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Steps to a Healthier New York

Rock on Cafe: Achieving Sustainable Systems Changes in School Lunch Programs

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The rising rate of overweight poses a significant threat to the health of children. Because roughly one third of a child's dietary intake occurs during school hours and because both health and academic outcomes have been linked to children's nutrition, school nutrition policies and programs have been identified as a key area for intervention. This article describes the components, processes, and initial successes of a grassroots effort and innovative project to improve the nutritional quality of the School Lunch Program through a sustainable systems intervention and policy change across a regional area of upstate New York. The Rock on Cafe intervention was partially funded by the Steps to a Healthier New York program and promises to be a model for creating a school environment that supports healthy dietary behaviors among children.

Keywords: elementary school; nutrition; school lunch; food services; Steps to a Healthier New York; childhood overweight and obesity

Overweight in children is a growing concern across many, if not most, communities. As roughly one third of a child's dietary intake occurs in school or during school hours and because both health and academic outcomes have been linked to children's nutrition, school nutrition policies and programs have been identified as a key area for intervention. This article describes an innovative sustainable school nutrition intervention,

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the Rock on Cafe, which was undertaken as part of the Steps to a Healthier New York program.

► BACKGROUND

Rising Rates of Childhood Overweight

Results from the 2003-2004 National Health and Nutrition Examination Survey indicate that 17.1% of U.S. children and adolescents aged 2 to 19 years were overweight with significant increasing trends observed over a 6-year period from 1999 to 2004 (Ogden et al., 2006). Among students in Grades 9 to 12, comparative data from the 2005 Youth Risk Behavior Surveillance System revealed a 16% prevalence of overweight in the United States, 12.8% in New York State, and 11.5% in Broome County, New York. Overweight is often carried from youth to adulthood (Guo, Wu, Chumlea, & Roche, 2002) with significant risk for many chronic diseases and associated cost burden (Dietz, 1998; Must et al., 1999; Wang & Dietz, 2002). The rising rate of obesity in children provided the incentive for a grassroots effort to improve the nutritional quality of the school lunch program.

Improving School Lunch Programs

Specific nutrition standards must be met for school food services to receive federal funding (<http://www>

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.fns.usda.gov/cnd/Lunch/default.htm). A U.S. General Accounting Office (2003) Report to Congress details the efforts needed to improve nutrition and encourage healthy eating within the context of the school lunch program. The report suggests packaging foods in a manner similar to fast-food restaurants, branding food items with a logo, using the monthly school menu to reach beyond the cafeteria and focus attention on nutrition, restricting or replacing foods of limited nutritional value, and expanding education efforts by collaborating with organizations and businesses to raise awareness of healthy nutrition. Most school-based interventions to improve nutrition among children have been designed as multicomponent interventions aimed at (a) changes in food service and the food environment, (b) promotional activities, (c) education and behavioral classroom curricula, and/or (d) parental involvement (Institute of Medicine, 2005). Although a full review of these studies is beyond the scope of this article, there is growing evidence that multicomponent interventions can affect the nutritional quality of children's diets.

The Setting: Broome and Tioga Counties

Broome County has a total population of just more than 200,000; and children aged 6 through 11 years constitute 8.6% of this total. Tioga County has just more than one fourth the population of Broome and 9.6% are between the ages of 6 and 11 years. Both counties are racially homogenous; 93% of Broome County and 98% of Tioga County residents identify themselves as White. In Broome County, 8% of families are below the poverty level compared with 6% in Tioga. In both counties, approximately 40% of children receive free or reduced-price school lunches compared with 50.1% for New York State. The Broome-Tioga Board of Cooperative

Educational Services (BOCES) is 1 of 38 educational cooperatives across New York State established to "help public schools control costs and provide quality programs by sharing services" (<http://www.btboces.org/>). The Broome-Tioga BOCES serves 15 school districts in Broome and Tioga counties, which includes nearly 40,000 students in kindergarten through 12th grade.

