to target their prevention activities towards mums aged 25-40 years who lived in areas of high deprivation, with a secondary audience of children and other family members. This report focuses on Make, Move and Munch Clubs (MMMCs) that were delivered as part of the prevention strategy.

1.2 Programme aims

The aim of MMMCs was to provide a platform to motivate and incentivise participants to make small and sustainable behavioural changes and achieve a healthier lifestyle. The focus was on eating more healthily and becoming more physically active by making simple, practical and cost-effective lifestyle changes. The key planned outcomes, for people and most at risk communities, included:

Healthy eating

- Eating a more balanced diet
- Being able to cook a healthy meal
- Having basic knowledge of food labels

Physical activity

- Being more physically active
- Feeling confident to join local physical activities
- Knowing how to incorporate physical activity into daily life

Social outcomes

- Having increased social and peer support to be more physically active and to eat socially

Potential participants were profiled as those who wanted to improve their lifestyles but needed support and motivation alongside increased knowledge to be able to improve their own health and that of their families. The main barriers to making and sustaining change were identified as cost, time and childcare commitments. To help overcome these barriers, the MMMCs were delivered at no cost to the participants, with children also being able to attend and take part in activities.

1.3 Programme Model

MMMCs were developed to support women and children living in areas of deprivation to live healthier lifestyles in relation to healthy eating and physical activity. The NCP identified six areas where incidence of Type 2 diabetes, premature deaths from heart and circulatory disease and obesity levels were high, higher than average. One of the six chosen areas was North Lanarkshire.

Each MMMC consisted of eight sessions that families could attend over a period of up to six to twelve months, although a course of eight consecutive weeks was often used. Clubs were delivered during the term time and school holidays at any time of day and at any suitable community locations including schools. Sessions of around 1½ to 2½ hours were to include:

- activities that enabled food-based learning, with key messaging about salt, sugar and fat intake as well as portion sizes, delivered through cookery demonstrations, cook-alongs where possible and informal facilitated peer to peer discussions
- entry level and sustainable physical activity for adults
- a nutritious meal at each session, to be shared by adults and children
- behavioural change techniques to help motivate sustained change in health behaviours

1.4 Make, Move and Munch Clubs, North Lanarkshire

In North Lanarkshire, MMMCs were delivered by Lanarkshire Community Food and Health Partnership (LCFHP). LCFHP is a long-established charity that has worked throughout North Lanarkshire for the past 23 years, supporting local communities to improve their health through better diet. The organisation is supported by North Lanarkshire Partnership, North Lanarkshire Council, NHS Lanarkshire and the Scottish Government's Enterprise Growth Fund to tackle health inequalities related to food access and healthy eating.

MMMCs in North Lanarkshire evolved over the funding period, with the first year focussed on delivery in community centres with sessions delivered by nutritionists, leisure centre staff and freelance fitness trainers. This proved to be costly, and less effective than hoped at reaching potential participants. In year two they worked more closely with schools and Community Learning and Development officers to recruit families. North Lanarkshire Council's Active Schools team supported the delivery of physical activity, and healthy eating sessions were delivered by community workers rather than nutritionists. As the programme approached its end, the model shifted to being schools-based, but operated in both term-time and holidays.

1.5 Evaluation

Evaluation data was gathered from all six areas however the evolving approach to delivery in North Lanarkshire resulted in local evaluation numbers that were too small to rely upon to robustly evidence behavioural change. This report therefore provides a summary of the evaluation findings in relation to behavioural change derived from the quantitative data gathered from the programme, UK-wide. Baseline data specific to North Lanarkshire has been used to demonstrate who the Clubs have reached (section 2). Qualitative data gathered during visits to North Lanarkshire is used to support and enrich the quantitative findings.

