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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 that were delivered as part of the prevention strategy.

1.2 Programme aims

The aim of Make, Move and Munch Clubs (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 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

Make, Move and Munch Clubs 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 higher than average. One of the six chosen areas was Sandwell.

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 in Sandwell

Accord, one of the largest housing associations and social care providers working in the Midlands, developed and co-ordinated the delivery of MMMCs in Sandwell. Accord commissioned and project-managed five local community partners to deliver the programme: My Time Active, Complete Kidz, Ideal for All, Kaleidoscope Plus Group and, latterly, Groundwork West Midlands. Each of these providers had local relationships within the community, and also brought their own expertise and experience, which collectively included health and wellbeing, physical activity, working with children and engaging communities. Accord appointed them following a competitive tendering process, due to their shared values and strong reputation in delivering projects aimed at supporting communities.

This model of delivery, with one organisation coordinating and supporting delivery of MMMCs through partner organisations, was unique in the programme. Accord provided practical support, ongoing communications and social media, and managed the local logistics of the programme. The organisation also provided training workshops to their delivery partners related to the programme toolkit, to share learning and help them to adapt delivery of the clubs where needed. In the second year, MMMCs were delivered in schools during school term time, or venues where the providers were already highly engaged with the community. This resulted in improved recruitment and retention rates.

1.5 Evaluation

This report provides a summary of the evaluation findings.

Participant outcomes achieved during the period of the intervention are based solely on data gathered from Sandwell MMMCs. This included gathering participant outcomes using self-report surveys, focus groups and interviews with participants and one-to-one interviews with staff involved in delivering Clubs.
**Figure 1: Data sources used in the analysis of behavioural change during the period of intervention (Accord)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Respondents</th>
<th>Response rate¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-report survey start of MMMC</td>
<td>278</td>
<td>55%</td>
</tr>
<tr>
<td>Self-report survey end of MMMC</td>
<td>140</td>
<td>28%</td>
</tr>
<tr>
<td>Tracked respondents (those completing both start and finish surveys)</td>
<td>70</td>
<td>14%</td>
</tr>
<tr>
<td>Focus group and face to face interviews</td>
<td>20</td>
<td>4%</td>
</tr>
</tbody>
</table>

The evaluation also included follow up surveys and telephone interviews with participants 3 and 6 months after MMMCs. As the follow up surveys inevitably received fewer responses the commentary about the sustainability of behavioural change is based on data gathered across the programme.

**Figure 2: Data sources used in the analysis of sustained behavioural change (UK wide)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Respondents</th>
<th>Response rate²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-report survey end of MMMC</td>
<td>648</td>
<td>21%</td>
</tr>
<tr>
<td>Self-report survey 3 months after end of MMMC</td>
<td>64</td>
<td>2%</td>
</tr>
<tr>
<td>Self-report survey 6 months after end of MMMC</td>
<td>36</td>
<td>1%</td>
</tr>
<tr>
<td>Tracked respondents (those completing both finish survey and either 3 or 6 month follow-up surveys)</td>
<td>60</td>
<td>2%</td>
</tr>
<tr>
<td>Telephone interviews with past participants 3-6 months after MMMC</td>
<td>26</td>
<td>1%</td>
</tr>
</tbody>
</table>

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 however actual attendance data is presented on page 6 to demonstrate reach.

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.

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¹ Based on a total number of adult programme participants in Sandwell of 509.

² Based on a total number of adult programme participants UK wide of 3,101.
2 Who did the clubs reach?

At the time the evaluation concluded in October 2017 509 adults and 754 children attended Make, Move and Munch Clubs in Sandwell. This increased to 597 and 869 respectively by the end of the programme in December. All data presented hereafter is based on that gathered during the evaluation period. 64% completed at least four sessions with the average attendance being 5.1 sessions. 29% completed all eight sessions which is a higher than the national average of 20%.

Attendance data shows that 95% of participants were female and 52% were female and in the specified age range.