The Steps to a Healthier New York Program

Broome County is one of four counties participating in *Steps to a Healthier New York*, which was funded at the state level through the *Steps Program*, a cooperative agreement with the Centers for Disease Control and Prevention. This national health endeavor is designed to reduce the risk of chronic disease and to promote health through implementation of evidence-based community programs (MacDonald et al., 2006). The *Steps Program* addresses three leading health indicators, diabetes, obesity, and asthma, and their underlying risk factors, physical inactivity, poor nutrition, and tobacco use. The *Steps to a Healthier New York* program, administered at the local level by the Broome County Health Department, provided partial funding for the Broome-Tioga BOCES Rock on Cafe intervention stipulating that the improvements in school lunch programs across the two-county region be achieved through sustainable systems or policy changes.

Capitalizing on Synergy: "The Perfect Storm"

The Rock on Cafe is the result of partners working together and building on previous successes (see Table 1, preintervention activities). The collaborative work of the regional planning team dates back to 1993, when they organized themselves as the Broome County Specification Coalition to examine school lunch menu specifications. Given the success of their collaborative work, the group reorganized in 1999 to include Tioga County, and the coalition expanded to 15 school districts.

In 2001, Broome-Tioga BOCES received a state grant for their "Power Up with Breakfast" program; funding was augmented by a local hospital system. Breakfast messages were conveyed through movie theater commercials, bus billboards, and television and radio advertisements. The morning news featured parents and children having breakfast together and offered dietary advice. In addition, the nearby cooperative extension conducted breakfast promotion events and giveaways. As a result of these efforts, breakfast consumption among school-age children in the 15 BOCES school districts increased by 15%, and the program was adopted by New York State.

TABLE 1
Phases of Development for the Rock on Cafe: Intervention Components and Processes

<i>Timeline</i>	<i>Preintervention Activities</i>	
Preintervention		
1993–1999	Broome County Specification Coalition expanded to Tioga County	
2001	“Power-Up with Breakfast” program	
2003	Development of school wellness policies	
2004	“Give-Me-Five” campaign and partner programs	
2006	“Step It Up! For Health & Wellness” program	
<i>Timeline</i>	<i>Intervention Components</i>	<i>Intervention Processes</i>
Phase 1: Program planning and team building among school districts		
2006–2007 School Year	Regional planning team Regional food procurement initiative Regionally contracted dietician services	Food service director support Superintendent/administrator support Cooperation of all participating school districts Determine needs of the program Establish short- and long-term goals
Phase 2: Creating program capacity with initial participation and training		
2006–2007 School Year	Electronic analysis of foods served in schools Standardized school lunch menus Education for food service directors	Product review and cutting products Creation of new recipes Student surveys and taste testing Creation of cycle menu and menu analysis Staff development, training, and buy-in
Phase 3: Building program success through social marketing strategies		
2007–2008 School Year	Branding and social marketing Key stakeholder involvement Education for parents and children	Community connection—acquire support of community partners Logo development—creation of a unified look Merchandising—stickers, aprons, posters, menu boards Public relations—launch public relations campaign to spread message Data monitoring—for acceptability and participation

In 2003, as part of the *Steps to a Healthier New York* program, school districts were assisted in developing school wellness policies. The mini-grants were administered through Broome-Tioga BOCES. Most policies incorporated the New York State School Nutrition Association’s “Choose Sensibly” guidelines (<http://www.nyschoolnutrition.org/sensibly.cfm>). Policies covered healthy food options for meals: serving 1% milk; nutrition standards for a la carte menu items, snacks, and beverages; food safety; fund-raising and concessions at school-sponsored events; and classroom refreshments. The policies also addressed nutrition education through integration of nutrition content into curricula

and promotion of healthy food choices as well as by teaching media literacy, providing teacher and staff training, and encouraging healthy eating habits within the family and community.