Figure 1: Data sources used in the analysis of behavioural change (UK-wide)

Source	Respondents	Response rate[1]
Self-report survey start of MMMC	1,793	58%
Self-report survey end of MMMC	648	21%
Tracked respondents (those completing both start and finish surveys)	384	12%
Self-report survey 3 months after end of MMMC	64	2%
Self-report survey 6 months after end of MMMC	36	1%
Tracked respondents (those completing both finish survey and either 3 or 6 month follow-up surveys)	60	2%
Focus groups and face to face interviews with current and past participants	134	4%
Telephone interviews with past participants 3-6 months after MMMC	26	1%

Figure 2: Data sources used in the baseline analysis and qualitative data sources (North Lanarkshire)

Source	Respondents	Response rate[2]
Self-report survey start of MMMC	183	62%
Focus group and face to face interviews	18	6%

Data for the evaluation was collected from Clubs delivered up until October 2017, two months before the end of the programme. Throughout the report all findings are based on data gathered during the evaluation period.

Where appropriate, statistical tests have been applied to establish where change has been statistically significant. Tests used included t-test, two- proportion z-test and McNemar's test. P values are shown on charts where applicable. In this report, statistically significant changes between periods refer to those with a p-value lower than 0.05.

1 Based on a total number of adult programme participants of 3,101 UK wide.

2 Based on a total number of adult programme participants in North Lanarkshire of 295.

2 Who did the clubs reach?

At the time the evaluation concluded in October 2017, 295 adults and 547 children attended Make, Move and Munch Clubs delivered by the LCFHP[3]. 49% completed at least four sessions with the average attendance being 4.8 sessions. 22% completed all 8 sessions which is a higher than the national average of 20%.

Attendance data shows that 92% of participants were female and 49% were female and in the specified age range.

- 92% of survey respondents were female and over half (59%) were within the target age range
- nearly all respondents (97%) were from a white background
- 46% respondents came from within the top 20% most deprived areas in Scotland[4], and 61% came from the top 30%
- 42% stated having difficulties making their food budget last the week

Before attending MMMC, 35% of the respondents reported eating three or more portions of vegetables/salad a day. 43% were eating three or more portions of fruit. In terms of levels of physical activity, 51% were active at least five days a week.

When asked in the baseline survey why they decided to come along to MMMC, over half of the respondents (53%) referred to activities with children and/or benefits for the whole family. Over a quarter (26%) said they wanted to learn about healthy eating and cooking/nutrition. Some (22%) already enjoyed cooking, but were keen to improve their skills and expand the range of food they could cook. The opportunity for social interaction for both themselves and their children was highlighted by some (14%). Only 6% of respondents referred to getting fit or exercise as a reason for attending.

In several of the focus groups, participants highlighted how difficult it was to find low cost activities to do with their children, and parents were keen to do things together with them. MMMC was free and lunch was provided, and this made it attractive to parents.

A number of parents had had MMMCs recommended to them by their social worker, as their children had behavioural difficulties and would benefit from opportunities to socialise. Others had the MMMC recommended to them by the school.

Some parents also described being specifically interested in doing more cooking with their children, but that they were fearful of allowing the children to help in the kitchen in case they hurt themselves. They wanted to learn healthy cooking together, and in a safe, supervised environment.

"Just to get involved with my son. I was interested in both the healthy eating stuff and physical activity."

3 This had increased to 296 adults and 548 children by the end of the programme in December.

4 Based on the Scottish Index of Multiple Deprivationmoderately active 2-4 days per week and active 5 days or more

3 What difference did the clubs make?

3.1 Summary of outcomes

This section describes the range of outcomes achieved through MMMCs, and explores the reasons behind the outcomes. For simplicity, we present here a summary of the key outcomes, comparing survey responses from the start and finish of MMMCs:

Eat a little better

- 51% of respondents were eating more portions of vegetables/salad with a significant increase in those eating three or more portions a day
- 46% of respondents were eating more fruit with a significant increase in those eating three or more portions per day
- respondents were eating unhealthy snacks less often
- 47% of respondents always or nearly always looked at nutritional information when buying a new product, compared with 26% at the start
- respondents were cooking from scratch more often
- MMMCs had helped 93% of respondents make their weekly food budget go further

Move a little more

- the percentage of respondents that were physically inactive[4] fell from 15% to 1%
- respondents that were previously inactive were, on average, active 3.9 days per week
- the proportion of active respondents had increased by 25%, to 54%

Participants in the tracked sample from which these outcomes are derived attended, on average, 6.4 sessions.

Sustaining the change

- Analysis of follow up surveys revealed that respondents were maintaining their positive cooking and shopping habits. Other positive behaviours also remained at a higher level than when they had started MMMCs, even though some had dipped a little since the end of the programme.