- 96% of survey respondents were female and most (67%) were within the target age range
- more than half of the respondents were from minority ethnic backgrounds and of those most were of Asian descent (from India, Pakistan, or Bangladesh)
- two thirds of respondents came from within the top 20% most deprived areas in England, and 84% came from the top 30%
- over a third also stated having difficulties making the food budget last the week

Before attending MMMC more than half of the respondents reported eating less than three portions of vegetables/salad a day. And about two thirds reported eating less than three portions of fruit. In terms of levels physical activity, less than half were being active at least five days a week.

When asked in the baseline survey why they decided to come along to MMMC, 51% said they wanted to learn about healthy eating and cooking/nutrition. Some already enjoyed cooking but were keen to improve their skills and expand the range of food they could cook. The inclusion of children was also a draw with 33% of respondents referring to activities with children and/or benefits for the whole family. 14% of responses referred to getting fit or exercise as a reason for attending. A slightly smaller percentage felt MMMCs would provide the opportunity for social interaction.

Participants we spoke to gave similar reasons for joining. For many parents their priority was to provide opportunities for their children to become more familiar with healthy eating. For others MMMCs was a means of keeping them entertained. This was even more prominent when Clubs were delivered during the holiday periods, as some parents didn’t want their children to stay at home doing nothing.
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

- 65% of respondents were eating more portions of vegetables/salad with a significant increase in those eating 3 or more portions a day
- 59% of respondents were eating more fruit with a significant increase in those eating 3 or more portions a day
- respondents were eating unhealthy snacks less often
- 45% of respondents always or nearly always looked at nutritional information when buying a new product compared with 27% at the start
- respondents were cooking from scratch more often
- MMMCs had helped 96% of respondents make their weekly food budget go further

Move a little more

- the percentage of respondents that were physically inactive\(^3\) fell from 19% to 0%

Sustaining the change

- Analysis of follow-up surveys revealed that respondents maintained their positive cooking and shopping habits. Fruit consumption was sustained and whilst vegetable consumption dipped it remained at a higher level than at the baseline. Levels of physical activity were maintained.

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 80% of respondents reported a perception that they were eating more vegetables, 79% more fruit and 76% said they were eating more salad. This reflects their perception of changed behaviour. Their reported intake indicated an improvement, albeit not quite as much: 65% of respondents were eating more portions of vegetables/salad after MMMC and 59% 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.

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\(^3\) 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: The proportion of respondents eating at least 3 portions a day of Vegetables/ Salad and Fruit has increased greatly*

<table>
<thead>
<tr>
<th>Snack</th>
<th>Pre-MMMC</th>
<th>End of MMC</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit</td>
<td>2.8</td>
<td>3.8</td>
<td>▲</td>
</tr>
<tr>
<td>Vegetables</td>
<td>2.5</td>
<td>3.4</td>
<td>▲</td>
</tr>
<tr>
<td>Biscuits</td>
<td>2.7</td>
<td>1.9</td>
<td>▼</td>
</tr>
<tr>
<td>Cake</td>
<td>1.7</td>
<td>1.1</td>
<td>▼</td>
</tr>
<tr>
<td>Crisps</td>
<td>2.8</td>
<td>1.9</td>
<td>▼</td>
</tr>
<tr>
<td>Sweets</td>
<td>1.2</td>
<td>1.0</td>
<td>▼</td>
</tr>
<tr>
<td>Chocolate</td>
<td>2.2</td>
<td>1.8</td>
<td>▼</td>
</tr>
</tbody>
</table>

*nv=63, nf=63  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. They 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.

“Normally our meal would be floating on oil, and a lot of frying. I don’t do that anymore. Also now we do a lot of veggies and fruits – before it was all meat”

Participants commented that their children were also adapting well to changes. Some also mentioned that because children themselves learnt some of the lessons, they would make changes on their own initiative.

“Kids were open in trying new things, and they are aware also of the sugar in products, like ketchup – before my daughter used to use a lot of ketchup, now just a little.”

3.2.3 Decreases in unhealthy snacking

Survey results also show a reduction of intake on unhealthy snacks such as biscuits, cakes and crisps and an increase in both fruit and vegetables as snacks.