In 2004, the Give-Me-Five campaign, a *Steps to a Healthier New York* program initiative, was conducted in schools to encourage children to eat five or more servings of fruits and vegetables per day. The campaign held a kickoff event and pep rallies, featured a vegetable of the month and daily fast facts with morning announcements, served fresh locally grown fruits and vegetables, and offered taste testing and a variety of hands-on activities during lunch. District newsletters included a

Give-Me-Five column with nutrition tips and recipes. The *Steps to a Healthier New York* program worked collaboratively with partner programs such as New York Harvest for New York Kids (<http://www.prideofny.com/farm2school.html>) and farm-to-school (<http://www.nyfarms.info/farmtoschool.html>).

In 2006, the district launched a “Step It Up! For Health & Wellness” program that used Wellness Score Cards to track physical activity, fruit and vegetable consumption, breakfast, fat free and low-fat milk, whole grains, water, adequate sleep, and hand washing. Students who turned in score cards were eligible to win sporting goods or tickets to a Binghamton Mets game. Advertising strategies included use of area baseball and hockey sports figures as role models.

These experiences provided opportunities for

- 1 organizational learning with respect to successful strategies for reaching and appealing to children,
- 2 working within coalitions and appreciating the strengths that each organization brings,
- 3 piloting ideas in limited settings and then replicating and scaling them across multiple sites, and
- 4 perhaps most important, media relations and communications strategies that engage diverse community agencies.

The synergy of these efforts resulted in what was called, “The Perfect Storm,” just the right combination of conditions for implementing the Rock on Cafe intervention.

► INTERVENTION PROGRAM THEORY

The Social Ecology Model

Ecological Models focus on the interactions of individuals and their environments across multiple levels of social organization to identify interventions that have the potential to affect health behaviors (Sallis & Owen, 2002). The Institute of Medicine (2005) emphasized the utility of an ecological approach for addressing childhood obesity noting that the examination of physical settings and social contexts offers leverage points for prevention efforts. The multiple spheres of influence, such as individual, interpersonal, institutional/organizational, community, and policy/systems levels (McLeroy, Bibeau, Steckler, & Glanz, 1988), permit application of a wide range of theories including social marketing (Gregson et al., 2001) and may result in sustained health behavior change (Sallis & Owen, 2002).

Social Marketing

Social marketing seeks to change or maintain the voluntary behaviors of a particular sector by offering

attractive benefits and reducing significant barriers to behaviors that have perceived value (Maibach, Rothschild, & Novelli, 2002). The marketing mix, or 4 Ps, of this consumer-oriented approach include (a) product, increasing the desirability of a product; (b) price, reducing or eliminating associated costs; (c) place, strategically delivering it in accessible and convenient places; and (d) promotion, conducting directed promotional campaigns that raise awareness (Grier & Bryant, 2005). These key elements provide the basis for planning and implementation of marketing strategies (Grier & Bryant, 2005). The major advantages of social marketing lie in its ability to provide direct immediate benefits and to affect behavior at multiple levels of social organization (Maibach et al., 2002).

Application of Program Theory

These two frameworks, the Ecological Model and social marketing, provided the conceptual basis for this project. Multiple factors at each level of the Social Ecology Model were targeted: (a) educational efforts were directed at the individual level for students, parents, and food service directors (FSDs); (b) repackaging of healthy food options, including content, preparation, and presentation, as well as restriction of foods low in nutritional value that occurred at the school level; (c) involvement of students and community role models and nontraditional partners in advertisement was designed to change social norms by widening acceptability of making healthy food choices; and (d) consolidation of food procurement, menu planning, purchasing, and branding occurred at a regional policy level.

Social marketing strategies were used at each of these levels with consideration given to maximizing incentives, minimizing impediments, and making change a convenient and saleable option. For example, public service announcements highlighted for children and parents the advantages of healthy food choices. Involvement of students in taste testing of and voting on new menu items and the prominent featuring of students in the media announcing the daily menu were intended as participation incentives. The advantages of collaboration for FSDs were emphasized during initial collaborative development as well as during training sessions. Packaging of foods such as slicing apples made it easier for children acquiring secondary dentition to eat. The branding of the cafeteria as the “Rock on Cafe” was designed to give it an identity as a “cool” place to eat. Thus, a multicomponent intervention was developed that addressed each level of the Ecological Model using social marketing strategies.