3.2 Eating a little better

3.2.1 Increased vegetable and fruit intake

We asked participants about their food intake in two different ways:

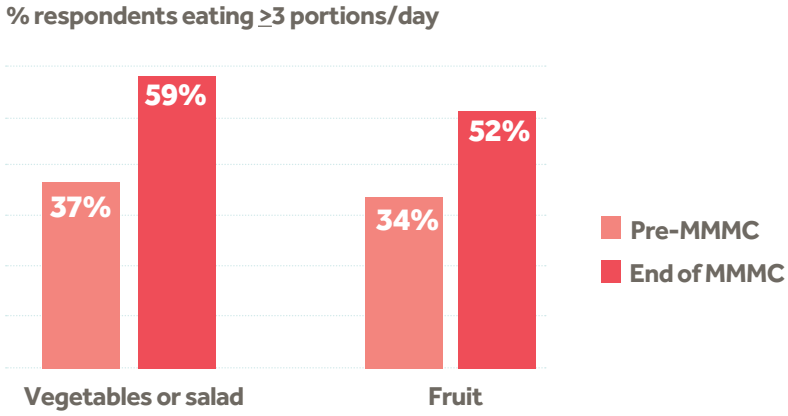
- asking them to detail their weekly intake of certain foods (fruits, vegetables, snacks, drinks) – reported intake
- asking them their perception of whether their intake had increased, decreased or remained unchanged – perceived intake

At the end of the programme, 73% of respondents reported a perception that they were eating more vegetables and fruit, and 67% that they were eating more salad. Their reported intake also indicated an improvement, albeit not quite as much: 51% of respondents were eating more portions of vegetables/salad after MMMC and 46% were eating more fruit.

There was also a significant increase in the number of respondents eating three or more portions of vegetables/salad and fruit.

4 Inactive is defined as being active for 0-1 days per week, moderately active 2-4 days per week and active 5 days or more

Figure 3: On completion more than half of respondents were eating at least three portions a day each of fruit and vegetables/salad*



*nv=348, nf=346 $p < 0.01$ for both

3.2.2 Making healthier choices

Messages about salt, sugar and fat were clearly landing with participants. A lot of respondents found learning about the fat, sugar and salt content of some common products shocking. The session using sugar cubes to illustrate the sugar content of popular drinks was especially impactful, as many parents were giving their children high sugar drinks without realising. After the session those in the focus group said they resolved to change their drink buying and 'treat' habits.

"Those drinks have fruit on the labels or in the name and you just assume they're a healthy option. I couldn't believe it."

A number of parents also reported consuming multiple servings of energy drinks before they exercise; and in some cases they were also allowing their children to consume them. Again, the sugar in drinks session brought home how unhealthy these were for them all, and they set goals to stop.

Parents also realised that some of their cooking habits that involved using a lot of salt and oil had negative health implications. As a result of hearing these messages participants we spoke to seemed determined to make changes to their diet. They were happy not only with the changes they had made but also that they had been able to make changes quite easily.

3.2.3 Decreases in unhealthy snacking

Responses also showed some small improvements in snacking habits, with healthy snacks such as fruit and vegetables being eaten more often and less healthy snacks (biscuits, cake, crisps, sweets and chocolate) less often.

Figure 4: The average number of days per week that respondents ate various snacks shows improved habits*

Snack	Pre-MMMC	End of MMMC		Change
Fruit	3.7	4.2	▲	●
Vegetables	3.1	3.8	▲	●
Biscuits	2.6	2.0	▼	●
Cake	1.4	1.0	▼	●
Crisps	2.4	1.7	▼	●
Sweets	1.5	1.1	▼	●
Chocolate	2.3	1.6	▼	●

n=340

"Before the beginning of the sessions, a bowl with fruit was placed so the kids would pick up 2 or 3 pieces before the start. They saw other kids picking it up so they would do it too."

"My daughter tries more healthy food I would have never thought she would."

