# SMART CAFÉ: A student-run nutrition program in New Orleans schools 



## Background

$22 \%$ of the New Orleans population is food insecure. $>72 \%$ of New Orleans children are eligible for nutrition programs,
$41.3 \%$ of Louisianians aged 2-19 are overweight or obese.
Precursors of hypertension and atherosclerosis begin in children as young as age five.
1 in 3 children born in the U.S. in 2000 will develop type 2 diabetes. A healthy diet can mitigate risk factors for cardiovascular disease and diabetes.

## Objectives

Increase knowledge of nutrition among K-2 graders
Increase percentage of K-2 graders who try all their food at lunch Improve future clinicians' ability to communicate the importance of a healthy lifestyle

## Methods

Interprofessional student board recruits and trains LSUHSC student volunteers.

Volunteers visit local school cafeterias and sit with K-2 graders during lunch to:

- Teach basic nutrition using lesson plans and blocks

Encourage children to try nutritious foods using stickers, rhymes, games, and persuasive words.

| > Volunteers huddle after |  |  | Collect Feedback |
| :---: | :---: | :---: | :---: |
| each cafeteria visit to | Train Volunteers | Teach |  |
| reflect on successful and |  | Nutrition | Collect |
| unsuccessful strategies. |  |  | Data |

Pre-intervention data on cafeteria choices, nutrition knowledge and perceived empowerment is compared to post-intervention data.

## Acknowledgements

$\quad$ Program Strengths
$>$ Reproducible, scalable, and cost-efficient
$>$ Scripted curriculum
• Promotes sustainability and quality control of program
$>$ Lunchtime intervention
• Allows real-time application and reinforcement

- Does not interfere with classroom instruction
$>$ Food supplied by Revolution Foods
$>$ Interprofessional educational experience
- Develops team communication and problem-solving skills


## Program Challenges

Some students overweight and malnourished: must teach nutrition concepts and not simply calorie reduction
Lunch lasts only 20 minutes
Cafeteria is noisy: must manage children's behavior
Difficult to schedule visits to accommodate all volunteers
Volunteers reluctant to eat cafeteria food with children
Narrow focus: aim to plan Parents' Nights at schools and nutrition symposia at LSUHSC in the future
>Results show insignificant changes

- Small sample size, especially for short intervention
- Long intervention generally more effective

Behavior may depend primarily on what's served for lunch
Must modify curriculum and assessment tool

## Process Evaluation

$>1$ new school added each year: 3 schools total this year $>$ Over 160 volunteers trained from five LSUHSC schools $>$ Long (13 lessons) \& short (3 lessons) curricula developed 900 K-2 students received intervention

95\% eligible for free and reduced lunch - 97\% African American

Volunteer feedback on effective strategies:
Encourage with praise and

## stickers

Model desired behavior
Smell unfamiliar foods first
Relate new foods to familiar foods

| Outcome Evaluation |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
| Milk Veg Fruit Entrée <br> Figure 2. Food Tried (Short Intervention) |  | Table 1. Kids Who Tried Foods |  |  |
|  |  |  | Intervention | Pre/Post <br> $P$-value |
|  |  | Milk | Long | . 0984 |
|  |  |  | Short | . 4552 |
|  |  | Veg | Long | . 1140 |
|  |  | Short | . 1126 |
|  |  | Fruit | Long | . 6682 |
|  |  | Short | . 0841 |
|  |  |  | Entrée | Long | . 6332 |
|  |  | Short |  | . 7695 |
| Figure 3. Correct Answers (Long Intervention) |  |  |  |  |
|  |  | Table 2. Kids Who Answered Correctly |  |  |
|  |  |  | Intervention | Pre/Post <br> $P$-value |
|  |  | Q4 | Long | . 4713 |
|  |  |  | Short | . 5932 |
| Figure 4. Correct Answers (Short Intervention) |  | Q5 | Long | . 0078 |
|  |  | Short | . 2445 |
|  |  |  | Q6 | Long | . 0339 |
|  |  | Short |  | . 0680 |
|  |  | Q8 | Long | . 7122 |
|  |  | Q8 | Short | . 5676 |
| Q4 meat <br> blocks  <br> candy Q6 one food |  | Q9 | Long | . 0102 |
|  |  | Short | . 8421 |
| Figure 5. Foods Tried (Pre Intervention) |  |  | Figure 6. Foods Tried (Post Intervention) |  |  |
|  |  |  |  |  |
| References |  |  |  |  |
| $>$ Feeding America. Map the Meal Gap. <br> > Louisiana Report Card on Physical Activity \& Health for Children \& Youth <br> $>$ Newman WP, et al. The Bogalusa Heart Study. <br> $>$ Narayan KM, et al. Lifetime Risk for Diabetes Mellitus in the United States. <br> $>$ Nutrition Guidance for Healthy Children Ages 2 to 11 Years. Journal of the Academy of Nutrition and Dietetics. |  |  |  |  |