► PHASES OF DEVELOPMENT FOR THE ROCK ON CAFE: INTERVENTION COMPONENTS AND PROCESSES

Development of this project occurred in three phases: Phase 1—Program planning and team building among school districts; Phase 2—Creating program capacity with initial participation and training; and Phase 3—Building program success through social marketing strategies (Table 1). For each of these phases, intervention components and intervention processes are described.

Phase 1 Intervention Components

The intervention components of the Rock on Cafe for this phase included (a) a regional planning team, (b) a regional food procurement initiative, and (c) regionally contracted dietician services. The regional planning team consisted of 12 FSDs from 15 local school districts, the Broome–Tioga BOCES Director of Food Services, and a dietician/nutrition consultant. Although in many cases these individuals had known each other for years and provided guidance and support to each other, their work in the past was conducted independently. This initiative brought them together for a common purpose—to improve the quality of food services for all children in the region.

The regional food procurement initiative consolidated the bidding of food items across school districts. Instead of individual districts bidding on foods, solidifying one bid for all districts leveraged buying power. The larger volume allowed school districts to secure more competitive pricing on items. Thus, more fresh fruits and vegetables that have better taste and visual appeal and foods that were lower in fat and higher in dietary fiber could be purchased. For example, hamburgers and meatballs were made with ground beef containing lower fat content.

Broome-Tioga BOCES hired a registered dietician to (a) conduct nutritional analyses of all food items available in schools; (b) participate in regional menu planning and food purchasing decisions; (c) oversee testing, evaluation, and marketing of new school lunch menu options; and (d) offer consulting services to participating school districts. Few FSDs are registered dietitians; and for some, meeting the dietary needs of special populations (e.g., students with diabetes mellitus or specific food allergies) can be challenging. Furthermore, even if educationally prepared, FSDs report being burdened by administrative responsibilities that preclude them from performing in a clinical role. For a \$5,000 fee, school districts receive not only consolidated

bidding but also 25 hours of nutrition consultation services. Having a dedicated registered dietician has provided school districts with a critical resource for improving the quality of school lunch programs.

Phase 1 Intervention Processes

The crucial first step in Phase 1 of the project was obtaining the direct support of the district FSDs. Second, a presentation was given at a superintendents meeting in April 2007 to garner administrative support from each school district. The third step involved engaging the cooperation of all participating school districts. Fourth, programmatic needs were examined. Finally, short- and long-term goals were established. In this phase, “buy-in” from each school district was considered key. The advantages of collaboration under the food service management were highlighted: cooperative bidding and menu planning, registered dietician’s expertise, support for school meals initiative review (SMI), in-district nutrition education, and development of food allergy and specialized menus.

Phase 2 Intervention Components

The intervention components of the Rock on Cafe for this phase included (a) electronic analysis of foods served in schools, (b) standardized school lunch menus, and (c) education for FSDs. With funding provided through the *Steps to a Healthier New York* program, the NutriKids food service management tool (LunchByte System, Inc.) was purchased for conducting electronic analyses of foods served in schools. With this tool, each food item was analyzed for nutritional content. This information is not only used for menu planning by the regional team, but also made available to the public on school district Web sites. The nutritional analysis includes brand purchased, serving size, calories, total fat, saturated fat, cholesterol, sodium, carbohydrates, fiber, sugar, protein, and diabetes exchange.

The regional planning team collaboratively developed a standardized school lunch menu for a 6-week cycle, which was subsequently implemented across all 15 school districts. Prior to this intervention, menu planning and food purchasing were conducted by FSDs in isolation. Although the first 6-week cycle required a number of meetings over a period of several months, the second 6-week cycle was planned in approximately 1 hour. Two key advantages were noted: (a) the process was conducted with minimal interruptions and distractions, and (b) group decision making was more informed with consideration given to purchase volume, food item availability, nutritional content, and visual appeal.

