**Snack Right**

**Overview**

Snack Right was a targeted intervention for the parents and carers of preschool children from deprived neighbourhoods of Cheshire and Merseyside. It aimed for children to replace at least one unhealthy snack each day with a healthy one, ideally with a fruit or vegetable.

Commissioned by ChaMPs, the public health network for Cheshire and Merseyside, and designed by the ChaMPs social marketing group, the project used a mix of fun activity days, competitions and rewards to encourage and maintain healthy snacking behaviours.

**Results:**

- 64 Snack Right events held across 8 primary care trusts, in conjunction with 14 local authorities
- 3,788 parents, carers and children attended 64 Snack Right events
- 1,003 children signed up to the Phase Two direct mail programme
- 41 per cent of families attending Phase Two events entered the Snack Right competition and continued to replace an unhealthy snack with a healthy snack for 4 weeks after attending an event
- 84 per cent of families attending Phase Two events felt they had picked up new ideas about healthy snacking
- A minimum of 46 new families signed up to the Healthy Start scheme as a direct result of the project

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### 1. Behaviour
- For target children to replace at least one unhealthy snack each day with a healthy snack (ideally fruit or vegetables)

### 2. Customer Orientation
- Review of evidence
- Workshops with nutritionists, public health, communications and marketing leads
- Audience mapping exercise, using census data and Indices of Multiple Deprivation
- 15 focus groups with parents and home carers of preschool children
- Pretesting of interventions and materials with target audience

### 3. Theory
- **Theory of Reasoned Action**: Personal attitudes about a behaviour (i.e. healthy snacking) and social norms regarding that behaviour lead to intention to adopt that behaviour

### 4. Insight
- Food tastes are formed for life before the age of five
- Children receive healthy meals in day care, but are greeted with unhealthy snacks when picked up by parents or carers
- Focus on behaviour and parenting benefits is more engaging than focus on health benefits
- Retainable incentives valued by target audience

### 5. Exchange
**Barriers**
- Conviction that children will not eat fruit and vegetables and reluctance to waste food
- Lack of cooking skills and basic nutritional knowledge
- Belief that healthy food is expensive
- Belief that preparing healthy food is time consuming, inconvenient and of limited availability

**Motivators**
- Retail offers
- Pester power of children

### 6. Competition
- **External**: Unhealthy snacks and powerful retail marketing. – Required strong own brand, cartoon characters and ‘goodie-bag’ incentives
- **Internal**: Belief that ‘good’ parenting requires giving children snacks and treats – Required shift in social norms

### 7. Segmentation
**Primary audience**
- Phase 1 – Parents and carers of preschool children aged 3 to 5 years
- Phase 2 – Parents and carers of children aged 6 months to 4 years
- Living in areas of low socioeconomic status within Cheshire and Merseyside

**Secondary audience**
- Children’s centre staff and health visitors

### 8. Methods Mix
**Phase 1 (summer 2007)**
- 15 Snack Right events: Children try fruit and vegetables; meet Nana the Banana; Parents shown fun ways of creating healthy snacks and signed up for Healthy Start
- Extensive PR and media
- Snack Right ambassadors supported local delivery

**Phase 2 (spring/summer 2008)**
- Snack Right 5 (a cartoon group of fruit and vegetables) developed, with accompanying materials
- 49 events at children’s centres, with interactive games using fruit and vegetables and ‘goodie bags’
- Professional photo of each child and snacking sticker calendar mailed to parents after event

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