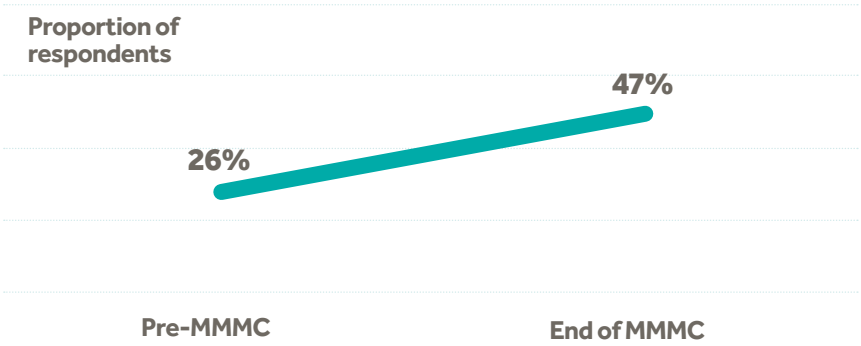
"I couldn't afford to buy different fruits and vegetables for the kids to try, in case they don't like them. At the Club we could all taste new things and decide if we liked them before taking the risk of buying them."

3.3 Using knowledge about food and nutrition

3.3.1 Shopping habits

Participants used their knowledge to shop more carefully, using food labels to inform choice and make decisions.

Figure 5: On completion, nearly half of respondents always or nearly always looked at nutritional information when buying a new product*



*n=337 $p < 0.01$

Parents told us that they found the traffic light system simple to understand, and therefore used it when shopping. They also reported that it was easy to explain to the children when shopping together, and didn't slow them down when doing the shopping with an easily-distracted toddler.

> **"When I shop with my son, we look at the labels and fat content. He may bring something and I tell him, look this has a lot of fat, let's get something with less."**

3.3.2 Cooking from scratch

Easy, cost-effective recipe ideas encouraged mums to do more cooking from scratch and to reduce their use of pre-prepared food. Participants that we talked to realised it was much easier to cook from scratch than they thought, and the learning about the amount of sugar, salt and fats in pre-prepared foods and sauces motivated them to make the change. They were also interested in batch-cooking, to save time spent cooking and to reduce food waste.

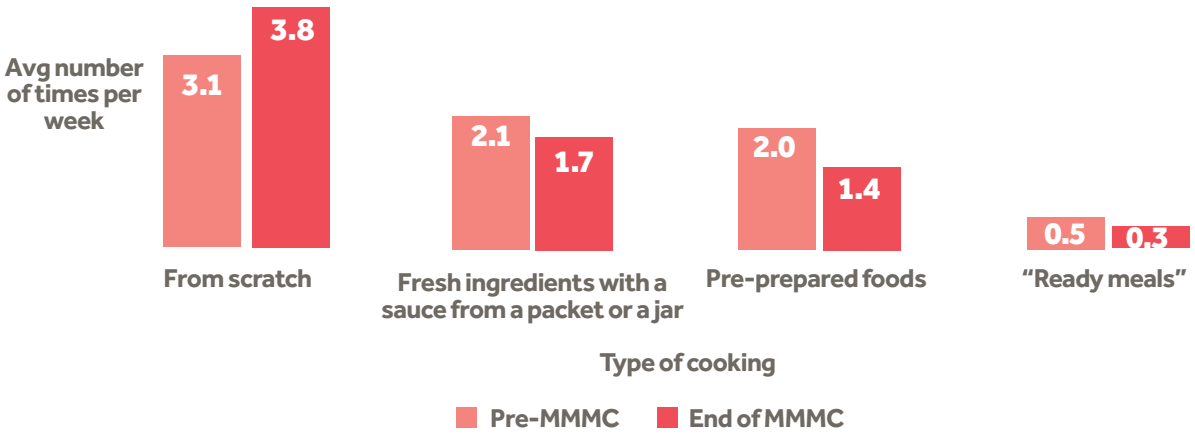
> **"We tend to buy more items to cook from the scratch. Before I would by a jar of sauce, but now I buy all the individual ingredients."**

> **"I realised how easy is to make food from scratch."**

> **"I do more batch cooking now. It saves me money and time."**

> **"The recipes were very family friendly meals."**

Figure 6: Respondents cooked more often from scratch in preference to using pre-prepared products*