Education for FSDs included a general overview of the intervention and specific training in the nutritional content and preparation of new menu items, branding and marketing strategies, and principles of customer service.

Phase 2 Intervention Processes

In Phase 2, the regional planning team explored healthier food items and created new recipes. In this second phase, “buy-in” from both staff and students was identified as being critical to success. Prior to the start of the new academic year, district food service personnel were provided training that included an overview of the program as well as details about new food item preparation. Because the basis for many menu modifications entailed “stealth” nutrition, that is, substituting healthier ingredients in favorite student recipes, this concept was presented as an important way to improve nutrition while maintaining school lunch program participation. In addition, new recipes and methods of preparation were demonstrated by food service personnel; importantly, session participants were able to taste test the new recipes. Some of the new menu items included low-fat chicken alfredo, fajita chicken salad, and teriyaki stir fry. The daylong training session also featured new breakfast items for the coming year. A booklet with the current month’s menu and nutrition information for each new recipe along with a color photo of each item was provided. Last, a training video that demonstrated step-by-step preparation of the new recipes was distributed via CD-ROMs. Also in August 2007, a public relations director information meeting was held during which participants received an overview of the program, and both the key messages and promotional plan were presented (Table 2). The last step of staff development involved customer service training. Thus, attention was given to all aspects of meal delivery including the social milieu.

Students were involved in taste testing and surveys of their food preferences were conducted. New menu items were first analyzed for nutrient value by the dietician to assure quality. Next, FSDs explored the feasibility of preparation, considered costs, and taste tested the item. Then the item was field tested in several schools with children. Children gave the new item a “thumbs up” or “thumbs down,” and only products that met the “thumb test” were approved. A variety of fresh salads were offered daily with choices rotated weekly. Where possible, foods were prepared in fast-food style as “To Go Meals;” hence, apple and orange slices were served instead of the whole fruit. Thus, in addition to nutrient value and price, particular attention was paid to palatability, portion size, color, and presentation.

TABLE 2
Sample 2007 Back to School Promotion Plan for the Months of August and September

<i>Month</i>	<i>Promotional Activity</i>
August	Press release—invitation to training day Newspaper—article in local paper about training day Radio—public service announcement with Binghamton Mets player Television—public service announcement with Binghamton Mets player District newsletter—information about Rock on Cafe
September	Newspaper—menu published Press release—media invited to the first day of school Radio—public service announcement with Binghamton Mets player Television—public service announcement with Binghamton Mets player Radio—menu announced daily Television—menu announced by student daily Prizes to food service directors—apple “blinkies” with Rock on Cafe logo Kick-off signage—balloon bouquets and Rock on Cafe posters Web site information—Stay Healthy Kids and District Web sites

Phase 3 Intervention Components

The intervention components of the Rock on Cafe for this phase included (a) branding and social marketing, (b) key stakeholder involvement, and (c) education for parents and children. The branding and social marketing involved the creation of a logo, the “Rock on Cafe: It’s Smart—It’s Cool—It’s Healthy,” and development of several strategies for achieving program recognition. The goal of the marketing strategy was to make eating a healthy school lunch “cool.” Seasonal menu themes were employed. For example, in November, the students voted on a cheeseburger rice bowl, which received a thumbs up approval. Binghamton Mets (baseball) and Binghamton Senators (hockey) entrees were also served. The logo was placed in school cafeterias, on district food service Web sites, and on monthly menus and flyers with nutrition tips. In addition, stickers with the logo were

placed on packaged food items such as salads. In marketing the school lunch program to parents, three key messages were highlighted: (a) it offered healthier versions of favorite foods (stealth nutrition), (b) it provided a convenient option for parents, and (c) it was affordable.