Figure 4: Respondents’ average days per week they would eat the following snacks*

<table>
<thead>
<tr>
<th>Snack</th>
<th>Pre-MMMC</th>
<th>End of MMC</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit</td>
<td>2.8</td>
<td>3.8</td>
<td>▲</td>
</tr>
<tr>
<td>Vegetables</td>
<td>2.5</td>
<td>3.4</td>
<td>▲</td>
</tr>
<tr>
<td>Biscuits</td>
<td>2.7</td>
<td>1.9</td>
<td>▼</td>
</tr>
<tr>
<td>Cake</td>
<td>1.7</td>
<td>1.1</td>
<td>▼</td>
</tr>
<tr>
<td>Crisps</td>
<td>2.8</td>
<td>1.9</td>
<td>▼</td>
</tr>
<tr>
<td>Sweets</td>
<td>1.2</td>
<td>1.0</td>
<td>▼</td>
</tr>
<tr>
<td>Chocolate</td>
<td>2.2</td>
<td>1.8</td>
<td>▼</td>
</tr>
</tbody>
</table>

n=61
3.2.4 Reduced sugar consumption in drinks

The surveys responses also show less consumption of sugar when drinking tea or coffee, and the consumption of full sugar fizzy drinks is also notably reduced.

Figure 5: Respondents’ average of glasses/mugs per day has decreased for some drinks containing sugar*

<table>
<thead>
<tr>
<th>Snack</th>
<th>Pre-MMMC</th>
<th>End of MMC</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tea</td>
<td>0.9</td>
<td>1.9</td>
<td>▲</td>
</tr>
<tr>
<td>Coffee</td>
<td>0.5</td>
<td>0.9</td>
<td>▲</td>
</tr>
<tr>
<td>Tea with sugar</td>
<td>1.7</td>
<td>0.9</td>
<td>▼</td>
</tr>
<tr>
<td>Coffee sugar</td>
<td>0.5</td>
<td>0.3</td>
<td>▼</td>
</tr>
<tr>
<td>Full sugar fizzy drinks</td>
<td>0.9</td>
<td>0.2</td>
<td>▼</td>
</tr>
</tbody>
</table>

3.3 Knowing 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. Some of the participants that we spoke to also commented that they hadn’t really looked at labels before but were now doing so regularly.

“I also look at the traffic lights, before I never looked, now I do it a lot. Before it was like, “Oh, a new product let’s try it”, now I look at the label.”

Figure 5: On completion more respondents were always or nearly always looking at nutritional information when buying a new product*

<table>
<thead>
<tr>
<th>Proportion of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-MMCC</td>
</tr>
<tr>
<td>End of MMCC</td>
</tr>
<tr>
<td>27%</td>
</tr>
<tr>
<td>45%</td>
</tr>
</tbody>
</table>

Some deliverers also helped participants to download phone apps so that they could identify the sugar content of products that did not use the traffic light system.
3.3.2 Cooking from scratch

By understanding the amounts of salt, sugar, and fat in some products that participants used to buy, it encouraged them to use fresh products more often, and trying to avoid pre-cooked foods that tend to contain high levels of sugar and salt. Participants reported cooking more sauces from scratch and using spices to flavour food rather than salt.

Figure 7: Respondents are cooking more often from scratch in preference to using pre-prepared products*

![Figure 7: Graph showing cooking habits]

*Pre-MMCC | End of MMC

<table>
<thead>
<tr>
<th>Type of cooking</th>
<th>Avg number of times per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>From scratch</td>
<td>2.5</td>
</tr>
<tr>
<td>Fresh ingredients with a sauce from a packet or a jar</td>
<td>2.2</td>
</tr>
<tr>
<td>Pre-prepared foods</td>
<td>2.0</td>
</tr>
<tr>
<td>“Ready meals”</td>
<td>0.6</td>
</tr>
</tbody>
</table>

*n = 53  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.

“With my shopping it really helped. I spent too much on food items. Now I buy for the week, and I freeze it. I save like £10 a week.”