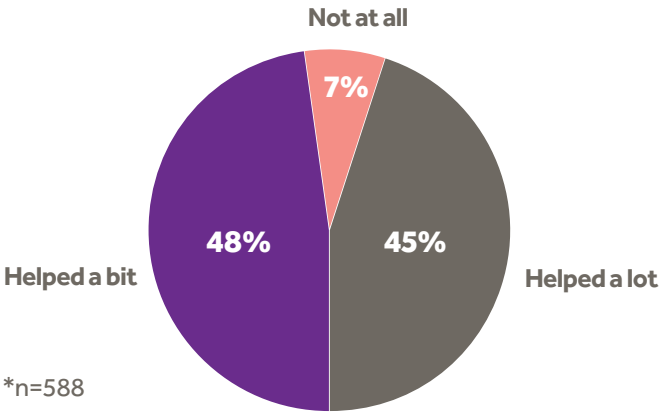


*n =310–315 $p < 0.01$ (Cooking from scratch)

3.3.3 Helping with the budget

As well as affordable recipe ideas, participants were given other hints and tips to save money. Mums reported using vegetables to bulk out meals, and batch cooking to make best use of fresh ingredients. Making healthier sweet treats was another example of saving money without missing out on favourites.

Figure 7: Nearly all respondents reported the MMMC helped them make their budget go further*



*n=588

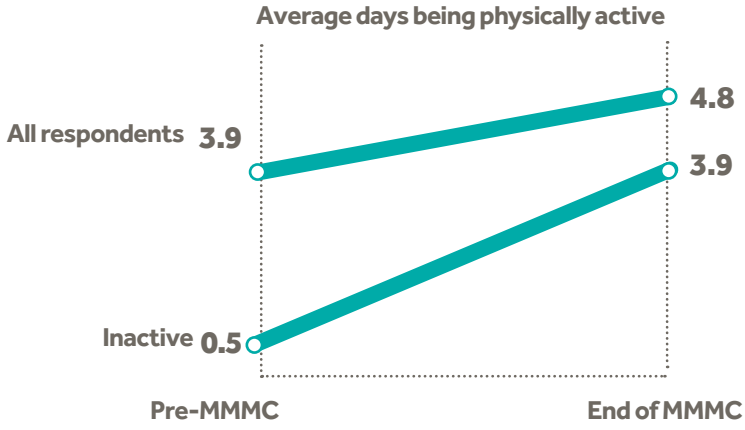
3.4 Move a little more

At the start of the programme 15% of the tracked samples were inactive. By the end of the programme this had reduced to 1%.

At the start of MMMCs the average number of days that respondents were physically active was 3.9 per week. This rose to 4.8 by the end. Obviously, this average includes a wide spread of activity levels, from inactive to active every day.

The subset who were inactive significantly increased the average number of days they were active, from 0.5 to 3.9 days per week. This indicates that the MMMC was especially effective at enabling behaviour change amongst the least active.

Figure 8: Levels of activity increased most in those that were inactive at the start*



*n=332, n Inactive = 49 p <0.01

Parents said they enjoyed the physical activity sessions. They were pitched at an introductory level and were therefore manageable and less intimidating than going to an exercise class for the first time. But most said they wouldn't keep it up unless local affordable options were available. However, most walked every day with their children, and at focus groups we noted that several were wearing fitness trackers.

"Yes, I'm looking to participate in Yoga classes."

"Doing exercise here is good because everything normally costs a fortune."

Parents also reported enjoying the active play sessions with their children.

"We have a real giggle together playing games, and it's amazing what good exercise it is."

3.5 Sustainability of change

The key to a successful behavioural change programme is that positive changes 'stick'. As explained in section 1.5, to provide robust data in relation to the sustainability of behavioural change we have drawn on findings from follow up surveys and telephone interviews with participants across the UK. We found evidence that participants continued to eat healthier food and make good choices about their diet. Messages remained clear in their minds and they said eating healthily now just felt like the norm for them. There were clear indications that what had been learned was now impacting on the whole family.

Whilst intake of vegetables/salad dropped off from the point of finishing Clubs, from 60% eating three or more portions per day to 45%, it was still at a higher level than the start (36%). Intake of fruit had remained stable after MMMCs (51%), and again well above the baseline of 36%. Sustained change was also reflected in the levels of cooking from scratch, which remained the same. Respondents continued to look at food labels to inform their shopping choices, and in fact this showed a slight increase.