Key stakeholders include children, parents, teachers, school staff and administrators, community leaders and politicians, and area businesses and organizations. Local chapters of health organizations, hospital systems, sports teams, health departments, milk and produce suppliers, media, and community-based and rural centers for health education outreach participated in the marketing of the Rock on Cafe by placing the logo on their own advertising materials. In relation to education, parents and children received nutrition tips on monthly menus, nutrition updates from Broome-Tioga BOCES, and Nutrition Nugget newsletters. Parents were able to access nutrition analysis documents via the Web or by request.

Phase 3 Intervention Processes

Whereas the first two phases of the intervention occurred over the 2006-2007 school year, Phase 3 occurred over the 2007-2008 school year. In this phase, support from a variety of community partners was acquired. Many of these organizations made promotional materials available or provided advertising. Two different Rock on Cafe logos were developed—one for the elementary school designed to appeal to younger students and one for high school students that had a more mature look. At present, implementation has occurred at the elementary (kindergarten through fifth grade) school level only. The elementary logo was placed in school cafeterias and created a unified look across school districts. A variety of merchandising materials such as stickers, aprons, posters, and menu boards bearing the Rock on Cafe logo were not only displayed in the schools, but also disseminated by community partners. A public relations campaign was undertaken using local television, radio, and print media. Information was also made available through the Internet on local school district Web pages. Finally, a data monitoring system was designed to evaluate the acceptability of and participation in the program.

► INTERVENTION PROGRAM EVALUATION METHODS

This project used a pretest-posttest design with data collection methods that included pre- and post-menu analysis for calories and macronutrients, pre- and post-food

purchases and costs, pre- and post-school lunch participation rates, media reach measures, pre- and post-cross-sectional surveys of parents, and posttest surveys of FSDs. Evaluation of the project implemented on a limited scale (elementary schools only) involved both process and impact measures. Process measures included (a) acquisition of contracted dietician services, (b) participation of FSDs, (c) development of standardized 6-week menus, (d) establishment of a consolidated school lunch procurement process, and (e) media reach. As a result of cost limitations, impact was evaluated based on intermediate outcomes that could be readily measured and inexpensively monitored, including (a) nutritional content of school lunch menus, (b) fresh fruit and vegetable purchases, (b) food purchasing costs, (c) school lunch participation rates, and (d) parent and FSD perceptions (online surveys). As a demonstration project, longer term outcomes such as change in body mass index (BMI) or prevalence of obesity among school children was not feasible, though countywide efforts are underway to track these measures longitudinally.

► INTERVENTION RESULTS

Process Measures

A nutrition consultant was hired in 2005, and over a 3-year period, full participation of the 15 school districts was achieved (5 districts in 2005, 12 districts in 2006, and all 15 districts in 2007). A nutritionally balanced and sufficiently diverse standardized 6-week school lunch menu was developed over a 6-month period for use in all 15 school districts and was implemented beginning in fall 2007. A centralized process for procurement of food items was established. Finally, a total of 776 public service announcements were conducted during the school year on a local television station with an estimated reach of 2,000 viewers over a total of 88 days, yielding a net 176,000 impressions.

Impact Measures

Several intermediate successes have been achieved to date. No net increase in overall food expenditures occurred as cost savings were reinvested on purchases of food items having greater nutritional value. Purchases of fresh fruits and vegetables increased by approximately 14%. Prior to implementation, school districts were technically meeting, but occasionally exceeding, the mandated 30% or fewer calories from fat and 10% or fewer calories from saturated fat. Preliminary analyses indicate that the goal of lowering these macronutrients was met and that these percentages fell well below

the required standards. School lunch participation increased 3% in the first month. This figure was considered particularly noteworthy because changes in school menus in the past typically resulted in lower participation rates. Similar increases in participation were observed across all 15 school districts.