Figure 8: Nearly all respondents reported the MMC helped them make their budget go further*

![Figure 8: Pie chart showing budget help]

* 127 respondents

Helped a lot: 61%
Helped a bit: 35%
Not at all: 4%
3.4 Move a little more

At the start of the programme 19% of the tracked sample were inactive. By the end of the programme none of the respondents reported being inactive.

At the start of MMMCs, the average number of days that respondents were physically active was 3.2 per week. This rose to 4.6 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 4 days per week. This indicates that the MMMC was especially effective at enabling behaviour change amongst the least active.

**Figure 9: Levels of activity increased most in those that were inactive at the start**

```
<table>
<thead>
<tr>
<th></th>
<th>Pre-MMMC</th>
<th>All respondents</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average days being physically active</td>
<td>3.2</td>
<td>4.0</td>
<td>0.5</td>
</tr>
</tbody>
</table>
```

*n=58, Inactive = 11  P <0.01 (for both samples)

The feedback from participants suggest there was a wide range of approaches when it came to the physical activity part of MMMCs. In some sessions the focus was more on providing games for mums and kids to play together, others were more focused on showing physical exercises mums could practice at home. A common theme however, is the experience of doing something that they wouldn’t have done otherwise, as well as realising how much better they felt after doing some exercise. Most participants that we spoke to were determined to stay a bit more active than they used to be, and a few even plan on signing up for activities such as dancing or swimming.

“Since the Clubs we now go to the park sometimes and we play frisbee. We’ll also take swimming, that is something that was suggested at the Clubs.”

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.

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

Amrit found out about the MMMCs from a leaflet provided at the nursery. She was told she would learn about cooking and healthy eating, and she saw this as the perfect opportunity to explore new ways to prepare food for her son as she struggles to get him to eat. By attending to the MMMCs together with her son, he started eating a lot more, and she learnt some new recipes her son really enjoys now, his favourite being the “English style wrap”.

Looking forward, Amrit is determined to use products with low content of sugar. Before, her kids used to drink many fizzy drinks, but now she only allows that very occasionally and she always checks the nutrition labels. She’s finding it easy to keep up with the new habits, although she recognised that sometimes she needed to adapt the recipes for her husband.

She also wants to keep physically active by using her bike, and walking faster than she used to from one place to another. She feels better and more confident when being physically active.

Summing up her experience Amrit said she had enjoyed meeting new people, getting new ideas, and learning in a fun way.

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, building confidence. Families within communities that had not met were brought together and now stop for a chat at the school gates or whilst out shopping.

3.8 Organisational outcomes

As a result of delivering MMMCs, Accord and their delivery partners have developed new relationships with schools and other local organisations that have supported participant recruitment. All organisations will be looking at ways to continue to work together in the future. The delivery partners have all upskilled their core staff to ensure high quality delivery of health messages and are looking at ways to utilise these new skills in other projects in the future.

Accord will continue to deliver a similar MMC programme in 2018 with funding secured through the local council.
4 What made the difference

This section briefly describes the ten key ingredients of this programme 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
Working with partners in Sandwell and exploiting existing networks helped get MMMC off the ground but their work with schools has been important in increasing recruitment of the target audience. Marketing and delivering in different languages has also made MMMCs more accessible to the diverse communities.

Making messages real
Clear messages delivered simply and often visually, landed well and stuck. For example, showing the equivalent number of sugar cubes in a fizzy drink gave a powerful message.

Practical ways to live a little healthier
Participants learned not just what to change but how to change in practical ways. Simple switches, tasty ‘fakeaways’ and ways of exercising at home made it easier for them to make healthier choices.

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 often 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 and leads 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

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
- Trust and rapport
- Learn together
- Laugh together
- Friendly atmosphere
- Delivered by ‘people like me’
- Relatable messages
- ‘We can do it’ culture
- Positive, not preachy
- 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.
CONTACT

Alex Davis
E davisa@TescoCharityPartnership.org.uk
T 020 7554 0265