Speaking to past participants revealed that barriers to physical activity, principally cost and time, still made it difficult to establish an exercise habit even when there was a will. Respondents' levels of activity, based on average days per week, have been sustained and the proportion of inactive respondents remains low at 6%.

3.6 How Make, Move and Munch Clubs made a difference to Donna and Kirsty

Donna has three children under seven, and really wants them to grow up healthily. She had discouraged her children from helping with cooking, even though they kept asking if they could, as she was scared they might cut or burn themselves if they got involved. At the MMMC she learned how to explain tasks and supervise the children, so they could help her safely. She said this meant they were now more interested in trying things they had helped to cook, and it was another activity they could do together – to the children it felt like play, and to Donna it was a help with the daily chores as well as time spent having fun together.

For Kirsty the MMMC made a huge difference for her and also for her daughter who needs special attention due to mental health issues. Kirsty herself also suffers from anxiety, and her daughter's condition makes it more difficult for her to keep focus and feel well. She gave an example of a computer course that she enrolled before the MMMC but could not finish because she found it hard to focus and follow the sessions.

At the MMMC, she felt welcome and her daughter felt integrated like any other child. She didn't feel judged and could relax because she felt comfortable with everyone. She knew that if her daughter had an issue people were aware of it and would help. That helped Kirsty to gain confidence. She was taking the computer course again, and this time she could focus much more and felt capable of finishing it.

3.7 Social and community outcomes

MMMCs provided learning in a social environment and many we spoke to commented on the social and inclusive aspects of the Clubs. Some attended with friends, but many came and made new friends and social contacts. Whilst these did not always continue beyond the duration of the programme some new friendship groups have been formed. Adults have enjoyed the opportunity for some adult company and conversation and for a few it has reduced social isolation.

Children too have benefitted from meeting and making new friends, as well as becoming more interested in how food is prepared and building confidence around kitchen work. Families within communities that had not met were brought together and now stop for a chat at the school gates or whilst out shopping.

"Yeah I'd definitely recommend it, I think just for families to get involved and to learn. We had good habits, but it's good for everyone regardless of cooking skills, and physical activity levels."

"I'd recommend it for health reasons, but also the social aspect. It was a lovely little group – lovely idea."

"I knew their faces from the school gates but until this I didn't know them at all. We've had a great time together."

3.8 Organisational outcomes

The MMMC in North Lanarkshire were notably different in the final stages of the delivery compared to when it was first set up in 2016. Initially focussing their efforts in community centres and recruiting using posters and press in year two they worked more closely with schools and other organisations and colleagues such as Health Improvement Workers and Active Sports Coordinators. This allowed the organisation to develop new positive relationships with schools and community workforce providers, from which the team are confident they will manage to sustain and expand. The delivery in schools is also a window to increase the organisation's profile within the community, which has shown an increasing interest in MMMC, and the LCFHP are now in a stronger position to deliver similar projects in the future.

4 What made the difference

This section briefly describes the ten key ingredients of this programme across the UK, that have enabled and empowered people to make better choices, to eat a little better and move a little more.

Realistic ambition

Any small gain was a gain. MMMCs encouraged participants to achieve realistic goals, not make wholesale lifestyle change. It wasn't about weight loss or running a marathon, it was just about doing a little better.

Finding a route to the target audience

After a slow start accessing existing networks and using local contacts helped get MMMC in North Lanarkshire to the right audience. Working with schools and Community Learning and Development officers helped ensure the right families were recruited. Taking the Clubs to groups that already existed was also a good way to engage larger numbers in one hit.

Making messages real

Clear messages delivered simply landed well and stuck. The deliverers talked about the benefits of the different recipes and throughout the sessions providing options to the participants as opposed to providing instructions or telling participants what to do. This health-by-stealth approached helped sustain the numbers and engagement from families.

Practical ways to live a little healthier

Clear messages delivered simply landed well and stuck. The deliverers talked about the benefits of the different recipes and throughout the sessions providing options to the participants as opposed to providing instructions or telling participants what to do. This health-by-stealth approached helped sustain the numbers and engagement from families.