Parents' perception that school lunch is a nutritious meal option for their children increased 6.7% from 38.4% ($n = 382$) to 45.1% ($n = 92$) between June 2007 and June 2008. As an indicator of program recognition, 71.9% of parents had heard about the Rock on Cafe by the posttest ($n = 92$). All FSDs (7 of 12 FSDs reporting) rated the overall program as good to excellent and indicated that they were looking forward to the program in the next year. Most FSDs (71.4%) identified the use of registered dietician services and consolidation of food procurement as the most valuable parts, and 85.7% reported that their administrators/superintendents found the program to be valuable.

► DISCUSSION

Limitations

This intervention was conducted in a county with a racially and ethnically homogenous demographic profile, limiting its generalizability to different or more diverse populations. Program evaluation relied on a pretest–posttest design examined over a short period of time and had limited funding for a more robust evaluation methodology; hence, examination of the independent contribution of any one component was not feasible. However, this project was innovative for its consolidation of food procurement and menu planning across a regional area and its use of contracted dietary services to school districts. The full participation of all school districts, the high level of satisfaction with the program, and the initial improvements observed in a constrained set of impact measures suggests that despite these limitations the Rock on Cafe may improve the dietary intake of school-aged children.

Achieving Sustainability

A key requirement for *Steps to a Healthier New York* funding was sustainability or the ability to continue to function and maintain program effects after the end of the initial funding. Key elements of sustainability include (a) organizational routines, which include memory, adaptation, values, and rules; (b) institutionalized standards; and (c) presence of concomitant processes specific to sustainability (Pluye, Potvin, & Denis, 2004). This intervention has continued despite a single

infusion of funding and demonstrates these characteristics of organizational routines. Evidence of organizational memory was displayed by the ease with which the second 6-week cycle of menu planning occurred. Despite standardization, the intervention has built-in flexibility and adaptability; each school district is able to expand marketing ideas in its own districts to suit their preferences and needs, and districts continue to be able to set prices for school lunches independently. The regional team shares a core value of consensus decision making, “check your ego at the door” because “we’re in it for the good of the kids.” In addition, the regional team has moved from its initial fear of change to greater risk taking. New rules that govern patterns of interaction in relation to planning, prioritizing, purchasing, and preparing school lunch menus are now established; and the benefits derived from cooperative bidding, standardization of menus, and centralized resources for menu analysis make it unlikely that school districts will revert to prior practices.

Plans for Further Implementation

In 2009, the branding of the cafeteria will be extended to middle and high schools. In elementary schools, each character from the logo will be split out and used for promotional activities. A Web site for the Rock on Cafe is under development and will feature menus, nutrition tips, and recipe ideas (<http://rockoncafe.com/>). Nutrition information for all food items served either for breakfast or lunch will be accessible online. Parents will be able to select specific breakfast or lunch menu items to obtain their nutritional value. Grant opportunities are being investigated to expand education for parents.

Conclusions

Reauthorization of the Child Nutrition Act in 2003 required every school receiving federal funds for food service programs to adopt a wellness policy by the beginning of the 2006-2007 school year. Under a Coordinated School Health Program model, school health advisory councils and FSDs could explore the feasibility of coordinating efforts with neighboring school districts and initiating similar regional planning. This article provides a detailed description of the components and processes for such an undertaking.

The lessons learned from this experience were mostly positive. First, a commitment to the larger goal of providing nutritious food items and quality food services for children should supersede individual district preferences. Second, the importance of soliciting the support of the

school district at all levels and engaging key stakeholders from both the school and community cannot be understated. Third, efforts should capitalize on existing programs. Collaborative partnerships between schools and community can create synergistic rather than competing effects. Last, planning and piloting new ideas in settings where considerable enthusiasm and commitment exists can be catalysts for success.

As a demonstration project, the Rock on Cafe intervention holds the potential as a model for other communities. Team building, organizational learning, community outreach, and social marketing contributed to its initial success. As a result of this intervention, key stakeholders now view food services delivery as supportive of the learning environment. Healthy eating has become not only an easy choice for children to make, but also a normative experience.

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