Family focus

Including children removed childcare as a barrier to participation, and having children present acted as a motivator to help their parents or carer get involved and try something different. Learning as a family made transferring that learning home much easier.

The learning environment

Schools and community venues provided a familiar setting for participants, making them feel comfortable. Learning was fun, with staff delivering MMMCs ensuring they were relaxed, fun places to be. Sessions were kept informal without losing a sense of purpose.

Learning together

Staff delivering MMMCs engendered a feeling of learning together. They were not experts preaching and patronising, they were just people too who were also trying to be a bit healthier.

Building rapport and trust

Staff sometimes already knew the families they were working with, and this trusted relationship helped participants take on board key messages. Where relationships didn't already exist, staff were able to bring together their experience to quickly develop trust and rapport. Time taken to do this at the outset paid dividends in the longer term.

Innovation and adaptability

Staff showed a high degree of adaptability and innovation. Working in a range of venues – some with good facilities, some with few – meant they had to innovate and adapt along the way. Different groups also had different needs, and staff being able to meet those needs by listening and understanding enabled them to keep groups engaged and interested.

Incentives

NCP provided incentives such as measuring spoons, frisbees and meals in bags. Though a logistical challenge to deliver, they were popular with participants and helped keep them interested. They were also a means of transferring learning home.

5 Conclusions

5.1 Programme effectiveness

MMMCs aimed to inspire and equip participants to eat a little better and move a little more.

The model was effective in encouraging sustainable change in eating, shopping and cooking habits, including:

- increased fruit and vegetable consumption
- checking nutritional content of new foods when shopping, and choosing lower salt, sugar and saturated fat options
- sustained increases in cooking from scratch and decreased use of prepared and processed foods

The programme challenged the perception that eating healthily is expensive. MMMCs helped the majority of participants make their food budget go further, whilst they and their families ate more healthily and enjoyed doing so.

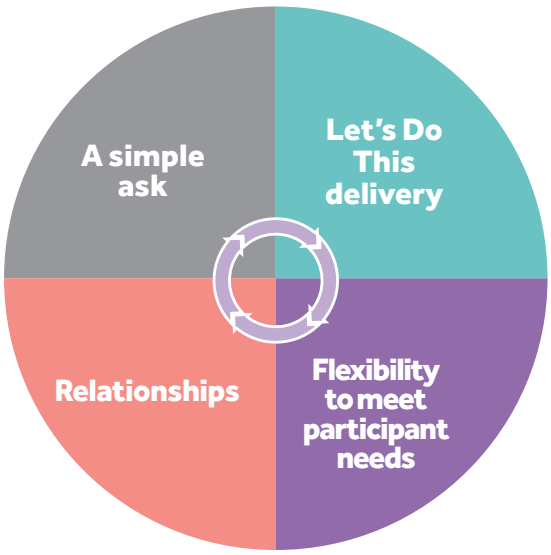
MMMCs made a different impact on participants' levels of physical activity, depending on their starting point:

- they worked especially well at getting inactive participants to incorporate physical activity into their daily lives
- they were less effective at encouraging moderately active and active participants to do more

5.2 Critical success factors for MMMCs

Our findings indicate that it wasn't so much the activities or topics that have been the core components of this programme but the style in which Clubs are delivered. These are better expressed as critical success factors. We present them in the figure below:

Figure 9: Critical success factors for MMMCs



- Small changes
- Manageable, not overwhelming
- Easy to stick to, so sustainable

- Friendly atmosphere
- Delivered by 'people like me'
- Relatable messages
- 'We can do it' culture
- Positive, not preachy

- Trust and rapport
- Learn together
- Laugh together

- Familiar and favourite foods
- Designed to fit with busy lives
- Venues at the heart of the community

CONCLUSION

MMMCs have proved to be an effective intervention, that has resulted in sustainable positive health behaviour changes in people living in areas of deprivation and at risk of developing Type 2 diabetes and heart and circulatory disease. Improved eating habits and increased levels of physical activity, particularly amongst the inactive, have been achieved through simple messages delivered in a style that empowers individuals to make small but significant lifestyle changes.

MAKE, MOVE & MUNCH CLUB

NORTH LANARKSHIRE

CONTACT

Alex Davis

E davisa@TescoCharityPartnership.org.uk

T 020 7554 0265

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